

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street) P. O. Box 7135  
 Check if different than previously reported. (ACC)  
Washington DC 20044-7135

2. **FEC IDENTIFICATION NUMBER** C00283135  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 07 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		31951.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	11885.18									
(c) Total Receipts (from Line 19) .....	25277.34	164857.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37162.52	196809.38								
7. Total Disbursements (from Line 31) .....	22610.90	182257.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14551.62	14551.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	18077.00	82383.00
(i) Itemized (use Schedule A) .....	7200.34	82405.04
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25277.34	164788.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25277.34	164788.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	69.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25277.34	164857.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25277.34	164857.94

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	610.90	43562.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	610.90	43562.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	135000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	695.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	695.00
29. Other Disbursements.....	0.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22610.90	182257.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22610.90	182257.76

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	25277.34	164788.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25277.34	164093.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	610.90	43562.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	610.90	43562.76

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
SUZY ALBERTS

Mailing Address 20700 Civic Center Drive  
Ste 250

City State Zip Code  
Southfield MI 48076

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

Name of Employer Occupation  
Comerica Insurance Services Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074478

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code  
Tyler TX 75711-7648

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

Name of Employer Occupation  
Strategies In Employee Benefits Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 655.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074491

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM BUDDY ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City State Zip Code  
Altamonte Springs FL 32701-7805

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

Name of Employer Occupation  
Benefit Port Marketing Representative

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074493

Amount of Each Receipt this Period  
30.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City Lubbock State TX Zip Code 79423-2128

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

Name of Employer Ashmore Agency Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074495

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
ANN BELL

Mailing Address 1661 Shoreline Drive, Suite 100

City Boise State ID Zip Code 83702-6746

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

Name of Employer Higgins & Rutledge Insurance Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074508

Amount of Each Receipt this Period  
 15.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID BERMAN

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 Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074510

Amount of Each Receipt this Period  
 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
B D CALVIN

Mailing Address PO Box 101422

City Anchorage State AK Zip Code 99510-1422

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

Name of Employer Calco Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074545

Amount of Each Receipt this Period  
 85.00

**B.** Full Name (Last, First, Middle Initial)  
RUSSELL CHILDERS

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers CLU Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074556

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City Las Vegas State NV Zip Code 89117

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

Name of Employer Leavitt Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074568

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
EUGENE EBERSOLE

Mailing Address PO Box 2886

City State Zip Code  
Gretna LA 70054-2886

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

Name of Employer  
Ebersole & Associates In-  
c. Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074603

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code  
Omaha NE 68164-9684

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

Name of Employer  
BlueCross Blue Shield of  
Nebraska Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074614

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID FEAR

Mailing Address 11160 Sun Center Drive, Suite A

City State Zip Code  
Rancho Cordova CA 95670-6121

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

Name of Employer  
CIMS Strategic Distributi-  
on Division Occupation  
Director of Strategic Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
745.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074618

Amount of Each Receipt this Period  
55.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
LINDA FRIEDRICH

Mailing Address PO Box 30275

City Lincoln State NE Zip Code 68503-0275

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

Name of Employer UNICO Financial Services Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 01 / 2006

Transaction ID: 15074624

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE GARDNER

Mailing Address 1502 West Avenue

City Austin State TX Zip Code 78701-1561

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

Name of Employer Bruce Gardner Insurance & Investments Occupation Registered Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
06 / 01 / 2006

Transaction ID: 15074630

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City Ridgefield Park State NJ Zip Code 07660-1516

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

Name of Employer The Employee Benefits Advisors Group Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 01 / 2006

Transaction ID: 15074644

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code  
Broken Arrow OK 74012-5906

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

Name of Employer Business Planning Group Of OK Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074676

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD HILL

Mailing Address 4435 O Street P.O. Box 30275

City State Zip Code  
Lincoln NE 68510-1842

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

Name of Employer UNICO Financial Services Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074683

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
DONNA HILL

Mailing Address PO Box 724

City State Zip Code  
Snellville GA 30078-0724

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

Name of Employer DDH Associates LLC Occupation Health Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074685

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MARYLOU HUDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 5330 Bent Tree Forest Drive, Suite		<b>Transaction ID: 15074697</b>	
City State Zip Code Dallas TX 75248-3471	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer A Benefit Source Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 290.00		

Full Name (Last, First, Middle Initial) <b>B. LISA ILLS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 4455 East Camelback Road, Suite D2		<b>Transaction ID: 15074700</b>	
City State Zip Code Phoenix AZ 85018-2865	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Glass Financial Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Employee Benefit Consultant Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. Terry Ives</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address P O Box 3459		<b>Transaction ID: 15074702</b>	
City State Zip Code San Clemente CA 92674-3459	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Executive Financial Advisors Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 215.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City State Zip Code  
Charlotte NC 28211-3508

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

Name of Employer Strategic Employee Benefit Services  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074706

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code  
Ravenna OH 44266-1684

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

Name of Employer Kaczmarek Insurance Services Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
735.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074714

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B  
P O Box 345

City State Zip Code  
Ravenna OH 44266

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

Name of Employer Kaczmarek Ins. Services Agency Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074715

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL KIELIAN

Mailing Address PO Box 45279

City State Zip Code  
Omaha NE 68145-0279

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

Name of Employer Occupation  
The Harry A. Koch Company Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074718

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code  
Omaha NE 68130-1769

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

Name of Employer Occupation  
Holmes Murphy and Associates Inc. Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074719

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
SHARON MCDERMOTT

Mailing Address 21425 Chancellor Road

City State Zip Code  
Elkorn NE 68022-4677

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

Name of Employer Occupation  
Diversified Benefits Group Inc. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074741

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID MOORE

Mailing Address PO Box 1006

City Burlington State NC Zip Code 27216-1006

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

Name of Employer: David R. Moore CLU & Associates  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 01 / 2006

**Transaction ID:** 15074747

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
WESLEY MOORE, III

Mailing Address P O Box 604

City Darlington State SC Zip Code 29540-0604

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

Name of Employer: W P Moore Agency  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 01 / 2006

**Transaction ID:** 15074748

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL NORRIS

Mailing Address PO Box 999  
295 E Palmer Street

City Franklin State NC Zip Code 28744-0999

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

Name of Employer: Wayah Insurance Agency  
Occupation: Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 01 / 2006

**Transaction ID:** 15074763

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN PARKER

Mailing Address 47 Laurel Hill Drive

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt  
06 / 01 / 2006

**Transaction ID: 15074768**

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID PERRY

Mailing Address 1634 Ryan Street

City Lake Charles State LA Zip Code 70601-5949

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

Name of Employer The Perry Agency Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 01 / 2006

**Transaction ID: 15074772**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Phifer

Mailing Address 5495 Belt Line Road, Suite 155

City Dallas State TX Zip Code 75254-7643

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

Name of Employer SafeGuard Health Enterprises Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
06 / 01 / 2006

**Transaction ID: 15074776**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite 2

City State Zip Code  
El Paso TX 79912-6139

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

Transaction ID: 15074790

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH ROBERTS

Mailing Address 7101 S. 82nd St., #B

City State Zip Code  
Lincoln NE 68516-6574

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1182.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

Transaction ID: 15074794

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM ROBINSON

Mailing Address Mail: 100 S. Sunrise Way, PMB 364  
Office: 1276 No Palm Canyon Dr, #2

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Palm Canyon Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

Transaction ID: 15074796

Amount of Each Receipt this Period  
80.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094-4252

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

Name of Employer Occupation  
Heritage Financial Consultants LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 820.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074804

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
RYAN THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095-4538

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

Name of Employer Occupation  
Ryan P. Thorn Insurance Planning Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074836

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
ALICIA TIEFENTHALER

Mailing Address 110 West 7th Street, Suite 2520

City State Zip Code  
Tulsa OK 74119-1104

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

Name of Employer Occupation  
Hillcrest Healthcare System Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074837

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
DANIEL TOMPKINS, III

Mailing Address PO Box 1810  
800 Old Roswell Lakes Pkwy Suite 3

City Roswell State GA Zip Code 30077-1810

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

Name of Employer Admin America Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074838

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City Arlington State VA Zip Code 22201

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

Name of Employer NAHU Occupation Executive VP, CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074841

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
MARILYN VAN SANT

Mailing Address 271 Route 46 West, Suite G206

City Fairfield State NJ Zip Code 07004-2475

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

Name of Employer Stratford Financial Group Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

**Transaction ID:** 15074845

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT VERNON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 18251		<b>Transaction ID: 15074846</b>
City Roanoke	State VA	Zip Code 24014-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer DRR Consulting Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES WAGNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 9		<b>Transaction ID: 15074849</b>
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. C.L. WESTMORELAND</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 925		<b>Transaction ID: 15074853</b>
City Jackson	State MS	Zip Code 39205-0925
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite 2

City State Zip Code  
El Paso TX 79912-6139

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074854

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
PAULA WILSON

Mailing Address PO Box 892740

City State Zip Code  
Temecula CA 92589-2740

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

Name of Employer Paula L. Wilson Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** 15074860

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Susan McGinnis

Mailing Address 8516 East 101st, Suite H

City State Zip Code  
Tulsa OK 74133-7035

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

**Transaction ID:** 15151586

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Arthur C. Jetter</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2006
Mailing Address 11305 Chicago Circle		<b>Transaction ID: 15332398</b>
City Omaha	State NE	Zip Code 68154-2633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Art Jetter & Company	Occupation CFP, CLU, FLMI, REBC, RHU, LTCP	
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>B. Kathy M. Rainwater</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2006
Mailing Address 3809 Silverwood DRive		<b>Transaction ID: 15684156</b>
City Tyler	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 520.00
Name of Employer Threlkeld & Company Insurance	Occupation Executive Vice President	
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) <b>C. RYAN THORN</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2006
Mailing Address 10342 South Springcrest Lane		<b>Transaction ID: 15760851</b>
City South Jordan	State UT	Zip Code 84095-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ryan P. Thorn Insurance Planning Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5620.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Court

City State Zip Code  
Eureka MO 63025-1051

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

Name of Employer MSM&F Occupation Benefits Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

**Transaction ID: 15760852**

Amount of Each Receipt this Period  
135.00

**B.** Full Name (Last, First, Middle Initial)  
William J. Hartman

Mailing Address PO Box 8270

City State Zip Code  
Fort Wayne IN 46898-8270

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

Name of Employer Hartman Insurance Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

**Transaction ID: 15762257**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
EVA Jean FOMALONT

Mailing Address 2500 Louisiana Blvd NE, Suite 300

City State Zip Code  
Albuquerque NM 87110-4372

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

Name of Employer Delta Dental Plans of NM Occupation Mgr., Sales/Retention Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15762260**

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. LARRY R. JURKENS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 12358 71st Avenue		<b>Transaction ID: 15762262</b>	
City State Zip Code Blue Grass IA 52726-9617	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fortis Sales	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID S. CLULEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 2220 Glen Echo, SE		<b>Transaction ID: 15762301</b>	
City State Zip Code Grand Rapids MI 49546-5521	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PPOM	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. HARRY P. THAL</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address PO Box 2137		<b>Transaction ID: 15762302</b>	
City State Zip Code Kernville CA 93238-2137	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Harry P. Thal Insurance Agency	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	780.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. DAVID A. CAGLIOLA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1500 Liberty Ridge Drive, Suite 32		<b>Transaction ID: 15762304</b>	
City State Zip Code Wayne PA 19087-5574	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Radnor Benefits Group Inc.	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>B. BYNUM TUTTLE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address PO Box 1110		<b>Transaction ID: 15762305</b>	
City State Zip Code Denton NC 27239-1110	Amount of Each Receipt this Period 930.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Employee Benefit Designs, Inc.	Occupation President		
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) <b>C. LONNIE KLENE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1117 Herkimer, Suite 100		<b>Transaction ID: 15762350</b>	
City State Zip Code Houston TX 77008-6745	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Core Benefits	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1660.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 9326 Olive Boulevard		<b>Transaction ID: 15762352</b>	
City State Zip Code Saint Louis MO 63132-3208	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Renaissance Financial	Occupation Vice President of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. ERICA R. HAIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 2040 Linglestown Road, Suite 108		<b>Transaction ID: 15762354</b>	
City State Zip Code Harrisburg PA 17110-9568	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Emerson Reid & Company	Occupation Director/Broker Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00		

Full Name (Last, First, Middle Initial) <b>C. JAMES B HENDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 3715 Williams Boulevard, Suite 250		<b>Transaction ID: 15762355</b>	
City State Zip Code Kenner LA 70065-3077	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Group Alternatives Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	880.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
SHARON ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City State Zip Code  
Fort Worth TX 76109-3920

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

Name of Employer Alt Benefit Consultants Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 15942900

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
SUE LARSEN

Mailing Address P.O. Box 6465

City State Zip Code  
Santa Barbara CA 93111-1925

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

Name of Employer Larsen Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 15942906

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
TRAVIS S. MIDDLETON

Mailing Address 20501 Katy Freeway, # 219

City State Zip Code  
Katy TX 77450-1935

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

Name of Employer TradeMark Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 15942920

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
BRADFORD H. BLAIN

Mailing Address P O Box 4510

City Lexington State KY Zip Code 40544-4510

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

Name of Employer Al Torstrick Insurance Agency Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 15942929

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN KIEBLER

Mailing Address 300 West Vine Street

City Lexington State KY Zip Code 40507-1621

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

Name of Employer CHA Health Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 15942933

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
TAMELA L. SOUTHAN

Mailing Address 8431 San Leandro Drive

City Dallas State TX Zip Code 75218-4320

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

Name of Employer CONEXIS Occupation Client Delivery New Business Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 15942960

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
DENNIS E. WRIGHT

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code  
Fort Wayne IN 46825-4240

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

Name of Employer  
IntraHealth Solutions In-  
c. Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

**Transaction ID:** 15942984

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
EDWARD F BYRD

Mailing Address PO Box 50164

City State Zip Code  
Columbia SC 29250-0164

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

Name of Employer  
Norris-Byrd Group Benefits  
LLC Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

**Transaction ID:** 15942989

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
H Luke MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095-8506

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

Name of Employer  
McDermott Company & Assoc-  
iates Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

**Transaction ID:** 15942993

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. JAMES R STENGER</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2006
Mailing Address 268 South Street		<b>Transaction ID: 15942997</b>
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer NAS Financial Services	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY W. GENNARO</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2006
Mailing Address PO Box 10315		<b>Transaction ID: 15943004</b>
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Capitol Insurance Brokers Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. TRACY Q Q BRADFORD</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 119 South Main Street, Suite 560		<b>Transaction ID: 15944159</b>
City Memphis	State TN	Zip Code 38103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Synaxis Polk & Sullivan Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. JOAN L.L. GALLETTA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 3342 Kori Road		<b>Transaction ID: 15944166</b>	
City State Zip Code Jacksonville FL 32257	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer JP Perry Insurance Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>B. JAIME D.D. HERNANDEZ</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 804 S. Bel Aire Drive		<b>Transaction ID: 15944171</b>	
City State Zip Code Burbank CA 91501-1522	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jardez Financial & Insurance Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID S S JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address P. O. Box 871129		<b>Transaction ID: 15944178</b>	
City State Zip Code Stone Mountain GA 30087-0029	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer David S. Johnson Insurance	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
ROSS W W. KRAFT

Mailing Address 41 Notre Dame Lane

City State Zip Code  
Utica NY 13502

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

Name of Employer Meridian Group of New York Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: 15944182

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
ANTHONY D. LAGASCA

Mailing Address 409 N. Pacific Coast Highway #481

City State Zip Code  
Redondo Beach CA 90277-2870

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

Name of Employer ADL Financial & Insurance Agency Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: 15944184

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN R R. MCCONNAUGHEY

Mailing Address PO Box 805

City State Zip Code  
West Chester OH 45071-0805

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

Name of Employer JRM & Associates Agency Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: 15944185

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. SUSAN MALEY Maley RASH</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 2108 West Laburnum Avenue, Suite 3		<b>Transaction ID: 15944196</b>
City Richmond	State VA	Zip Code 23227-4300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. JON C C RAUSER</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 400 East Wisconsin Avenue, # 200		<b>Transaction ID: 15944198</b>
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>C. RAYMER M M. SALE JR, JR</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address P. O. Box 424420 1255 Lakes Pkwy, Ste 120 Zip 3004		<b>Transaction ID: 15944203</b>
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services In-c.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
ALFONSO C. SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City Atlanta State GA Zip Code 30328-5918

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

Name of Employer Ashford Advisors Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 15944205

Amount of Each Receipt this Period  
 33.00

**B.** Full Name (Last, First, Middle Initial)  
BOB G G SHUPE

Mailing Address PO Box 2344

City Brentwood State TN Zip Code 37024-2344

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

Name of Employer ESP Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 15944206

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
DONALD B. THOMPSON

Mailing Address 9700 Ormsby Station Rd., # 200

City Louisville State KY Zip Code 40223-4207

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

Name of Employer Thompson Associates Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 15944213

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	233.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. ALBERT J J. TRAVASOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2255 Glades Road, Suite 420A		<b>Transaction ID: 15944214</b>
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 45.00	
Name of Employer John Hancock	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES TROGDON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 7910 North Ingram Avenue, Suite 20		<b>Transaction ID: 15944221</b>
City Fresno	State CA	Zip Code 93711-5828
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00	
Name of Employer Gallagher Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. CHERYL LOMBARDI</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1331 North California Blvd, Ste 30		<b>Transaction ID: 15944223</b>
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00	
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID S. CLULEY

Mailing Address 2220 Glen Echo, SE

City State Zip Code  
Grand Rapids MI 49546-5521

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

Name of Employer PPOM Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID: 15944228**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
EDWARD L. ROLING

Mailing Address 343 Six Forks Road

City State Zip Code  
Raleigh NC 27609-7800

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

Name of Employer Delta Dental of North Carolina Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID: 15944231**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
GERARD R. GERSHONOWITZ

Mailing Address 980 Broadway, Suite 608

City State Zip Code  
Thornwood NY 10594-1313

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

Name of Employer Morrell Consulting Group Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID: 15944234**

Amount of Each Receipt this Period  
75.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 61		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
MARK D. KENNEDY

Mailing Address 1173 Brittmoore Road

City State Zip Code  
Houston TX 77043-5003

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

Name of Employer Benefit Concepts Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
06 / 30 / 2006

Transaction ID: 15944246

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
MAURICE LYONS

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code  
New York NY 10017-8103

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

Name of Employer The Medical Link Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
06 / 30 / 2006

Transaction ID: 15944249

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code  
Timonium MD 21093-2102

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

Name of Employer Corporate Coverage LLC Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
06 / 30 / 2006

Transaction ID: 15944254

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT J BISHOP

Mailing Address 2785 East Desert Inn Rd., # 134

City State Zip Code  
Las Vegas NV 89121-3623

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

Name of Employer Occupation  
KIA Insurance Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID: 15944257**

Amount of Each Receipt this Period  
84.00

**B.** Full Name (Last, First, Middle Initial)  
TERRI D Dumas ADAMS

Mailing Address PO Box 1290

City State Zip Code  
Prairieville LA 70769-1290

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

Name of Employer Occupation  
Benefit Strategies Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID: 15944268**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
FRANCIS A A. RUGGIERO

Mailing Address 15 Kennedy Drive

City State Zip Code  
Budd Lake NJ 07828-1438

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

Name of Employer Occupation  
The Ruggiero Group LLC Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID: 15944295**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	174.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT C C TRETTER

Mailing Address 13016 Delmar Street

City State Zip Code  
Leawood KS 66209

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

Name of Employer Occupation  
Thomas McGee L.C. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944299**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

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

Name of Employer Occupation  
Physician's Mutual Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944300**

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
CAROLYNNE E. MULDOON

Mailing Address 457 Main Street

City State Zip Code  
Longmont CO 80501-5534

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

Name of Employer Occupation  
Milestone Insurance Agency Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944308**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
DAN WEBB

Mailing Address 2108 24th St Ste 2

City State Zip Code  
Bakersfield CA 93301-3748

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

Name of Employer Occupation  
The Webb Insurance Group Marketing Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944310**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY R. MILES

Mailing Address 578 Washington Blvd., #801

City State Zip Code  
Marina del Rey CA 90292-5442

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

Name of Employer Occupation  
The Miles Organization Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944320**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN Philip GARVEN

Mailing Address 11715 East Main Street - PO Box 8

City State Zip Code  
Huntley IL 60142-6913

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

Name of Employer Occupation  
Benico LTD Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 120.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944321**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. PATRICIA A GRIFFEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 227 Dixie Way North Suite 210		<b>Transaction ID: 15944332</b>	
City State Zip Code South Bend IN 46637	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Page 1 Benefits Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA A GRIFFEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 227 Dixie Way North Suite 210		<b>Transaction ID: 15944334</b>	
City State Zip Code South Bend IN 46637	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Page 1 Benefits Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. RANDY C. JOPPIE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 5075 Cascade Road SE		<b>Transaction ID: 15944336</b>	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Collins & Associates Corp- oration	Occupation Director of Employee Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. ROSANNE WOLFE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 4600 East Swans Nest Road		<b>Transaction ID: 15944341</b>
City State Zip Code Tucson AZ 85718-6248	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wolfe Insurance & Consultants LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B. SHEILA H HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 21700 Oxnard St., # 1270		<b>Transaction ID: 15944344</b>
City State Zip Code Woodland Hills CA 91367-3669	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Financial Independence Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. SYDNEY BRILEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 605 E Van Buren Street		<b>Transaction ID: 15944346</b>
City State Zip Code Broken Arrow OK 74011-7261	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Employee Benefit Solutions Inc.	Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. WILLIS H. GLAROS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address PO Box 184		<b>Transaction ID: 15944353</b>
City Dyer	State IN	Zip Code 46311-0184
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Employer Benefit Systems	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. ZAVEN KAZAZIAN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 35 North Lake Avenue, Suite 720		<b>Transaction ID: 15944354</b>
City Pasadena	State CA	Zip Code 91101-1856
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Garner Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) <b>C. ALINE H. ROBERTS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 3537 Old Conejo Road Suite 114		<b>Transaction ID: 15944371</b>
City Newberry Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 170.00
Name of Employer Insurance Dimensions	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN L L. WARWICK

Mailing Address PO Box 272  
1907 B Mangrove Ave.

City State Zip Code  
Chico CA 95927-0272

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

Name of Employer Occupation  
John Warwick Insurance Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 15944376

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
GREG A A. YODER

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

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

Name of Employer Occupation  
Ray Silva Insurance Associates Inc. Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 15944377

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
BRIAN W. LIECHTY

Mailing Address 120 East Washington Street

City State Zip Code  
Plymouth IN 46563-1744

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

Name of Employer Occupation  
KL Benefits Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 15944382

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
DANIEL W. MCMAHON

Mailing Address 123 East 2nd Avenue

City State Zip Code  
Spokane WA 99202-1504

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

Name of Employer Occupation  
Jones & Mitchell Insurance Benefits Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944390**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
GREG J. SEIFERT

Mailing Address PO Box 189  
916 Main Street

City State Zip Code  
Vancouver WA 98666-0189

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

Name of Employer Occupation  
Biggs Insurance Services Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944396**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL E. SMITH

Mailing Address 124 Washington Street

City State Zip Code  
Middletown CT 06457-2820

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

Name of Employer Occupation  
AmeriBen Alliance LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 515.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID: 15944419**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway  
Suite 230

City Norcross State GA Zip Code 30092-2188

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

Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
06 / 30 / 2006

Transaction ID: 15944429

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
KERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City Lexington State KY Zip Code 40505-3200

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

Name of Employer CKBS Insurance Group Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
06 / 30 / 2006

Transaction ID: 15946479

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES C BOSIER

Mailing Address P.O. Box 1230

City Waterloo State IA Zip Code 50704-1230

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

Name of Employer Net Worth Advisors Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
06 / 30 / 2006

Transaction ID: 15946483

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) RUSH DAVID DIXON		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1375 Piccard Drive		<b>Transaction ID:</b> 15946487
City State Zip Code Rockville MD 20850-4311	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) CHARLES T GARTLAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO Box 1268		<b>Transaction ID:</b> 15946488
City State Zip Code Toms River NJ 08754-1268	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BenefitPort LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

<b>C.</b> Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 357 Sanford Drive		<b>Transaction ID:</b> 15946489
City State Zip Code Morganton NC 28655	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Flexible Benefit Management	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
RONALD M LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City State Zip Code  
Suwanee GA 30024

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

Name of Employer Occupation  
ARINSO International Vice President of Sales, SE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 15946501

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL E MATZNICK

Mailing Address PO Box 38248  
3300 Battleground Ave. #200 (2741)

City State Zip Code  
Greensboro NC 27438-8248

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

Name of Employer Occupation  
EbenConcepts Company Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 610.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 15946505

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
JESSE A PATTON

Mailing Address 1112 Maple Street

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Occupation  
Associations Marketing Group Inc. CEO/President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1710.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 15946511

Amount of Each Receipt this Period  
225.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MEL A SCHLESINGER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address PO Box 30100		<b>Transaction ID: 15946514</b>	
City Winston Salem	State NC	Zip Code 27130-0100	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Rainmakers Group Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B. JAMES D SCHULZ</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 7101 S. 82nd St.		<b>Transaction ID: 15946516</b>	
City Lincoln	State NE	Zip Code 68516-6574	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>C. M HUGHES WARREN, JR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address P.O. Box 7661		<b>Transaction ID: 15946521</b>	
City Wilmington	State NC	Zip Code 28406-7661	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ebenconcepts Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 921-C South McPherson Church Road		<b>Transaction ID: 15946525</b>
City Fayetteville	State NC	Zip Code 28303-5368
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ebenconcepts Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL EMBRY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 20700 Civic Center Drive, Suite 25		<b>Transaction ID: 15946535</b>
City Southfield	State MI	Zip Code 48076-4133
Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Comerica Insurance Services Inc.	Occupation VP - Group Benefits Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MILLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO Box 8357		<b>Transaction ID: 15946536</b>
City Tyler	State TX	Zip Code 75711-8357
Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 61	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
STEVE PAOLUCCI

Mailing Address 2305 W. Berry Avenue

City Littleton State CO Zip Code 80120-1177

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

Name of Employer Paolucci Financial Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 15946540

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18077.00

**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

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) <b>A. Merchant Services</b>		<b>Transaction ID:</b> 15688820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 384.04
City Knoxville State TN Zip Code 37920-6612	Credit Card Processing Fee	
Purpose of Disbursement Credit Card Processing Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 15688823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 109.75
City Clinton State MD Zip Code 20735	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 15688824 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 100.70
City Phoenix State AZ Zip Code 85072-3852	Credit Card Processing Fee	
Purpose of Disbursement Credit Card Processing Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>594.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>594.49</b>

**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

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) <b>A. Cantor For Congress</b>		<b>Transaction ID:</b> 15006952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Earl Pomeroy For Congress</b>		<b>Transaction ID:</b> 15150022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 1000.00
City Fargo State ND Zip Code 58106	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Rogers For Congress</b>		<b>Transaction ID:</b> 15149894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael J. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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) <b>A. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID: 15149967</b> Date of Disbursement 06 / 09 / 2006
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jim M. Ramstad Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mark Foley</b>		<b>Transaction ID: 15149513</b> Date of Disbursement 06 / 09 / 2006
Mailing Address 5370 Corporate Way Suite 200		Amount of Each Disbursement this Period 1000.00
City West Palm Beach State FL Zip Code 66407	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Mark A. Foley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Nathan Deal For Congress</b>		<b>Transaction ID: 15149658</b> Date of Disbursement 06 / 09 / 2006
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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) <b>A. Hastert For Congress Committee</b>		<b>Transaction ID: 15149799</b> Date of Disbursement 06 / 09 / 2006
Mailing Address P. O. Box 625 PO Box 625		Amount of Each Disbursement this Period 2500.00
City Batavia State IL Zip Code 60510	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. J. Dennis Hastert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Putnam For Congress</b>		<b>Transaction ID: 15149158</b> Date of Disbursement 06 / 09 / 2006
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 1000.00
City Bartow State FL Zip Code 33831	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Adam H. Putnam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Porter For Congress</b>		<b>Transaction ID: 15150125</b> Date of Disbursement 06 / 09 / 2006
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89126	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jon C. Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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

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) <b>A. Chafee For Senate</b>		<b>Transaction ID:</b> 15150186 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1000.00 Contribution
City Warwick State RI Zip Code 02887	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Lincoln Chafee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Blue Dog Political Action Committee</b>		<b>Transaction ID:</b> 15150229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 1500.00 Contribution
City McLean State VA Zip Code 22101	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce For Congress</b>		<b>Transaction ID:</b> 15567405 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 61

<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

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) <b>A. Mike DeWine For US Senate</b>		<b>Transaction ID: 15567404</b> Date of Disbursement 06 / 20 / 2006
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbus State OH Zip Code 43234	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Johnson For Congress Committee</b>		<b>Transaction ID: 15567390</b> Date of Disbursement 06 / 20 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00 Contribution
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson For Congress</b>		<b>Transaction ID: 15567411</b> Date of Disbursement 06 / 20 / 2006
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00 Contribution
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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) <b>A. Friends Of Kent Conrad</b>		<b>Transaction ID: 15567403</b> Date of Disbursement 06 / 20 / 2006	
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00  Contribution	
City Bismarck	State ND		Zip Code 58502
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Sen. Kent Conrad			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District: 1			

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Tanner</b>		<b>Transaction ID: 15577027</b> Date of Disbursement 06 / 21 / 2006	
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1000.00  Contribution	
City Union City	State TN		Zip Code 38281
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. John S. Tanner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 8			

Full Name (Last, First, Middle Initial) <b>C. Marsha Blackburn For Congress Inc.</b>		<b>Transaction ID: 16132303</b> Date of Disbursement 06 / 21 / 2006	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period -1000.00  Void - check dated 05/24/- 2006	
City Franklin	State TN		Zip Code 37068
Purpose of Disbursement Void - check dated 05/24/2006			011 Category/ Type
Candidate Name Rep. Marsha Blackburn			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 7			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 61

<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

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) <b>A. Chocola For Congress Inc</b>		Transaction ID: 16132302 Date of Disbursement 06 / 21 / 2006	
Mailing Address PO Box 6728		Amount of Each Disbursement this Period -1000.00	
City South Bend State IN Zip Code 46660	Purpose of Disbursement Void - check dated 03/20/2006	011 Category/Type	
Candidate Name Rep. Christopher Chocola	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - check dated 03/20/-2006	

Full Name (Last, First, Middle Initial) <b>B. Cannon For Congress</b>		Transaction ID: 15577026 Date of Disbursement 06 / 21 / 2006	
Mailing Address 190 West 800 North, Suite 100 190 West 800 North Ste. 100		Amount of Each Disbursement this Period 1000.00	
City Provo State UT Zip Code 84601	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Rep. Christopher B. Cannon	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Joe Lieberman</b>		Transaction ID: 15577029 Date of Disbursement 06 / 21 / 2006	
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 1000.00	
City Hartford State CT Zip Code 06103	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Sen. Joseph I. Lieberman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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) <b>A. Steele For Maryland Inc</b>		<b>Transaction ID: 15577035</b> Date of Disbursement 06 / 21 / 2006
Mailing Address 1350 Dorsey Rd. Bldg. A Suite A		Amount of Each Disbursement this Period 1000.00
City Hanover State MD Zip Code 21076	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Mr. Michael Steele		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: 15577030</b> Date of Disbursement 06 / 21 / 2006
Mailing Address 120 Maryland Avenue NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Good Life Leadership Council	
Purpose of Disbursement Good Life Leadership Council		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Santorum 2006</b>		<b>Transaction ID: 15678881</b> Date of Disbursement 06 / 27 / 2006
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 1000.00
City West Conshohocken State PA Zip Code 19428	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Sen. Rick Santorum		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>22000.00</b>