

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, Runoff, Special

5. Covering Period 04 01 2006 through 04 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Wade S. Williams Signature of Treasurer Electronically Filed by Wade S. Williams Date 05 19 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		31951.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	61553.66									
(c) Total Receipts (from Line 19)	21822.00	120529.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83375.66	152480.70								
7. Total Disbursements (from Line 31)	70166.58	139271.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13209.08	13209.08								
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**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12128.00	54770.00
(i) Itemized (use Schedule A)	9694.00	65719.36
(ii) Unitemized	21822.00	120489.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21822.00	120489.36
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	39.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21822.00	120529.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21822.00	120529.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	28506.58	41146.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	28506.58	41146.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	41500.00	95500.00
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	160.00	625.00
(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))	160.00	625.00
29. Other Disbursements.....	0.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70166.58	139271.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	70166.58	139271.62

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21822.00	120489.36
34. Total Contribution Refunds (from Line 28(d))	160.00	625.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21662.00	119864.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28506.58	41146.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28506.58	41146.62

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
KENNETH L. SCHMIDT

Mailing Address 1332 Hunters Hollow Court

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
MSM&F Benefits Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 605.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13712430

Amount of Each Receipt this Period
365.00

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

Mailing Address 1634 Ryan Street

City State Zip Code
Lake Charles LA 70601-5949

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

Name of Employer Occupation
The Perry Agency, Inc. President

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13712431

Amount of Each Receipt this Period
40.00

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

Mailing Address 1634 Ryan Street

City State Zip Code
Lake Charles LA 70601-5949

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

Name of Employer Occupation
The Perry Agency, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13712432

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	505.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 28588 Northwestern Highway Suite

City State Zip Code
Southfield MI 48034-8335

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

Name of Employer PPOM Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13712438

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Eva Jean Fomalont

Mailing Address 2500 Louisiana Blvd NE Suite 300

City State Zip Code
Albuquerque NM 87110-4372

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13712439

Amount of Each Receipt this Period
300.00

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

Mailing Address 4200 East Skelly Drive Suite 680

City State Zip Code
Tulsa OK 74135-3210

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

Name of Employer Guardian Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13712442

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1065.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 20700 Civic Center Dr., Suite 250

City State Zip Code
Southfield MI 48076-4133

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

Name of Employer
Comerica Insurance Services Inc.

Occupation
VP - Group Benefits Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13715400

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 1006

City State Zip Code
Burlington NC 27216-1006

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

Name of Employer
David R. Moore CLU & Associates

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13715483

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
DAVID S JOHNSON

Mailing Address PO Box 871129

City State Zip Code
Stone Mountain GA 30087-0029

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

Name of Employer
David S. Johnson Insurance

Occupation
Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13715484

Amount of Each Receipt this Period
20.00

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: (check only one)	PAGE 9 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
PATRICIA M. ADAMS

Mailing Address 1126 Stausbury WAY

City State Zip Code
Salt Lake City UT 84108-2321

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

Name of Employer Patricia M. Adams Employee Benefits, L
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13724635

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JENNIFER L. WENKE

Mailing Address 1395 Panther Lane, Suite 100

City State Zip Code
Naples FL 34109

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

Name of Employer Lutgert Smith Leshar Insurance Inc.
Occupation Sr. Customer Service Rep - L & H

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13724639

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
RAY M. MUSSER

Mailing Address 404 N Second Ave., Suite B

City State Zip Code
Upland CA 91786-4701

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

Name of Employer Ray M. Musser & Associates Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13724640

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
BRIDGET SIRKEGIAN-KAUB

Mailing Address 421 18th Street

City State Zip Code
Huntington Beach CA 92648-5199

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

Name of Employer
CBA Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2006

Transaction ID: 13724642

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
ANDREW LAWSON

Mailing Address 3301 Hadleigh Crest

City State Zip Code
Orlando FL 32817-2052

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

Name of Employer
Aflac

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2006

Transaction ID: 13724643

Amount of Each Receipt this Period
365.00

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

Mailing Address 3041 South 41

City State Zip Code
Lincoln NE 68506-6214

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

Name of Employer
American Community Mutual Insurance Co

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2006

Transaction ID: 13724644

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1130.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

Full Name (Last, First, Middle Initial) A. DAVID CLULEY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 801 Broadway NW, Ste. 201		Transaction ID: 13753330	
City State Zip Code Grand Rapids MI 49504		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer PPOM Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. ALFONSO SCHIEBEL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 200 Sandy Springs Pl., # 300A		Transaction ID: 13753333	
City State Zip Code Atlanta GA 30328-5918		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ashford Advisors Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.00	

Full Name (Last, First, Middle Initial) C. Ruth A. Gibbons		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address PO Box 2560		Transaction ID: 13753338	
City State Zip Code Boise ID 83701-2560		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Regence BlueShield of Idaho Occupation Asst. VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Marion B Schremp

Mailing Address 125 Townpark Drive NW Suite 260

City Kennesaw State GA Zip Code 30144

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

Name of Employer Multiple Benefit Services Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 13947060

Amount of Each Receipt this Period
 480.00

B. Full Name (Last, First, Middle Initial)
SUSAN MCGINNIS

Mailing Address 8516 East 101st, Suite H

City Tulsa State OK Zip Code 74133-7035

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 13947118

Amount of Each Receipt this Period
 10.00

C. Full Name (Last, First, Middle Initial)
Adele M. Horton

Mailing Address 101 Gedney Street, Suite L-L Westshore Towers

City Nyack State NY Zip Code 10960-2237

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

Name of Employer Byron Horton Brokerage Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: 13947158

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1490.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
DEBBIE BLANDER

Mailing Address 2441 Rutland Place

City State Zip Code
Thousand Oaks CA 91362-1603

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

Name of Employer Warner Pacific Insurance Services
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 13956555

Amount of Each Receipt this Period
550.00

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

Mailing Address 1634 Ryan Street

City State Zip Code
Lake Charles LA 70601-5949

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

Name of Employer The Perry Agency, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 13956744

Amount of Each Receipt this Period
100.00

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

Mailing Address 2815 Camino Del Rio South Suite 2

City State Zip Code
San Diego CA 92108-3816

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

Name of Employer Healthcare Solutions
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 13956951

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

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

Mailing Address 1661 Shoreline Drive Suite 100

City State Zip Code
Boise ID 83702-6746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 13968500

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Lenwood E Dennis

Mailing Address PO Box 29368

City State Zip Code
Greensboro NC 27429-9368

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

Name of Employer Dennis Insurance & Financial Services
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 14040183

Amount of Each Receipt this Period
500.00

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

Mailing Address 921-C South McPherson Church Rd

City State Zip Code
Fayetteville NC 28303-5368

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

Name of Employer Ebenconcepts Company
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14165199

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
TRAVIS MIDDLETON

Mailing Address 20501 Katy Suite 219

City Katy	State TX	Zip Code 77450-4909
--------------	-------------	------------------------

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

Name of Employer TradeMark Insurance Agency	Occupation Insurance Agent
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	6

Transaction ID: 14167152

Amount of Each Receipt this Period

100.00

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

Mailing Address 4995 Torero Rd.

City Santa Barbara	State CA	Zip Code 93111-1925
-----------------------	-------------	------------------------

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

Name of Employer Larsen Insurance	Occupation Insurance Agent
--------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	6

Transaction ID: 14167155

Amount of Each Receipt this Period

75.00

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

Mailing Address 2435 E. Ventura Blvd. #F

City Camarillo	State CA	Zip Code 93010-6697
-------------------	-------------	------------------------

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

Name of Employer Donald M. Jones Ins. Services	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	6

Transaction ID: 14167158

Amount of Each Receipt this Period

85.00

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
JAMES STENGER

Mailing Address 268 South Street

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
NAS Financial Services Principal

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14167167

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
H MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code
South Jordan UT 84095-8506

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

Name of Employer Occupation
McDermott Company & Associates Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14167172

Amount of Each Receipt this Period
85.00

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

Mailing Address 111 East Ludwig Rd., Suite 108

City State Zip Code
Ft. Wayne IN 46825-4240

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

Name of Employer Occupation
IntraHealth Solutions In-c. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14167173

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
JEFFREY GENNARO

Mailing Address PO Box 10315

City State Zip Code
Phoenix AZ 87064

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

Name of Employer
Capitol Insurance Brokers Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14167174

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
DALE W MALONEY

Mailing Address 5495 Belt Line Road, Suite 155

City State Zip Code
Maitland FL 32751-5784

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

Name of Employer
Benefits Division Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222866

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 805

City State Zip Code
West Chester OH 45071-0805

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

Name of Employer
JRM & Associates Agency Inc

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222875

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. JOAN L GALLETTA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 3342 Kori Road		Transaction ID: 14222882
City Jacksonville	State FL	Zip Code 32257
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer JP Perry Insurance, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

Full Name (Last, First, Middle Initial) B. ALFONSO SCHIEBEL		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 200 Sandy Springs Pl., # 300A		Transaction ID: 14222886
City Atlanta	State GA	Zip Code 30328-5918
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.00	
Name of Employer Ashford Advisors Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) C. ALBERT J TRAVASOS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 2255 Glades Road, Suite 420A		Transaction ID: 14222887
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 Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	▶	108.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103

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

Name of Employer The Medical Link Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222889

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
CHERYL LOMBARDI

Mailing Address 1331 North California Blvd, Ste 30

City State Zip Code
Walnut Creek CA 94596-4536

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

Name of Employer Claremont Insurance Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222895

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
TRACY Q BRADFORD

Mailing Address 866 Ridgeway Loop Rd., Ste 200

City State Zip Code
Memphis TN 38120

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

Name of Employer Clay & Land Insurance, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222906

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
RAYMER M SALE, JR

Mailing Address PO Box 424420

City State Zip Code
Lawrenceville GA 30042

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

Name of Employer
E2E Benefits Services In-
c. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222922

Amount of Each Receipt this Period
100.00

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

Mailing Address 9700 Ormsby Station Rd., #200

City State Zip Code
Louisville KY 40223-4207

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

Name of Employer
Thompson Associates Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222924

Amount of Each Receipt this Period
150.00

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

Mailing Address 343 Six Forks Road

City State Zip Code
Raleigh NC 27609-7800

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

Name of Employer
Delta Dental of North Car-
olina Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14222931

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. WALTER T HALE		Date of Receipt MM / DD / YYYY 04 / 30 / 2006
Mailing Address 211 East Church Street		Transaction ID: 14222958
City Morrilton	State AR	Zip Code 72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Hawkins Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. JON C RAUSER		Date of Receipt MM / DD / YYYY 04 / 30 / 2006
Mailing Address 400 East Wisconsin Ave., Suite #20		Transaction ID: 14222960
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
Name of Employer The Rauser Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. PETER VINTON		Date of Receipt MM / DD / YYYY 04 / 30 / 2006
Mailing Address 9480 Deereco Road		Transaction ID: 14222973
City Timonium	State MD	Zip Code 21093-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. DAVID S JOHNSON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address PO Box 871129		Transaction ID: 14222979	
City State Zip Code Stone Mountain GA 30087-0029		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer David S. Johnson Insurance		Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) B. GERARD GERSHONOWITZ		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 980 Broadway, Suite 608		Transaction ID: 14222980	
City State Zip Code Thornwood NY 10594-1313		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Morrell Consulting Group Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ROSS W KRAFT		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 41 Notre Dame Lane		Transaction ID: 14222990	
City State Zip Code Utica NY 13502		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Meridian Group of New York, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MARK KENNEDY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 1173 Brittmoore Road		Transaction ID: 14222994
City State Zip Code Houston TX 77043-5003	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. CHARLES TROGDON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 2950 E. Richmond		Transaction ID: 14222997
City State Zip Code Fresno CA 93720	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gallagher Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. DAVID CLULEY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 801 Broadway NW, Ste. 201		Transaction ID: 14223000
City State Zip Code Grand Rapids MI 49504	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PPOM	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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: (check only one)	PAGE 24 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. ANTHONY LAGASCA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 409 N Pacific Coast Highway #481		Transaction ID: 14223002
City State Zip Code Redondo Beach CA 90277-2870	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer ADL Financial & Insurance Agency	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. SHEILA HARTMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 21300 Victory Blvd., Suite 215		Transaction ID: 14223181
City State Zip Code Woodland Hills CA 91367-3669	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 Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. CAROLYNNE MULDOON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 457 Main Street		Transaction ID: 14223183
City State Zip Code Longmont CO 80501-5534	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Milestone Insurance Agency	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 100 Amaryllis Drive

City State Zip Code
Lafayette LA 70503-3215

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

Name of Employer
Physician's Mutual Insurance
Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223185

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
RANDY JOPPIE

Mailing Address 6868 Blue Hummingbird Way

City State Zip Code
Belding MI 48809

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

Name of Employer
Collins & Associates Corporation
Occupation
Director of Employee Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223192

Amount of Each Receipt this Period
100.00

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

Mailing Address 35 N Lake Avenue, #720

City State Zip Code
Pasadena CA 91101-1856

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

Name of Employer
Garner Insurance Services
Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223244

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	265.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. BRIAN W. LIECHTY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 11911 11th Road		Transaction ID: 14223257
City State Zip Code Plymouth IN 46563-1744	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer KL Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. JOHN L WARWICK		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address PO Box 272		Transaction ID: 14223315
City State Zip Code Chico CA 95927-0272	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John Warwick Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

Full Name (Last, First, Middle Initial) C. DANIEL MCMAHON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 123 East 2nd Avenue		Transaction ID: 14223345
City State Zip Code Spokane WA 99202-1504	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jones & Mitchell Insurance	Occupation Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	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: (check only one)	PAGE 27 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1055 Minnesota Avenue

City State Zip Code
San Jose CA 95125-2451

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223358

Amount of Each Receipt this Period
100.00

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

Mailing Address 3537 Old Conejo Road, Suite 114

City State Zip Code
Newbury Park CA 91320-6189

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

Name of Employer Insurance Dimensions Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223370

Amount of Each Receipt this Period
85.00

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

Mailing Address 5880 Live Oak Parkway

City State Zip Code
Norcross GA 30093

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223371

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
GREG SEIFERT

Mailing Address 916 Main Street

City Vancouver State WA Zip Code 98666-0189

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

Name of Employer Biggs Insurance Services Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223373

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
PAUL SMITH

Mailing Address 169 Hawthorne Drive

City Berlin State CT Zip Code 06457

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

Name of Employer AmeriBen Alliance LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223391

Amount of Each Receipt this Period
85.00

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

Mailing Address 2401 E Mercer Lane

City Phoenix State AZ Zip Code 85028

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

Name of Employer Glass Financial Group Occupation Employee Benefit Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14223396

Amount of Each Receipt this Period
10.00

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	FOR LINE NUMBER: (check only one)	PAGE 29 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code
Toms River NJ 08754

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

Name of Employer BenefitPort LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14358841

Amount of Each Receipt this Period
40.00

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

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

City State Zip Code
Greensboro NC 27438-8248

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

Name of Employer EbenConcepts Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14358849

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
THOMAS M HARTE

Mailing Address 20 Mary E Clark Drive, #10

City State Zip Code
Hampstead NH 03841

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

Name of Employer Landmark Benefits Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14358852

Amount of Each Receipt this Period
80.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1501 N Limestone, Suite 100

City Lexington State KY Zip Code 40505-3200

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

Name of Employer CKBS Insurance Group Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14358855

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER HARRISON

Mailing Address 921-C South McPherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

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

Name of Employer Ebenconcepts Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14358863

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 8357

City Tyler State TX Zip Code 75711-8357

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

Name of Employer Hibbs-Hallmark & Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 14358865

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. JAMES D SCHULZ		Date of Receipt MM / DD / YYYY 04 / 30 / 2006
Mailing Address 7101 S. 82nd Street		Transaction ID: 14358870
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MEL A SCHLESINGER		Date of Receipt MM / DD / YYYY 04 / 30 / 2006
Mailing Address PO Box 30100		Transaction ID: 14358875
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer The Rainmakers Group Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Susan E Cook		Date of Receipt MM / DD / YYYY 04 / 05 / 2006
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 14575513
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	265.00
TOTAL This Period (last page this line number only)	12128.00

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)

PAGE 32 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. Merchant Services		Transaction ID: 14235133 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 629.34
City Knoxville State TN Zip Code 37920-6612	Category/ Type 001	
Purpose of Disbursement Credit Card Processing Fee		Credit Card Processing Fee
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TRACY Q BRADFORD		Transaction ID: 13876642 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 866 Ridgeway Loop Rd., Ste 200		Amount of Each Disbursement this Period 1500.00
City Memphis State TN Zip Code 38120	Category/ Type 002	
Purpose of Disbursement Reimbursement for PAC Conference Travel		Reimbursement for PAC Conference Travel Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. THOMAS BRYON		Transaction ID: 13876040 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address PO Box 2628		Amount of Each Disbursement this Period 1385.77
City Shawnee Mission State KS Zip Code 66201	Category/ Type 002	
Purpose of Disbursement Reimbursement for PAC Conference Travel		Reimbursement for PAC Conference Travel Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3515.11
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)

PAGE 33 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. JOSEPH ROBERTS		Transaction ID: 13876132 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7101 South 82nd Street		Amount of Each Disbursement this Period 1409.34
City Lincoln State NE Zip Code 68516-6574	Reimbursement for PAC Conference Travel Expenses	
Purpose of Disbursement Reimbursement for PAC Conference Travel		Category/Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DENNIS WRIGHT		Transaction ID: 13876257 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 111 East Ludwig Rd., Suite 108		Amount of Each Disbursement this Period 1240.52
City Ft. Wayne State IN Zip Code 46825-4240	Reimbursement for PAC Conference Travel Expenses	
Purpose of Disbursement Reimbursement for PAC Conference Travel		Category/Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GEORGE CONDOS		Transaction ID: 13876224 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7881 West Charleston Blvd. #140		Amount of Each Disbursement this Period 1500.00
City Las Vegas State NV Zip Code 89117	Reimbursement for PAC Conference Travel Expenses	
Purpose of Disbursement Reimbursement for PAC Conference Travel		Category/Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4149.86
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. JESSE A PATTON		Transaction ID: 13876617 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 2175 NW 86th St., Suite 14		Amount of Each Disbursement this Period 1500.00
City Des Moines State IA Zip Code 50325-5557	Reimbursement for PAC Conference Travel Expenses	
Purpose of Disbursement Reimbursement for PAC Conference Travel		002 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 13876031 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 4282.38
City Washington State DC Zip Code 20003	Conference Club Luncheon	
Purpose of Disbursement Conference Club Luncheon		003 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 14235176 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 224.65
City Clinton State MD Zip Code 20735	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	6007.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 14235190 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 390.34
City Phoenix State AZ Zip Code 85072-3852	Credit Card Processing Fee	
Purpose of Disbursement Credit Card Processing Fee		001 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) B. Michael E. Dunn & Associates, Inc.		Transaction ID: 14040184 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 1700 North Moore Street Suite 2225		Amount of Each Disbursement this Period 5000.00
City Arlington State VA Zip Code 22209	Consulting Expenses	
Purpose of Disbursement Consulting Expenses		003 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. JEFFREY GENNARO		Transaction ID: 14043628 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 10315		Amount of Each Disbursement this Period 1423.30
City Phoenix State AZ Zip Code 87064	Reimbursement for PAC Conference Travel Expenses	
Purpose of Disbursement Reimbursement for PAC Conference Travel		002 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	6813.64
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)

PAGE 36 / 49

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

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

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

Full Name (Last, First, Middle Initial)

A. Capital Hilton Hotel

Mailing Address 1001 16th Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Conference Club Breakfast

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14043654

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

7854.00

Conference Club Breakfast

SUBTOTAL of Disbursements This Page (optional)

7854.00

TOTAL This Period (last page this line number only)

28339.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. Leadership Encouraging Excellence PAC (LEE PAC)		Transaction ID: 13716370 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2875 Towerview Road Suite 1000		Amount of Each Disbursement this Period 5000.00
City Herndon State VA Zip Code 20171	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mike DeWine For US Senate		Transaction ID: 13744931 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Mike DeWine		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Johnson For Congress Committee		Transaction ID: 13745015 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nancy L. Johnson		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Musgrave For Congress		Transaction ID: 13722265 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 118 W Charlotte St		Amount of Each Disbursement this Period 1000.00
City Johnstown State CO Zip Code 80534	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Marilyn N. Musgrave Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Mike DeWine For US Senate		Transaction ID: 13927395 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. ERICPAC		Transaction ID: 13927399 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23219	Contribution	
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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)

PAGE 39 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. JD Hayworth For Congress		Transaction ID: 13927396 Date of Disbursement MM / DD / YYYY 04 / 18 / 2006	
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00	
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Rep. J.D. Hayworth	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Contribution		

Full Name (Last, First, Middle Initial) B. Mark Kennedy 06		Transaction ID: 13927389 Date of Disbursement MM / DD / YYYY 04 / 18 / 2006	
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 1000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Mr. Mark Kennedy	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Contribution		

Full Name (Last, First, Middle Initial) C. DeMint For Senate Committee Inc		Transaction ID: 13927391 Date of Disbursement MM / DD / YYYY 04 / 18 / 2006	
Mailing Address PO Box 10407		Amount of Each Disbursement this Period 1000.00	
City Greenville State SC Zip Code 29603	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Sen. James DeMint	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2	Contribution		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. Price For Congress		Transaction ID: 13934065 Date of Disbursement
Mailing Address PO Box 425		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Roswell	State GA	Zip Code 30077
Purpose of Disbursement Contribution	<input type="text" value="011"/>	
Candidate Name Rep. Thomas E. Price, M.D.	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 6	Contribution	

Full Name (Last, First, Middle Initial) B. Reynolds For Congress		Transaction ID: 13966796 Date of Disbursement
Mailing Address PO Box 15388 Pittsford		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Rochester	State NY	Zip Code 14615
Purpose of Disbursement Contribution	<input type="text" value="011"/>	
Candidate Name Rep. Thomas M. Reynolds	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 26	Contribution	

Full Name (Last, First, Middle Initial) C. Friends Of Mike Sodrel		Transaction ID: 13966792 Date of Disbursement
Mailing Address 702 North Shore Drive Suite 500		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Contribution	<input type="text" value="011"/>	
Candidate Name Rep. Michael E. Sodrel	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 9	Contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Buck Mckeon For Congress		Transaction ID: 13966793 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00 Contribution
City Santa Clarita State CA Zip Code 91321	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Howard P. McKeon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Clay Shaw		Transaction ID: 13966795 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 2188 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00 Contribution
City Ft. Lauderdale State FL Zip Code 33303	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. E. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ron Lewis For Congress		Transaction ID: 13966794 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1000.00 Contribution
City Elizabethtown State KY Zip Code 42702	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Upton For All Of Us		Transaction ID: 13966786 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 490		Amount of Each Disbursement this Period 1000.00 Contribution
City St. Joseph State MI Zip Code 49085	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bass Victory Committee		Transaction ID: 13966797 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 1000.00 Contribution
City Concord State NH Zip Code 03302	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles F. Bass		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sue Kelly For Congress		Transaction ID: 13966784 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00 Contribution
City Katonah State NY Zip Code 10536	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Sue W. Kelly		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Friends Of John Boehner		Transaction ID: 13966787 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 8		

Full Name (Last, First, Middle Initial) B. Snowe For Senate		Transaction ID: 13966790 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 2006		Amount of Each Disbursement this Period 1000.00
City Portland State ME Zip Code 04104	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Olympia J. Snowe Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 1		

Full Name (Last, First, Middle Initial) C. Friends Of Craig Thomas		Transaction ID: 13966791 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 2780 Olive Dr		Amount of Each Disbursement this Period 1000.00
City Cheyenne State WY Zip Code 82001	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Craig Thomas Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 1		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Conrad Burns - 2006		Transaction ID: 13966789 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 1000.00 Contribution
City Helena State MT Zip Code 59624	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Conrad Burns		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Enzi For US Senate		Transaction ID: 13966788 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 2775		Amount of Each Disbursement this Period 1000.00 Contribution
City Cody State WY Zip Code 82414	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Michael Enzi		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Goodlatte For Congress Committee		Transaction ID: 14045394 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 292		Amount of Each Disbursement this Period 500.00 Contribution
City Roanoke State VA Zip Code 24002	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robert W. Goodlatte		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. John T. Doolittle For Congress		Transaction ID: 14045395 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2150 River Plaza Dr. #150		Amount of Each Disbursement this Period 2000.00
City Sacramento State CA Zip Code 95833	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John T. Doolittle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 4		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Sam Johnson		Transaction ID: 14060870 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1611 Avenue K		Amount of Each Disbursement this Period 1000.00
City Plano State TX Zip Code 75074	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Samuel Robert Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 3		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matheson For Congress		Transaction ID: 14062398 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Geoff Davis For Congress		Transaction ID: 14062516 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Erlanger	State KY	Zip Code 41018
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Rep. Geoffrey Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 4	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
		Contribution

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Bobby Jindal		Transaction ID: 14060817 Date of Disbursement
Mailing Address PO Box 8628		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Metairie	State LA	Zip Code 70011
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Rep. Bobby Jindal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 1	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
		Contribution

Full Name (Last, First, Middle Initial) C. Nelson for U.S. Senate		Transaction ID: 14062603 Date of Disbursement
Mailing Address P O Box 8666		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Omaha	State NE	Zip Code 68103
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Sen. E. Benjamin Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 2	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Santorum 2006		Transaction ID: 14060004 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 1000.00
City West Conshohocken State PA Zip Code 19428	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Sen. Rick Santorum	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jon Kyl For U S Senate		Transaction ID: 14060368 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Sen. Jon Kyl	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Trent Lott For Mississippi		Transaction ID: 14059827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 1500.00
City Jackson State MS Zip Code 39225	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Sen. Trent Lott	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 48 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. Kevin McCarthy For Congress		Transaction ID: 14045392 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 455 Capitol Mall Suite 801		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Connecticut Victory 2006		Transaction ID: 14045393 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 228 S. Washington Street Suite 115		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22314	Contribution - Rob Simmons (CT-02)	
Purpose of Disbursement Contribution - Rob Simmons (CT-02) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Martha Rainville For Congress		Transaction ID: 14060471 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Williston State VT Zip Code 05495	Contribution	
Purpose of Disbursement Contribution Candidate Name Martha Rainville Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 49

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

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

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

Full Name (Last, First, Middle Initial) A. Brian Bilbray For Congress		Transaction ID: 14062699 Date of Disbursement MM / DD / YYYY 04 / 28 / 2006	
Mailing Address 2466 Unicornio Street		Amount of Each Disbursement this Period 1000.00	
City Carlsbad State CA Zip Code 92009	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Mr. Brian Bilbray	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	41500.00