

**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 - Health Underwriters PAC

ADDRESS (number and street)

2000 N. 14th St., Ste. 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

X

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 (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

X Special (30S)

Election on

08

02

2005

in the State of

OH

5. Covering Period

07

14

2005

through

08

22

2005

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

Janet Trautwein

Signature of Treasurer

Electronically Filed by Janet Trautwein

Date

09

23

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M07 ^D14 ^Y2005 To: ^M08 ^D22 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period	31016.61	
(c) Total Receipts (from Line 19)	16522.34	155560.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47538.95	186577.47
<hr/>		
7. Total Disbursements (from Line 31)	15066.56	171128.86
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32472.39	15448.61
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M07 ^D14 ^Y2005 To: ^M08 ^D22 ^Y2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8189.00	81400.00
(ii) Unitemized	8333.34	74160.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))	16522.34	155560.86
(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)	16522.34	155560.86
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	0.00
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))	16522.34	155560.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16522.34	155560.86

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	1066.56	16878.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1066.56	16878.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	154250.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
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 ActMty (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))..	15066.56	171128.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	15066.56	171128.86

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16522.34	155560.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16522.34	155560.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1066.56	16878.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1066.56	16878.86

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

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

FOR LINE NUMBER: PAGE 6 / 55

(check only one)
 11a 11b 11c 12
 13 14 15 16 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Teri Dumas Adams		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address PD Box 1290		Transaction ID: 50922.C4504
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Kerry Aldridge		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50922.C4647
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. MR. Stephan Andersen		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50922.C5048
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 7 / 55

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11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. William Chester Anderson - JR		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: 50922.C5052
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 7806 University Avenue, Suite B		Transaction ID: 50922.C5057
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. David Ayre		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 6340 South 3000 East # 500		Transaction ID: 50922.C4418
City Salt Lake City	State UT	Zip Code 84121-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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

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

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FOR LINE NUMBER: PAGE 8 / 55
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Thomas Belding		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 50922.C4690
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marke	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MS. Ann Ball		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1661 Shoreline Drive, Suite 100		Transaction ID: 50922.C5076
City	State	Zip Code
Boise	ID	83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insura- nce,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. David A Berman		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6510 N. Shadeland Avenue		Transaction ID: 50922.C5078
City	State	Zip Code
Indianapolis	IN	46220-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Nease Lukens Holding Comp- any,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	95.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 9 / 55
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 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Andrew Biemst		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50922.C4462
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. MR. Robert J Bishop		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50922.C4355
City	State	Zip Code
Las Vegas	NV	89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

Full Name (Last, First, Middle Initial) C. MRS. Tracy Duke Bradford		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50922.C4369
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	204.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 10 / 55
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MRS. Tracy Quick Bradford		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50922.C5094
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) B. MR. Ronald Buffum		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50922.C5100
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. MR. Tim Byrns		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 3113 West Beltline Highway		Transaction ID: 50922.C5104
City	State	Zip Code
Madison	WI	53713-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Mel- drum	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts TN's Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. D. Bailey Calvin		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address PD Box 101422		Transaction ID: 50922.C5108
City	State	Zip Code
Anchorage	AK	99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calico, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Mr. Russell B Childers, JR.		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address PD Box 1547		Transaction ID: 50922.C5123
City	State	Zip Code
Americus	GA	31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ B. Childers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. MS. Dorothy Cook		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address PD Box 1941		Transaction ID: 50922.C4436
City	State	Zip Code
Big Bear Lake	CA	92315-1541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting &	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional)	145.00
TOTAL This Period (last page this line number only)	

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

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

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

Full Name (Last, First, Middle Initial) A. MS. Susan Cook		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 50922.C4663
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) B. MS. Carol Cutler		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 824 Griffin Road, Suite B		Transaction ID: 50922.C4616
City Indianapolis	State IN	Zip Code 46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MS. Rosemary Dalinger		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 50922.C4482
City Dallas	State TX	Zip Code 75243-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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FOR LINE NUMBER: PAGE 13 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. MR. Christopher Delaney		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 50922.C4662
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MS. Sharon Lynn Diorato		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 50922.C4666
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MS. Sharon Lynn Diorato		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 50922.C5146
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Rush David Dixon		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50922.C4627
City Rockville	State MD	Zip Code 20850-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. MR. Steve Dodder		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address PO Box 2069		Transaction ID: 50922.C4495
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. MS. Cynthia Doucet		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 50922.C5152
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Global Financial Resources, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 15 / 55

(check only one)

11a 11b 11c 12
13 14 15 16 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Eugene Ebersole		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 50922.C5160
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas M Evans		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50922.C5170
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midia	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. MR. David Faar		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50922.C5174
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 55

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

Full Name (Last, First, Middle Initial) A. MS. Catherine Ficara		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 28989 Central Park Blvd. Suite 225		Transaction ID: 50922.C5178
City Southfield	State MI	Zip Code 48076-4174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Austin Financial Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. MS. Linda Friedrich		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PO Box 30275		Transaction ID: 50922.C5180
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR. Bruce Gardner		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50922.C5186
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

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

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

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

FOR LINE NUMBER: PAGE 17 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Charles Gardin		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address PD Box 1288		Transaction ID: 50922.C4595
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. MR. Gerard Gershenowitz		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 890 Broadway, Suite 808		Transaction ID: 50922.C4417
City Thornwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. MS. Patrice Goldfarb		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50922.C4545
City New York	State NY	Zip Code 10017-6103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

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

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

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

FOR LINE NUMBER: PAGE 18 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS. Patrice Goldfarb		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50922.C5192
City State Zip Code New York NY 10017-8103	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) B. MS. Carolyn Goodwin		Date of Receipt M / D / Y Y Y Y 07 / 28 / 2005
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 50922.C4505
City State Zip Code Dallas TX 75244-6004	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Serv	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 195.00	

Full Name (Last, First, Middle Initial) C. MS. Carolyn Goodwin		Date of Receipt M / D / Y Y Y Y 08 / 11 / 2005
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 50922.C5513
City State Zip Code Dallas TX 75244-6004	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance Serv	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	95.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Michael Goss		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50922.C5198
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Gray		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50922.C5202
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1640.00	

Full Name (Last, First, Middle Initial) C. MR. Stephan Grim		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address P O Box 1105		Transaction ID: 50922.C4488
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Michael A Guscott		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 500 East Swedesford Road, Suite 30		Transaction ID: 50922.C4480
City	State	Zip Code
Wayne	PA	19087-1614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MR. Christopher Harrison		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50922.C4661
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas Harte		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50922.C4646
City	State	Zip Code
Hampstead	NH	03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Gerald G Hartman		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address PD Box 5716		Transaction ID: 50922.C4682
City	State	Zip Code
Boise	ID	83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

Full Name (Last, First, Middle Initial) B. MS. Sheila H Hartman		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 50922.C4689
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MS. Lisa Helman		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50922.C5224
City	State	Zip Code
Alpharetta	GA	30022-5094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 55
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Timothy Hendricks		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 4200 East Skelly Drive, Suite 251		Transaction ID: 50922.C5228
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	Receipt

Full Name (Last, First, Middle Initial) B. Jaime Hernandez		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 50922.C4343
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance I Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 350.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. Jan Hicks		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 320 S. Weber Street		Transaction ID: 50922.C4581
City Colorado Springs	State CO	Zip Code 80503-2148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Resources, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 200.00	Receipt

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

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Jan Hicks		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 320 S. Weber Street		Transaction ID: 50922.C4676
City	State	Zip Code
Colorado Springs	CO	80903-2148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Benefit Resources, Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MS. Donna Hill		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address PO Box 724		Transaction ID: 50922.C5236
City	State	Zip Code
Snellville	GA	30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. Richard L Hill		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 50922.C5238
City	State	Zip Code
Lincoln	NE	68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS. Sheri S Hokin		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 333D Dundee Road, Suite C-3		Transaction ID: 50922.C4427
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance Serv	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Danisa Hopper		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 640D Fairview Road		Transaction ID: 50922.C4514
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MS. Mary Lou Hudman		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 533D Bent Tree Forest Drive, Suite		Transaction ID: 50922.C5254
City Dallas	State TX	Zip Code 75248-3471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer A Benefit Source	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.14	

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

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

Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Robert Huffaker		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address PD Box 6217		Transaction ID: 50922.C4618
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) B. MR. David S Johnson		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50922.C4424
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. MS. Suzanne Johnson		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6235 Morrison Boulevard, Suite 302		Transaction ID: 50922.C5264
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts TN's Page (optional)	190.00
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: PAGE 26 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Randy Joppie		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 50922.C4506
City	State	Zip Code
Belding	MI	48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orati	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) B. MR. Lary Kaczmarek		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50922.C5274
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) C. MS. T. Darlene Kaczmarek		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50922.C5276
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

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

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

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

FOR LINE NUMBER: PAGE 27 / 55

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

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

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 1875 Willow St Ste. P		Transaction ID: 50922.C4473
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. MR. Mark Kennedy		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 50922.C4428
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Kellan		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 50922.C5282
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

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: PAGE 28 / 55

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

Full Name (Last, First, Middle Initial) A. MR. Ross Kraft		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50922.C4499
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. MS. Mary Kramer		Date of Receipt MM / DD / YYYY 08 / 02 / 2005
Mailing Address 2837 South 159th Plaza, Suite 200		Transaction ID: 50922.C5284
City	State	Zip Code
Omaha	NE	68130-1769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Ronald Levine		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 50922.C4672
City	State	Zip Code
Marietta	GA	30062-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Brian Liechty		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50922.C5290
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. MR. Clark Lowe		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 12200 Northwest Fwy Ste 662		Transaction ID: 50922.C5294
City Houston	State TX	Zip Code 77062-4927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Cheryl Lombard		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50922.C4432
City Walnut Creek	State CA	Zip Code 94598-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Juan Ramon Lopez		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 50922.C4488
City Orange	State CA	Zip Code 92868-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MR. Maurice Lyons		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50922.C4407
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. MS. Linda Mackey		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address PO Box 1001		Transaction ID: 50922.C4478
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER: PAGE 31 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. MR. Dale Maloney		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50922.C4357
City State Zip Code Maitland FL 32751-5784	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) B. MS. Carol Matzniek		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address PO Box 35905		Transaction ID: 50922.C5310
City State Zip Code Greensboro NC 27438-8905	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MS. Sharon L McDermott		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50922.C5312
City State Zip Code Omaha NE 68137-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

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

FOR LINE NUMBER: PAGE 32 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. David Moore		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box 1006		Transaction ID: 50922.C5322
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Associa	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. MR. Wesley Moore, III		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 50922.C5320
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) C. MR. Joshua Nace		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: 50922.C5327
City Seattle	State WA	Zip Code 98103-8889
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 33 / 55

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Kirby Nielsen		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 2041 Willow Glen Lane		Transaction ID: 50922.C4641
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Nielsen Insurance Agency Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Norris		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PO Box 999 285 E Palmer Street		Transaction ID: 50922.C5343
City Franklin	State NC	Zip Code 28744-0999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50922.C5351
City Niantic	State CT	Zip Code 06357-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

SUBTOTAL of Receipts This Page (optional)	145.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Jesse Patton		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 2175 NW 88th Street, Suite 14		Transaction ID: 50922.C4622
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1575.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Thomas A Polanzani		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 3452 East Foothill Blvd. Suite 514		Transaction ID: 50922.C5506
City Pasadena	State CA	Zip Code 91107-3163
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Polanzani Benefits & Insurance Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. James Prita, III		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 50922.C4415
City Fresno	State CA	Zip Code 93711-2368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Ser Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 600.00	Receipt

SUBTOTAL of Receipts This Page (optional)	825.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS. Susan Moley Rash		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 50922.C4358
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. MR. Jan C Rauser		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50922.C4385
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. MR. Glen E Ruenze		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 415 5th Street P. O. Box 884		Transaction ID: 50922.C5381
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services, I	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 55

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

Full Name (Last, First, Middle Initial) A. MS. Aline Roberts		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50922.C4560
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

Full Name (Last, First, Middle Initial) B. MR. Joseph Roberts		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50922.C5391
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefi- ts	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. MR. William Robinson		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 100 South Sunrise Way, PMB 364		Transaction ID: 50922.C5393
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Age- ncy	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Ed Roling		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 50922.C4423
City	State	Zip Code
Raleigh	NC	27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental of North Carolina	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MR. Eugene Rowe		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 16000 Ventura Blvd, Suite 1103		Transaction ID: 50922.C5401
City	State	Zip Code
Encino	CA	91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. Francis Ruggiero		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 288 South Street		Transaction ID: 50922.C4524
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Stephen Salomon		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 50922.C5407
City	State	Zip Code
Timonium	MD	21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) B. Mr. Raymer Sala, JR		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50922.C4398
City	State	Zip Code
Lawrenceville	GA	30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. Mel Schiesinger		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address PD Box 30100		Transaction ID: 50922.C4591
City	State	Zip Code
Winston Salem	NC	27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Rainmakers Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Kenneth Schmidt		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
Mailing Address 871 D Manchester Road		Transaction ID: 50922.C5515
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MR. James Schulz		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 7431 O Street		Transaction ID: 50922.C4675
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. MR. Scott A Shalek		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address PO Box 67 6817 Barnard Mill Rd.		Transaction ID: 50922.C4452
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	

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

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

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

FOR LINE NUMBER: PAGE 40 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Bob G Shupe		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PD Box 2344		Transaction ID: 50922.C4421
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MR. Roger W Skinner		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 8812 East 75th Street, Suite 200		Transaction ID: 50922.C5422
City Indianapolis	State IN	Zip Code 46250-2876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Tameia Southern		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 381 Casa Linda Plaza Box 303		Transaction ID: 50922.C4687
City Dallas	State TX	Zip Code 75218-3423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	105.00
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: PAGE 41 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS. Anne Spering		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PD Box 4550		Transaction ID: 50922.C4416
City	State	Zip Code
Santa Fe	NM	87502-4550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) B. MS. Jackie Spragins		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box 2073		Transaction ID: 50922.C5436
City	State	Zip Code
Wichita Falls	TX	76707-2073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Spragins Insurance Agency	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. MS. Carol Steele		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50922.C4490
City	State	Zip Code
Akron	OH	44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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

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

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

FOR LINE NUMBER: PAGE 42 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. James R Stenger		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 288 South Street		Transaction ID: 50922.C4553
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1460.00	

Full Name (Last, First, Middle Initial) B. Burley Strader, JR		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042		Transaction ID: 50922.C4679
City	State	Zip Code
Winston Salem	NC	27114-4042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. MR. James Summers		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 8420 West Dodge Road, Suite 510		Transaction ID: 50922.C4483
City	State	Zip Code
Omaha	NE	68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

SUBTOTAL of Receipts This Page (optional)	350.00
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: PAGE 43 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Donald Thompson		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address 9720 Bunsen Parkway		Transaction ID: 50922.C4391
City Louisville	State KY	Zip Code 40288-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. MR. Daniel Tompkins		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address PO Box 1810		Transaction ID: 50922.C4396
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MR. Daniel Tompkins, III		Date of Receipt MM / DD / YYYY 07 / 29 / 2005
Mailing Address PO Box 1810		Transaction ID: 50922.C4430
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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

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

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

FOR LINE NUMBER: PAGE 44 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Daniel Tompkins, III		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box 1810		Transaction ID: 50922.C5454
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2000 14th St N Ste. 450		Transaction ID: 50922.C5458
City Arlington	State VA	Zip Code 22201-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation VP of Government Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Albert Travesos		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 50922.C4409
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	105.00
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

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

Full Name (Last, First, Middle Initial) A. MS. Marilyn Van Sant		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 271 Route 48 West Suite G206		Transaction ID: 50922.C5462
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. MR. Peter Virtan		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 50922.C4420
City Timonium	State MD	Zip Code 21063-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. MR. Tom Volter		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 50922.C4472
City Lafayette	State LA	Zip Code 70503-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physicians Mutual Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Charles Wagner		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box B		Transaction ID: 50922.C5466
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 Age	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. M. Hughes Warren, JR.		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address P.O. Box 7661		Transaction ID: 50922.C4584
City Wilmington	State NC	Zip Code 28406-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. John Warwick		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PD Box 272		Transaction ID: 50922.C4653
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

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

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

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

FOR LINE NUMBER: PAGE 47 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Charles L Westmoreland		Date of Receipt MM / DD / YYYY 08 / 02 / 2008
Mailing Address PD Box B25		Transaction ID: 50922.C5472
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MR. Richard Wheeler		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 817 Highway 71, Building 2-8		Transaction ID: 50922.C4543
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Richard E. Wheeler Insurance S	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. MR. David Wills		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 902 Brynwood Dr		Transaction ID: 50922.C4352
City Chattanooga	State TN	Zip Code 37415-5308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts TN's Page (optional)	100.00
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: PAGE 48 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Steven Wilson		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 50922.C4451
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. MS. Barbara Kay Wong		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 1311 L Street		Transaction ID: 50922.C5490
City Anchorage	State AK	Zip Code 99501-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefi- ts Co	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Dennis Wright		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50922.C4485
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Dennis Wright		Date of Receipt MM / DD / YYYY 07 / 28 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50922.C4444
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) B. MR. Greg Yoder		Date of Receipt MM / DD / YYYY 07 / 28 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50922.C4692
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) C. MR. Robert A Ziff		Date of Receipt MM / DD / YYYY 07 / 28 / 2005
Mailing Address 17 North Delmor Avenue		Transaction ID: 50922.C4604
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avarli Benefits Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	8189.00

**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)

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<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. American Express			Transaction ID: 50923.E183 Date of Disbursement 07 / 22 / 2005		
Mailing Address PO Box 53852			Amount of Each Disbursement this Period 219.01		
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type CREDIT CARD SETTLEMENT FEE		
Purpose of Disbursement CREDIT CARD SETTLEMENT FEE					
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District					

Full Name (Last, First, Middle Initial) B. American Express			Transaction ID: 50922.E181 Date of Disbursement 08 / 22 / 2005		
Mailing Address PO Box 53852			Amount of Each Disbursement this Period 84.13		
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type CREDIT CARD SETTLEMENT FEE		
Purpose of Disbursement CREDIT CARD SETTLEMENT FEE					
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District					

Full Name (Last, First, Middle Initial) C. Merchant Services			Transaction ID: 50922.E180 Date of Disbursement 08 / 02 / 2005		
Mailing Address 7300 Chapman Hwy			Amount of Each Disbursement this Period 741.57		
City Knoxville	State TN	Zip Code 37920-8612	Category/ Type CREDIT CARD SETTLEMENT FEE		
Purpose of Disbursement CREDIT CARD SETTLEMENT FEE					
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District					

SUBTOTAL of Disbursements This Page (optional)	1044.71
TOTAL This Period (last page this line number only)	1044.71

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)

A. Friends of George Allen

Mailing Address P.O. Box 6859

City Arlington State VA Zip Code 22206-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
GEORGE ALLEN

Category/
Type

Office Sought: House Disbursement For: 2005
 Senate X Primary General
President
Other (specify) ▼

State: VA District: D0

Transaction ID: 50720.E171

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Andrews for Congress

Mailing Address P.O. Box 265

City Oaklyn State NJ Zip Code 08107-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ROBERTE ANDREWS

Category/
Type

Office Sought: House Disbursement For: 2005
Senate X Primary General
President
Other (specify) ▼

State: NJ District: D1

Transaction ID: 50922.E188

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Rd

City West Chester State OH Zip Code 45069-8628

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHNA BOEHNER

Category/
Type

Office Sought: House Disbursement For: 2005
Senate X Primary General
President
Other (specify) ▼

State: OH District: D8

Transaction ID: 50922.E185

Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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 27 28a 28b 28c 29 30b

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

Full Name (Last, First, Middle Initial) A. Tom Feeney for Congress			Transaction ID: 50720.E174 Date of Disbursement 07 / 14 / 2005	
Mailing Address 1420 Alafaya Trail Suite 103			Amount of Each Disbursement this Period 1000.00	
City Oviedo State FL Zip Code 32765-				
Purpose of Disbursement POLITICAL CONTRIBUTION			Category/ Type	
Candidate Name TOM FEENEY				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		POLITICAL CONTRIBUTION	
State: FL District: 24				

Full Name (Last, First, Middle Initial) B. Friends of Mark Foley			Transaction ID: 50720.E170 Date of Disbursement 07 / 14 / 2005	
Mailing Address P.O. Box 3055			Amount of Each Disbursement this Period 1000.00	
City West Palm Beach State FL Zip Code 33420-				
Purpose of Disbursement POLITICAL CONTRIBUTION			Category/ Type	
Candidate Name MARK FOLEY				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		POLITICAL CONTRIBUTION	
State: FL District: 16				

Full Name (Last, First, Middle Initial) C. Jim Gerlach for Congress Committee			Transaction ID: 50720.E175 Date of Disbursement 07 / 14 / 2005	
Mailing Address 704 Haywood Dr			Amount of Each Disbursement this Period 1000.00	
City Exton State PA Zip Code 19341-1136				
Purpose of Disbursement POLITICAL CONTRIBUTION			Category/ Type	
Candidate Name JIM GERLACH				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		POLITICAL CONTRIBUTION	
State: PA District: 06				

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) A. Citizens for Gillmor		Transaction ID: 50922.E181 Date of Disbursement 08 / 19 / 2005	
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 1000.00	
City Old Fort State OH Zip Code 44801-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name PAULE GILLMOR	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: OH District: D5			

Full Name (Last, First, Middle Initial) B. Louie Gohmert for Congress Committee		Transaction ID: 50922.E187 Date of Disbursement 08 / 09 / 2005	
Mailing Address P.O. Box 8060		Amount of Each Disbursement this Period 1000.00	
City Tylor State TX Zip Code 75711-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name LOUISB.MR.JR. GOHMERT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: TX District: D1			

Full Name (Last, First, Middle Initial) C. People With Hart		Transaction ID: 50922.E182 Date of Disbursement 08 / 09 / 2005	
Mailing Address 3000 K St NW Ste. 125		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20007-5108	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name MELISSA HART	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: PA District: D4			

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Meeks for Congress		Transaction ID: 50922.E189 Date of Disbursement 08 / 10 / 2005	
Mailing Address 322 Massachusetts Ave. NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name GREGORYW MEEKS	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District D8			

Full Name (Last, First, Middle Initial) B. Ben Nelson for U.S. Senate Committee		Transaction ID: 50922.E183 Date of Disbursement 08 / 09 / 2005	
Mailing Address 420 C St NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name EBENJAMIN NELSON	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District D0			

Full Name (Last, First, Middle Initial) C. The Pryce Project		Transaction ID: 50922.E184 Date of Disbursement 08 / 09 / 2005	
Mailing Address 1155 21st St NW Ste. 330		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20038-3308	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name DEBORAH D PRYCE	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 15			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Souder for Congress, Inc.

Mailing Address P.O. Box 40233

City State Zip Code
Fort Wayne IN 46804-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MARKE SOUDER

Office Sought: House
Senate
President
State: IN District: D3

Disbursement For: 2005
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50922.E190
Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Lee Terry for Congress

Mailing Address P.O. Box 16021

City State Zip Code
Alexandria VA 22302-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
LEE TERRY

Office Sought: House
Senate
President
State: NE District: D2

Disbursement For: 2005
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50720.E172
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

14000.00