

**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)

2000 14TH ST

☐Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2009

through

04

30

2009

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

Jennifer Murphy

Signature of Treasurer

Electronically Filed by Jennifer Murphy

Date

05

20

2009

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

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	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		91930.12
(b) Cash on Hand at Beginning of Reporting Period	106172.00	
(c) Total Receipts (from Line 19)	64642.05	178280.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	170814.05	270211.02
7. Total Disbursements (from Line 31)	34319.53	133716.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	136494.52	136494.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

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

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 9

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	43625.42	89140.10
(i) Itemized (use Schedule A)		
(ii) Unitemized	21010.83	89117.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	64636.25	178257.70
(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) ➤	64636.25	178257.70
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.)	5.80	23.20
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))	64642.05	178280.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64642.05	178280.90

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.....	1264.53	4456.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1264.53	4456.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	128400.00
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	555.00	860.00
(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))	555.00	860.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	34319.53	133716.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34319.53	133716.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	64636.25	178257.70
34. Total Contribution Refunds (from Line 28(d))	555.00	860.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64081.25	177397.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1264.53	4456.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1264.53	4456.40

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

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

FOR LINE NUMBER: PAGE 6 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lori J. Alalan

Mailing Address PO Box 2424

City

Hickory

State

NC

Zip Code

28603-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina first Assoc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: 8651-P18198

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 6102 82nd St # 6

City

Lubbock

State

TX

Zip Code

79424-3690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore & Associates Insu-
rance Agency

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17754

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rick D. Bailey

Mailing Address 117 Royal Oaks Dr

City

Canton

State

GA

Zip Code

30115-6587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rick Bailey & Company, In-
c.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 9

Transaction ID: 8675-P18558

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Wauwaukee

State

WI

Zip Code

53597-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8596

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Wauwaukee

State

WI

Zip Code

53597-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dental Health Plans

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 8650-P18029

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Finan

Occupation
Agent

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 1 / 2 0 0 9

Transaction ID: 8537

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis SmithBenton Insur-
ance & Finan

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: 8650-P17889

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David A Berman

Mailing Address 8805 Sawleaf Rd

City

Indianapolis

State

IN

Zip Code

46260-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neace Lukens Holding Comp-
any, Inc.

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 8650-P18030

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Besselman Agency, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 8651-P18113

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

395.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jason Beyroudy

Mailing Address 1011 Commercial St NE Ste 135

City

Salem

State

OR

Zip Code

97301-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Advisors, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19090

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.36

Date of Receipt

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

Transaction ID: 8651-P18145

Amount of Each Receipt this Period

84.34

Payroll Deduction

(\$84.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Specialties, In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 8650-P17891

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

499.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michele B. Bloom

Mailing Address 2213A Walnut St

City

Harrisburg

State

PA

Zip Code

17103-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lillis, McKibben & Company

Occupation

Plan Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

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

Transaction ID: 8650-P18031

Amount of Each Receipt this Period

155.42

Payroll Deduction

(\$30.42 Monthly)

B.

Full Name (Last, First, Middle Initial)

Brian S. Bodner

Mailing Address 3 Leeland Ct

City

New City

State

NY

Zip Code

10956-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer
First National Administra-
tors

Occupation

Director of Ancillary Operatio

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 8 / 2 0 0 9

Transaction ID: 8692-P19136

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

C.

Full Name (Last, First, Middle Initial)

James C. Bosier

Mailing Address 6410 N Butler Rd

City

Cedar Falls

State

IA

Zip Code

50613-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Net Worth Advisors

Occupation

Account Manager

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18325

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1240.42

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Brown

Mailing Address 211 N Robinson Ave Ste 1400

City

Oklahoma City

State

OK

Zip Code

73102-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mike Brown AssociatesOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19070

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Jeffrey M Byham

Mailing Address 1098 Park Ave

City

Meadville

State

PA

Zip Code

16335-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byham's Insurance Service-
s, IncOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19094

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Michael E. Carmean

Mailing Address 3075 Lee Road 248

City

Smiths

State

AL

Zip Code

36877-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon MarketingOccupation
Vice President, Group Sales & Marketi

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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17894

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lori Carter

Mailing Address 27 Locksley Pl

City

Forest

State

VA

Zip Code

24551-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Community Health
Plan, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19137

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Louie L. Cason

Mailing Address 2920 Gervais St

City

Columbia

State

SC

Zip Code

29204-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cason Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

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

Transaction ID: 8650-P17805

Amount of Each Receipt this Period

385.00

Payroll Deduction

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lorelei G. Castellani

Mailing Address PO Box 2100

City

Branchville

State

NJ

Zip Code

07826-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Guidance Systems

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: 8651-P18531

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers, CLU

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8650-P18017

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David S. Cluley

Mailing Address 2220 Glen Echo Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthPlus

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18510

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dorothy M. Cociu

Mailing Address PO Box 1941

City

Big Bear Lake

State

CA

Zip Code

92315-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Benefit Consulti-
ng & Insuran

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18512

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Valerie Cramer

Mailing Address 2664 Hedwidge Dr

City

Traverse City

State

MI

Zip Code

49684-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Priority Health

Occupation

Account Executive

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18061

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Tony Currin

Mailing Address 7091 Ramsey St

City

Fayetteville

State

NC

Zip Code

28311-9429

FEC ID number of contributing
federal political committee.

C

Name of Employer
RISK & Insurance Consulta-
nts, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 8627

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Malcolm Cutler

Mailing Address 1824 Pacific Ave

City

Manhattan Beach

State

CA

Zip Code

90266-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cutler Insurance Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19134

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Annually)

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Johnny Lee Dawkins

Mailing Address PO Box 53809

City

Fayetteville

State

NC

Zip Code

28305-3809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8651-P18101

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18522

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilling

Occupation
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

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

Transaction ID: 8628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ng

Occupation

VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

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

Transaction ID: 8651-P18177

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Steve H. Dodder

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assurant Health

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 8650-P17777

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Theresa M. Dodds

Mailing Address 4748 Winged Foot Way

City

Columbus

State

GA

Zip Code

31909-8009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dodds and Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 8651-P18525

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

George V. Duczak

Mailing Address 33 W Higgins Rd Ste 910

City

South Barrington

State

IL

Zip Code

60010-9135

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Worker Plans, In-
c.

Occupation
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 8 / 2 0 0 9

Transaction ID: 8692-P19079

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

B.

Full Name (Last, First, Middle Initial)

George S. Dunlap

Mailing Address 2853 104th St

City

Des Moines

State

IA

Zip Code

50322-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Solutions

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19117

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Eugene Denny Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City

Harahan

State

LA

Zip Code

70123-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates, In-
c.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18074

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1420.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

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 ▼

540.00

Date of Receipt

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

Transaction ID: 8651-P18475

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City

Aurora

State

OH

Zip Code

44202-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.M. Erlenbach, Inc.

Occupation

Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 8650-P18012

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven M. Fisher

Mailing Address 167 N Franklin St

City

Cochranon

State

PA

Zip Code

16314-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byham's Insurance Services, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8604

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City

Albuquerque

State

NM

Zip Code

87120-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBA

Occupation

Mgr., Sales/Retention Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8697

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City

Albuquerque

State

NM

Zip Code

87120-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBA

Occupation

Mgr., Sales/Retention Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8597

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Partners

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

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

Transaction ID: 8650-P17710

Amount of Each Receipt this Period

670.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City

Omaha

State

NE

Zip Code

68136-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harry A. Koch Co.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P18041

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kevin M Gardner

Mailing Address 111 Veterans Memorial Blvd Ste 940

City

Metairie

State

LA

Zip Code

70005-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Group Market-
ing Service

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 / 2 3 / 2 0 0 9

Transaction ID: 8648

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

G. Russell Garner

Mailing Address 1308 Murraywood Dr

City

Columbia

State

SC

Zip Code

29212-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 8651-P18299

Amount of Each Receipt this Period

155.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 19 Tarworth Ter

City

Manchester

State

NJ

Zip Code

08759-6671

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort Mid-Atlantic,
LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 8651-P18300

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mark Gaunya

Mailing Address 1 Griffin Brook Dr

City

Methuen

State

MA

Zip Code

01844-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jennifer A. Bonslow Insur-
ance Agency

Occupation

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 8 / 2 0 0 9

Transaction ID: 8692-P19097

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Ronald L. Gay

Mailing Address 3000 Briarcrest Dr Ste 422

City

Bryan

State

TX

Zip Code

77802-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White Health Plan

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: 8650-P17741

Amount of Each Receipt this Period

84.00

Payroll Deduction

(\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1309.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Insurance Brokers,
Inc.Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18458

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

James David Gibson

Mailing Address 93 Hollenbeck Rd

City

Irmo

State

SC

Zip Code

29063-8076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson and Associates IncOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

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

Transaction ID: 8651-P18138

Amount of Each Receipt this Period

1085.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors GroupOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 8651-P18303

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Goldie

Mailing Address 171 Kings Way

City

Coldspring

State

TX

Zip Code

77331-3076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark Goldie & Associates,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 8642

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Paul H Goldman

Mailing Address 6059 Mission Dr

City

West Bloomfield

State

MI

Zip Code

48324-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group

Occupation
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 8 / 2 0 0 9

Transaction ID: 8692-P19111

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Michael A. Gomes

Mailing Address 4851 Lyndon B Johnson Fwy Ste 1100

City

Dallas

State

TX

Zip Code

75244-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitMall, Inc.

Occupation
EVP - Marketing Ops.

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 6 / 2 0 0 9

Transaction ID: 8704

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch Company

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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P18016

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Patricia A Griffey

Mailing Address 56294 Primrose Cir

City

Elkhart

State

IN

Zip Code

46516-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Page 1 Benefits, Inc.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18302

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steve Grim

Mailing Address PO Box 1105

City

Virginia Beach

State

VA

Zip Code

23451-0105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: 8651-P18189

Amount of Each Receipt this Period

95.00

Payroll Deduction

(\$95.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Erica H. Grimm

Mailing Address 64 Elk Drive

City

Blakeslee

State

PA

Zip Code

18610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson, Reid & Company

Occupation

Director/Broker Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19110

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Robert A Grundman

Mailing Address 7412 Karl Dr

City

Lincoln

State

NE

Zip Code

68516-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Benefit Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 8650-P17985

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Darryl A. Gullickson

Mailing Address 5775 Wayzata Blvd Ste 700

City

Minneapolis

State

MN

Zip Code

55416-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gullickson Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 8699

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Cristy Russell Gupton

Mailing Address 2138 Goodman Lake Rd

City

Morganton

State

NC

Zip Code

28655-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina First Assoc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8651-P18485

Amount of Each Receipt this Period

185.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Antonio Gutierrez

Mailing Address 12833 Riverdance Dr.

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Benefit Solu-
tions, Inc.

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 8651-P18486

Amount of Each Receipt this Period

155.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City

Nevada City

State

CA

Zip Code

95959-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halby Insurance Agency

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18175

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Myrna S. Harris

Mailing Address 3 Lawson Ln

City

Asheville

State

NC

Zip Code

28806-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crescent Preferred Provid-
er Organizat

Occupation

Chief Operating Officer

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18461

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1765.00

Date of Receipt

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

Transaction ID: 8651-P18308

Amount of Each Receipt this Period

535.00

Payroll Deduction

(\$410.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas M. Harte

Mailing Address 11 Hills Faron Rd.

City

Chester

State

NH

Zip Code

03036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Landmark Benefits, Inc.

Occupation

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 8 / 2 0 0 9

Transaction ID: 8692-P19095

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

SUBTOTAL of Receipts This Page (optional)

1565.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City

Broken Arrow

State

OK

Zip Code

74012-5995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17792

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joseph E. Henehan

Mailing Address 685 Carnegie Dr Ste 205

City

San Bernardino

State

CA

Zip Code

92408-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Henehan Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.66

Date of Receipt

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

Transaction ID: 8651-P18143

Amount of Each Receipt this Period

291.66

Payroll Deduction

(\$166.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

Donna D. Hill

Mailing Address 3657 Starwood Trl SW

City

Lilburn

State

GA

Zip Code

30047-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDH Associates, LLC

Occupation
President

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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17883

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

476.66

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Richard L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: 8650-P17750

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Insurance Ser-
vices, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 8651-P18494

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Angela Hogan

Mailing Address 1233 Lincoln Mall Ste 100

City

Lincoln

State

NE

Zip Code

68508-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross BlueShield of
Nebraska

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17765

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 30 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jack Hollis, Jr.

Mailing Address 2605 Betty Jean Dr

City

Jonesboro

State

GA

Zip Code

30236-4080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hollis & Associates Insurance

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: 8693

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Lisa L. Ills

Mailing Address 2401 E Mercer Ln

City

Phoenix

State

AZ

Zip Code

85028-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Benefit Consultants

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: 8651-P18210

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

J. Thomas Jacobs

Mailing Address 2740 Ski Ln

City

Madison

State

WI

Zip Code

53713-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eflexgroup.Com

Occupation
CEO and Founder

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 8 / 2 0 0 9

Transaction ID: 8692-P19076

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

SUBTOTAL of Receipts This Page (optional)

1335.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sylvia & Co. Ins. Agency,
Inc.

Occupation

Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: 8651-P18329

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18466

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City

Eden Prairie

State

MN

Zip Code

55344-5387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance Benefit Group

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: 8651-P18305

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces, Inc.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17999

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thelma Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency, Inc.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P18000

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jack A. Kalosy

Mailing Address 11 Hollyhock Way

City

Newton

State

NJ

Zip Code

07860-5370

FEC ID number of contributing
federal political committee.

C

Name of Employer
NJ Small Business Develop-
ment

Occupation
New Business Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19131

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

George R Keeling

Mailing Address 1875 N Highway 385

City

Levelland

State

TX

Zip Code

79336-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer
George R. Keeling Insuran-
ce Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: 8650-P17993

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kimberly Dawn Kendall

Mailing Address 8 Shady Ln

City

Candler

State

NC

Zip Code

28715-9445

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 8650-P17855

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Tamara P Kennedy

Mailing Address 9414 E Sera Brisa

City

Scottsdale

State

AZ

Zip Code

85255-6054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit Group Inc

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 8651-P18132

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conover Insurance, Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8651-P18280

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Rhonda R. Kitter

Mailing Address 300 Bonnie Jean Ct

City

Anchorage

State

AK

Zip Code

99515-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEA Alaska Health PlanOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: 8651-P18440

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ronald David Knight

Mailing Address PO Box 507

City

Carrollton

State

GA

Zip Code

30112-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19084

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Annually)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Barbara Jean Knox

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intrahealthsolutions, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: 8650-P17976

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kay Knutson

Mailing Address 11005 Spain Rd NE

City

Albuquerque

State

NM

Zip Code

87111-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Health Plan

Occupation

VP Medicare Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 8651-P18146

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Daniel C LaBroad

Mailing Address 710 Farmers Market Way

City

Dallas

State

TX

Zip Code

75201-8454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ovation Health & Life Ser-
vices, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 8651-P18428

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Scott A. Leavitt

Mailing Address 12988 W Paint Dr

City

Boise

State

ID

Zip Code

83713-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Leavitt Insurance
& Financial S

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: 8544

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Scott A. Leavitt

Mailing Address 12988 W Paint Dr

City

Boise

State

ID

Zip Code

83713-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Leavitt Insurance
& Financial S

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8650-P17965

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Spencer A Lehmann

Mailing Address 2226 Eastlake Ave E # 449

City

Seattle

State

WA

Zip Code

98102-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehmann/Wood & Associates,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 8671

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Marilyn Anne Leonard

Mailing Address 3676 Woodley Dr

City

San Jose

State

CA

Zip Code

95148-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacon Ridge Health Insur-
ance Services

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18450

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Eric Linquist

Mailing Address 4 Queens Peak

City

Canton

State

CT

Zip Code

06019-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lindquist Insurance

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 8643

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Chris Lokken

Mailing Address 2851 W Princeton Ave

City

Eau Claire

State

WI

Zip Code

54703-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Insurance Services

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: 8651-P18420

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Greg Loudon

Mailing Address PO Box 196530

City

Anchorage

State

AK

Zip Code

99519-6530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska USA Insurance BrksOccupation
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	/	0	8	/	2	0	9	

Transaction ID: 8692-P19088

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City

New York

State

NY

Zip Code

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 ▼

425.00

Date of Receipt

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

Transaction ID: 8651-P18202

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Matthew L. Masone

Mailing Address 367 Sheffield Rd

City

Severna Park

State

MD

Zip Code

21146-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Financial GroupOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	9	

Transaction ID: 8655

Amount of Each Receipt this Period

460.00

SUBTOTAL of Receipts This Page (optional)

1630.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Carol Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina AHU

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 8650-P17972

Amount of Each Receipt this Period

155.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8651-P18432

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency,
Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: 8651-P18454

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City

South Jordan

State

UT

Zip Code

84095-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & Assoc-
iates

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18288

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

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 ▼

935.00

Date of Receipt

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

Transaction ID: 8635

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

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 ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19127

Amount of Each Receipt this Period

660.00

Payroll Deduction

(\$660.00 Annually)

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John Patrick McGuire

Mailing Address 1021 Melody Dr

City

Metairie

State

LA

Zip Code

70002-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Advisory Group,
L.L.C.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19085

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Norman Michaels

Mailing Address 80 Business Park Dr

City

Armonk

State

NY

Zip Code

10504-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michaels Associates

Occupation

agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19080

Amount of Each Receipt this Period

900.00

Payroll Deduction

(\$250.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City

Katy

State

TX

Zip Code

77450-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
TradeMark Insurance Agency
LLC

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: 8651-P18424

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$100.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 736 Amoroso Pl

City

Venice

State

CA

Zip Code

90291-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miles Organization,
Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: 8651-P18426

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore, CLU & Ass-
ociatesOccupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17973

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Wesley P. Moore

Mailing Address PO Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore AgencyOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8650-P17782

Amount of Each Receipt this Period

110.00

Payroll Deduction

(\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Donald S Mucci

Mailing Address 2841 Tremont Dr

City

Louisville

State

KY

Zip Code

40205-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mucci Insurance Group, LLC

Occupation

Owner/President

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 8 / 2 0 0 9

Transaction ID: 8692-P19124

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Jennifer Murphy

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

22201-2573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8605

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City

Upland

State

CA

Zip Code

91786-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray M. Musser & Associates,
Inc.

Occupation

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18228

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Julie A. Needelman

Mailing Address 8816 Maxwell Dr

City

Potomac

State

MD

Zip Code

20854-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Marketing Center

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8594

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael A. Norris

Mailing Address PO Box 2052

City

Franklin

State

NC

Zip Code

28744-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 8650-P17868

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Thomas P. O'Brien

Mailing Address 7364 244th St

City

Cascade

State

IA

Zip Code

52033-8624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auxiant

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19077

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Victoria M. Ortiz

Mailing Address 1861 Edwin Blvd

City

Winter Park

State

FL

Zip Code

32789-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAR Insurance Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19089

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Agency

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: 8650-P17953

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$90.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Group, Inc.

Occupation
CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 8651-P18255

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

805.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City

Lake Charles

State

LA

Zip Code

70601-5605

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 ▼

240.00

Date of Receipt

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

Transaction ID: 8651-P18414

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Marcella L. Popek

Mailing Address 131 Deshon Ct

City

Butler

State

PA

Zip Code

16001-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cigna HealthCare

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19103

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

C.

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburgh St

City

Olathe

State

KS

Zip Code

66062-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17844

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Colleen Mary Pruitt

Mailing Address 5805 75th St

City

Lubbock

State

TX

Zip Code

79424-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
TACT Insurance Agency

Occupation

Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 8651-P18259

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation

Vice President

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18261

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jon C Rauser

Mailing Address 949 Lamplighter Ln

City

Grafton

State

WI

Zip Code

53024-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rauser Agency, Inc.

Occupation

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18262

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Jack D Reaves

Mailing Address 1401 N Central Expy

City

Richardson

State

TX

Zip Code

75080-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reaves Insurance Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 8626

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

James S Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Solutions

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19092

Amount of Each Receipt this Period

1125.00

Payroll Deduction

(\$1000.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: 8651-P18356

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Riley

Mailing Address PO Box 1635

City

Irmo

State

SC

Zip Code

29063-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Benefit Services,
LLC

Occupation
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 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19066

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest General Insuran-
ce

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: 8651-P18068

Amount of Each Receipt this Period

285.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

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

Transaction ID: 8650-P17945

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8650-P17963

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mark Rose

Mailing Address 1545 NE 76th St

City

Seattle

State

WA

Zip Code

98115-4373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baldwin Resource GroupOccupation
Vice President Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 8651-P18406

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
esOccupation
Director of Broker Development

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18265

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

John M. Ryan

Mailing Address 25 Neva Ct

City

Oakland

State

CA

Zip Code

94611-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Benefits Insurance Se-
rvices

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19126

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City

Woodbury

State

MN

Zip Code

55125-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sailer Benefit Services,
Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 8651-P18271

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants, LLC

Occupation
Agent

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18162

Amount of Each Receipt this Period

235.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City

Dacula

State

GA

Zip Code

30019-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer
E2E Benefits Services, In-
c.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: 8651-P18272

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard C. Scarboro

Mailing Address PO Box 3045

City

Asheville

State

NC

Zip Code

28802-3045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Ridge Benefit Soluti-
ons, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8606

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Greg Schell

Mailing Address 100 Promenade Ct

City

Louisville

State

KY

Zip Code

40223-2985

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arison Health Ins

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19109

Amount of Each Receipt this Period

165.00

Payroll Deduction

(\$165.00 Annually)

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rainmakers Group, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 8651-P18365

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City

Eureka

State

MO

Zip Code

63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 8644

Amount of Each Receipt this Period

135.00

C.

Full Name (Last, First, Middle Initial)

Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City

Eureka

State

MO

Zip Code

63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Occupation
Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: 8694

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City

Eureka

State

MO

Zip Code

63025-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mengel, Surdyke, Murphy
and Finke

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Benefits Consultant

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19121

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City

Silver Spring

State

MD

Zip Code

20901-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Benefits & Advi-
sors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: 8650-P17759

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

James D. Schulz

Mailing Address 7101 S 82nd St

City

Lincoln

State

NE

Zip Code

68516-6584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 8651-P18179

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City

Nashville

State

TN

Zip Code

37211-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP, Inc

Occupation

President, CEO

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18398

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City

Moorpark

State

CA

Zip Code

93021-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acme Insurance and Financial Services

Occupation

Agent

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18269

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven J. Sinkler

Mailing Address 10185 NW 102nd St

City

Clive

State

IA

Zip Code

50325-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coventry Health Care of Iowa

Occupation

Director of Individual Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: 8650-P17930

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Desmond X. Slattery

Mailing Address 1800 State Route 34

City

Wall

State

NJ

Zip Code

07719-9168

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es Inc.

Occupation

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18181

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Deirdre Slattery Fallon

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing
federal political committee.

C

Name of Employer
John J. Slattery Associat-
es, Inc.

Occupation

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18107

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David C. Smith

Mailing Address 1218 Broad St

City

Durham

State

NC

Zip Code

27705-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits & Insurance Law
Center

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 8651-P18371

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Gregory S. Smith

Mailing Address 4017 W Hollow Trace Dr

City

Peoria

State

IL

Zip Code

61615-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Marketing Services
Inc.Occupation
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		2	4		2	0	9	

Transaction ID: 8651-P18372

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kevin W. Smith

Mailing Address 6000 Lake Forrest Dr NW

City

Atlanta

State

GA

Zip Code

30328-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSA Insurance AgencyOccupation
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		2	4		2	0	9	

Transaction ID: 8651-P18111

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Nathaniel M. Smith

Mailing Address 5311 77 Center Dr Ste 72

City

Charlotte

State

NC

Zip Code

28217-0751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rogers Benefit GroupOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	9	

Transaction ID: 8692-P19068

Amount of Each Receipt this Period

490.00

Payroll Deduction

(\$125.00 Annually)

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Paul E. Smith

Mailing Address 169 Hawthorne Dr

City

Kensington

State

CT

Zip Code

06037-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance, LLC

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: 8651-P18386

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas E. Snell

Mailing Address 1201 Wilkins Dr

City

Sanford

State

NC

Zip Code

27330-7238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Edge of the Carol-
inas, Inc.

Occupation
Managing Director

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18238

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Sherry Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Besselman & Little Agency

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: 8650-P17807

Amount of Each Receipt this Period

260.00

Payroll Deduction

(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City

Stokesdale

State

NC

Zip Code

27357-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Benefits Ass-
ociates, LLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 8651-P18374

Amount of Each Receipt this Period

65.00

Payroll Deduction

(\$65.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard Blake Spell

Mailing Address 7873 Bufflehead Ct

City

Greensboro

State

NC

Zip Code

27455-8376

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Account Executive

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18387

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Delvin L. Stahl

Mailing Address PO Box 388

City

Sutton

State

NE

Zip Code

68979-0388

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Plus, Inc.

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 8650-P17833

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 381 victoria drive

City

Bridgewater

State

NJ

Zip Code

12909

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial Services

Occupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 9

Transaction ID: 8675-P18561

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8599

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1465.00

Date of Receipt

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

Transaction ID: 8650-P17920

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1255.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Michael R. Stephens

Mailing Address 11515 S 5th PI

City

Jenks

State

OK

Zip Code

74037-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excelsior BenefitsOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: 8598

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Market Sales, 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
0	4		2	4		2	0	0	9

Transaction ID: 8650-P17923

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Michelle J. Sweeney

Mailing Address 3404 Mechanicsburg Rd

City

Springfield

State

OH

Zip Code

45502-8219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace & Turner Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: 8591

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Ryan R. Swinton

Mailing Address 9931 N 151st St

City

Waverly

State

NE

Zip Code

68462-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18394

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey C. Taylor

Mailing Address 905 Glen Hollow Dr

City

O Fallon

State

IL

Zip Code

62269-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bovinet Insurance Agenc-
y, Inc.

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19119

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Joe Teeling

Mailing Address 715 Southfork Dr

City

Waukee

State

IA

Zip Code

50263-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer
TrueNorth

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19120

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHUOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 8650-P17924

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bynum R. Tuttle

Mailing Address PO Box 1110

City

Denton

State

NC

Zip Code

27239-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit Designs
Inc.Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19102

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Dawn Michelle Urso

Mailing Address 1469 Deborah Dr

City

Spring Hill

State

FL

Zip Code

34609-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alltrust InsuranceOccupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18331

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Charles G. Wagner

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Insurance
Agency, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: 8650-P17821

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Rand R. Wall

Mailing Address 1004 Sugardale Ct

City

Sugar Land

State

TX

Zip Code

77478-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lone Star Health Plans,
Ltd.

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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17914

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

22201-2573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAHU

Occupation
VP, Policy and State Affairs

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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17799

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Hughes Waren

Mailing Address 1109 Princeton Dr

City

Wilmington

State

NC

Zip Code

28403-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebenconcepts, Inc.

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8650-P17832

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City

Chico

State

CA

Zip Code

95927-0272

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Warwick Insurance

Occupation
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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18246

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven H. Way

Mailing Address 204 Clyde Dr

City

Walnut Creek

State

CA

Zip Code

94598-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Way Financial

Occupation
Financial Representative

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 / 2 7 / 2 0 0 9

Transaction ID: 8696

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Eric M. Wells

Mailing Address PO Box 1396

City

Irmo

State

SC

Zip Code

29063-1396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Insurance Co-
nsultants, L

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 8692-P19075

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

B.

Full Name (Last, First, Middle Initial)

Charles L. Westmoreland

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Public Life Insu-
rance Company

Occupation

Director of Agency Development

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18059

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Design Strategies

Occupation

Agent

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18247

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lon G. Wilson

Mailing Address 4240 Tahoe Dr

City

Anchorage

State

AK

Zip Code

99502-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Wilson Agency, LLC

Occupation

President

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 6 / 2 0 0 9

Transaction ID: 8701

Amount of Each Receipt this Period

875.00

B.

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paula Wilson, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 8650-P17906

Amount of Each Receipt this Period

335.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Shelly K Winson

Mailing Address 2491 W Binner Dr

City

Chandler

State

AZ

Zip Code

85224-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Principal Financial Group

Occupation

Business Development Director,

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 / 2 4 / 2 0 0 9

Transaction ID: 8651-P18348

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City

Tucson

State

AZ

Zip Code

85718-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe Insurance & Consult-
ants, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: 8651-P18383

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dennis E. Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntraHealth Solutions, In-
c.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 8651-P18251

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Allison Younger

Mailing Address 2600 S Gessner Rd Ste 201

City

Houston

State

TX

Zip Code

77063-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Myers, Younger & Associat-
es, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 8669

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert A Ziff

Mailing Address 568 Valleyview Rd

City

Langhorne

State

PA

Zip Code

19047-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits Corp

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 8651-P18219

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

43625.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072Purpose of Disbursement
AMEX FEES

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8711

Date of Disbursement

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

Amount of Each Disbursement this Period

282.43

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072Purpose of Disbursement
amex mnthly fee

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8712

Date of Disbursement

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

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 7300 Chapman Way

City
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
cred card fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8710

Date of Disbursement

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

Amount of Each Disbursement this Period

847.20

SUBTOTAL of Disbursements This Page (optional)

1134.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City
Indianapolis

State
IN

Zip Code
46220

Purpose of Disbursement
acct fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8713

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2009

Amount of Each Disbursement this Period

129.95

SUBTOTAL of Disbursements This Page (optional)

129.95

TOTAL This Period (last page this line number only)

1264.53

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement

011

Category/
Type

Candidate Name
ALLYSON Y. SCHWARTZ

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 8511

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

-3000.00

B. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement

011

Category/
Type

Candidate Name
ALLYSON Y. SCHWARTZ

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 8498

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
3/31

011

Category/
Type

Candidate Name
ALLYSON Y. SCHWARTZ

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 8561

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S. CAPITOL ST. S.W. #414

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Breakfast 4.24

Candidate Name

AMERIPAC: THE FUND FOR A GREATER AMERICA

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8664

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
Reception 4.29

Candidate Name

BLUE DOG POLITICAL ACTION COMMITTEE

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8658

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

Candidate Name

ERIC CANTOR

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 8512

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name
ERIC CANTOR

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 8506

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

-3000.00

B.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name
ERIC CANTOR

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 8507

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name
ERIC CANTOR

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 8496

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City
ATLANTA

State
GA

Zip Code
30355

Purpose of Disbursement
Lunch 4.1

Candidate Name
C SAXBY CHAMBLISS

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Transaction ID: 8500

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
4.1 Breakfast

Candidate Name
JASON ALTMIRE

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 8499

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100

City
MIDLAND

State
MI

Zip Code
48640

Purpose of Disbursement
3/31

Candidate Name
DAVID LEE CAMP

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 8559

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

13000.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

EVAN BAYH COMMITTEE

Mailing Address PO BOX 441749

City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
Event 4.23Candidate Name
EVAN BAYH011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: 8638

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994

City
Union CityState
TNZip Code
38281

Purpose of Disbursement

Candidate Name
JOHN S. TANNER011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 8497

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994

City
Union CityState
TNZip Code
38281

Purpose of Disbursement

Candidate Name
JOHN S. TANNER011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 8510

Date of Disbursement

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

Amount of Each Disbursement this Period

-3000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

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
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994

City State Zip Code
 Union City TN 38281

Purpose of Disbursement
 4/1

Candidate Name
 JOHN S. TANNER

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 8560

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City State Zip Code
 ATLANTA GA 30325

Purpose of Disbursement
 Dinner 4.29

Candidate Name
 JOHN HARDY ISAKSON

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 8657

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
 SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name
 ORRIN G HATCH

Office Sought: ☐ House
☒ Senate
☐ President

State: UT District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: 8495

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City
SALT LAKE CITYState
UTZip Code
84101

Purpose of Disbursement

Candidate Name
ORRIN G HATCHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: 8503

Date of Disbursement

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

Amount of Each Disbursement this Period

-3000.00

B.

Full Name (Last, First, Middle Initial)

HOYER FOR CONGRESS

Mailing Address 4201 Northview Dr, Ste 307

City
BowieState
MDZip Code
20716Purpose of Disbursement
Breakfast 4.24Candidate Name
STENY HAMILTON HOYEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 8639

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

HOYER FOR CONGRESS

Mailing Address 4201 Northview Dr, Ste 307

City
BowieState
MDZip Code
20716Purpose of Disbursement
VoidCandidate Name
STENY HAMILTON HOYEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: 8663

Date of Disbursement

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

Amount of Each Disbursement this Period

-2000.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

NELSON 2012

Mailing Address PO BOX 8666

City
OMAHAState
NEZip Code
68108Purpose of Disbursement
3/31Candidate Name
E BENJAMIN NELSONOffice Sought: ☐ House
☒ Senate
☐ President

State: NE District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 8558

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
Long BranchState
NJZip Code
07740

Purpose of Disbursement

Candidate Name
FRANK JR. PALLONEOffice Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 06

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 8494

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

SHERMAN FOR CONGRESS

Mailing Address 555 SO.FLOWER ST. SUITE 4210

City
LOS ANGELESState
CAZip Code
90071Purpose of Disbursement
Dinner in CA 4/16Candidate Name
BRAD SHERMANOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 27

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 8562

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

32500.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Janice Michaud

Mailing Address 448 28th St

City
Manhattan Beach

State
CA

Zip Code
90266

Purpose of Disbursement
contribution refunded

010

Category/
Type

Candidate Name
Janice Michaud

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8684

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

John Woods

Mailing Address 806 Perkinswood Blvd NE

City
Warren

State
OH

Zip Code
44483

Purpose of Disbursement
contribution refunded

010

Category/
Type

Candidate Name
John Woods

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Joseph A. Kelliher

Mailing Address 24 Sawyer Dr

City
Salem

State
VA

Zip Code
24153

Purpose of Disbursement
contribution refunded

010

Category/
Type

Candidate Name
Joseph A. Kelliher

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

70.00

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:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Kimberly Dawn Kendall	Transaction ID: 8683 Date of Disbursement
Mailing Address 8 Shady Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code Candler NC 28715	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>10.00</div>
Candidate Name Kimberly Dawn Kendall	<div>010</div> 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) ▼
B. Full Name (Last, First, Middle Initial) Martha T. Collins	Transaction ID: 8649 Date of Disbursement
Mailing Address 1430 Lemonwood Dr W	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City State Zip Code Upland CA 91786	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>340.00</div>
Candidate Name Martha T. Collins	<div>010</div> 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) ▼
C. Full Name (Last, First, Middle Initial) Philip Bruner	Transaction ID: 8617 Date of Disbursement
Mailing Address 3333 W 2nd St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code Los Angeles CA 90004	Amount of Each Disbursement this Period
Purpose of Disbursement contribution refunded	<div>125.00</div>
Candidate Name Philip Bruner	<div>010</div> 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) ▼

SUBTOTAL of Disbursements This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Shannan L Phillips

Mailing Address 802 N Carancahua St Ste 1700

City
Corpus Christi

State
TX

Zip Code
78470

Purpose of Disbursement
contribution refunded

Candidate Name
Shannan L Phillips

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8686

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2009

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

10.00

TOTAL This Period (last page this line number only)

555.00