05/20/2009 11:16

Image# 29992121594

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIW 3X	For O	ther Than An Au	thorized Com	mittee	Of	fice Use Only
1. NAME OF COMMITTEE (in full)		EC MAILING LABEL PE OR PRINT 🗑	Example:If to			
NATIONAL ASSOCIA		LTH UNDERWRITE	ERS PAC (HUPAC))		
ADDRESS (number and street	et) 2000) 14TH ST				
Check if different than previously reported. (ACC)	ARL	INGTON			VA L	22201
2. FEC IDENTIFICATION	NUMBER	V 0	CITY 🛕		STATE	ZIPCODE 🛕
C00283135		3.	IS THIS REPORT	NEW (N) OR	AMEN (A)	IDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid-Neport(Non-eyear Only) (Non-eyear O	port(Q1) port(Q2) port(Q3) port(YE) /ear election //Y)	(c) 12-Day PRE-Election Report for the: Elec (d) 30-Day Post -Election Report for the:	pr 20 (M3) Primary	tion (12C)	Aug 20 Sep 20 Oct 20 (General (12G Special (12G Runoff (30R)	Year Only) Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of
5. Covering Period	0 4	01 2009	thro	ugh 0 4	30 2	009
orgination of Troubards	surer Jer	nnifer Murphy iled by Jennifer Mu	ırphy		Date 0.5	20 2009
NOTE : Submission of false Office Use	e, erroneous, o	r incomplete informat	ion may subject the	person signing th	1	ratties of 2 U.S.C 437g. FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Page 2

R	eport Covering the Period: From:	04 01 2009	To: 0 4 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
-	(a) Cash on Hand January 1 Ž009 Y Y		91930.12
	(b) Cash on Hand at Begining 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
	Total Disbursements (from Line 31)	34319.53	133716.40
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	136494.52	136494.62
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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)

0 1 3^D0 м м 0 4 м м 0 4 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 89140.10 43625.42 (i) Itemized (use Schedule A) 21010.83 89117.60 (ii) Unitemized (iii) TOTAL (add 64636.25 178257.70 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 64636.25 178257.70 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 5.80 23.20 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 64642.05 178280.90 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 64642.05 178280.90 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

sements 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
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
11. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34319.53	133716.40
2. 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

FE6AN026

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may he name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Lori J. Alalan			Date of Receipt
Mailing Address PO Box 2424			04 24 2009
City <u>Hickory</u>	State NC	Zip Code 28603-2424	Transaction ID: 8651-P18198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Carolina first Assoc.	Occupation Broker	1	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00	(\$20.00 Monthly)
Full Name (Last, First, Middle Initial) Elizabeth Ashmore	_ 		Date of Receipt
Mailing Address 6102 82nd St # 6			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8650-P17754
Lubbock FEC ID number of contributing federal political committee.	C	79424-3690	Amount of Each Receipt this Period 100.00
Name of Employer Ashmore & Associates Insu- rance Agency	Occupation agent	ו	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) Rick D. Bailey			Date of Receipt
Mailing Address 117 Royal Oaks Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Canton	State GA	Zip Code 30115-6587	Transaction ID: 8675-P18558
FEC ID number of contributing federal political committee.	C	30113-6367	Amount of Each Receipt this Period 250.00
Name of Employer Rick Bailey & Company, In- c.	Occupation agent	1	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	(\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			370.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	ALTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Kathryn A. Beals			Date of Receipt
Mailing Address 5151 W River Rd			0 4 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8596
Waunakee	WI	53597-9523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Dental Health Plans	Occupatio Agent	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) Kathryn A. Beals			Date of Receipt
Mailing Address 5151 W River Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8650-P18029
Waunakee	WI	53597-9523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00 Payroll Deduction
Name of Employer Dental Health Plans	Occupatio Agent	n	1 ayron beduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		465.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Bruce D. Benton			Date of Receipt
Mailing Address 20161 Delita Dr			04 01 2009
City	State	Zip Code	Transaction ID: 8537
Woodland Hills	CA	91364-3521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Genesis SmithBenton Insur- ance & Finan	Occupatio Agent	_	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
Other (specify)	0 0	270.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		310.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	ALTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Bruce D. Benton			Date of Receipt
Mailing Address 20161 Delita Dr			0 4 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 8650-P17889
Woodland Hills	CA	91364-3521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Genesis SmithBenton Insur- ance & Finan	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 355.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) David A Berman			Date of Receipt
Mailing Address 8805 Sawleaf Rd			04 24 2009
City	State	Zip Code	Transaction ID: 8650-P18030
Indianapolis	IN	46260-1534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00 Payroll Deduction
Name of Employer Neace Lukens Holding Comp- any, Inc.	Occupation agent	n	- Fayron Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		240.00	(\$60.00 Monthly)
Full Name (Last, First, Middle Initial) Thomas Besselman			Date of Receipt
Mailing Address 6421 Perkins Rd Blo	dg A # 2B		04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18113
Baton Rouge	LA	70808-6200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer The Besselman Agency, Inc.	Occupation Agent	_	Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	(\$250.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			395.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALT	TH UNDERV	VRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Jason Beyrouty			Date of Receipt
	Mailing Address 1011 Commercial St N	IE Ste 135		04 08 2009
	City	State	Zip Code	Transaction ID: 8692-P19090
	Salem	OR	97301-1049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Benefit Advisors, LLC	Occupatio Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	(\$365.00 Annually)
	Full Name (Last, First, Middle Initial) Robert J Bishop			Date of Receipt
	Mailing Address 2785 E Desert Inn Rd	Ste 260		04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18145
	Las Vegas	NV	89121-3693	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Payroll Deduction
	Name of Employer KIA Insurance	Occupatio Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 437.36	(\$84.34 Monthly)
_	Full Name (Last, First, Middle Initial) David M. Block			Date of Receipt
	Mailing Address 80 Challedon Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8650-P17891
	Candler	NC	28715-9417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Payroll Deduction
	Name of Employer Insurance Specialties, In- c.	Occupatio Presiden	t	- ayron beduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	(\$50.00 Monthly)
	SUBTOTAL of Receipts This Page (optional)			499.34

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no he name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NATIONAL ASSOCIATION OF HEA	LTH UNDERWF	RITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Michele B. Bloom			Date of Receipt
Mailing Address 2213A Walnut St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8650-P18031
<u>Harrisburg</u>	PA	17103-2427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		155.42
Name of Employer Lillis, McKibben & Company	Occupation Plan Manag	ner	Payroll Deduction
Receipt For:	1 '	ear-to-Date ▼	
Primary General Other (specify) ▼	33 13	246.68	(\$30.42 Monthly)
Full Name (Last, First, Middle Initial) Brian S. Bodner			Date of Receipt
Mailing Address 3 Leeland Ct			0 4 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8692-P19136
New City	NY	10956-4906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer First National Administra- tors	Occupation Director of	Ancillary Operatio	Payroll Deduction
Receipt For:	Aggregate Ye	ear-to-Date V	
Primary General Other (specify) ▼		1000.00	(\$1000.00 Annually)
Full Name (Last, First, Middle Initial) James C. Bosier			Date of Receipt
Mailing Address 6410 N Butler Rd			0 4 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 8651-P18325
Cedar Falls	IA	50613-9317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Net Worth Advisors	Occupation Account Ma	anager	Payroll Deduction
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼		340.00	(\$85.00 Monthly)
UBTOTAL of Receipts This Page (optional)			1240.42

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	13A)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may	not be sold or used by any persor dress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	·	• •	
Full Name (Last, First, Middle Initial) Michael Brown			Date of Receipt
Mailing Address 211 N Robinso	n Ave Ste 1400		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8692-P19070
Oklahoma City FEC ID number of contributing federal political committee.	OK C	73102-7134	Amount of Each Receipt this Period 365.00
Name of Employer Mike Brown Associates	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) Jeffrey M Byham	I		Date of Receipt
Mailing Address 1098 Park Ave			04 08 7 2009
City Meadville	State PA	Zip Code 16335-3104	Transaction ID: 8692-P19094
FEC ID number of contributing federal political committee.	C	10000-0104	Amount of Each Receipt this Period 125.00
Name of Employer Byham's Insurance Service- s.Inc	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00	(\$125.00 Annually)
Full Name (Last, First, Middle Initial) Michael E. Carmean			Date of Receipt
Mailing Address 3075 Lee Road	1 248		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Smiths	State A L	Zip Code	Transaction ID: 8650-P17894
FEC ID number of contributing federal political committee.	C	36877-3125	Amount of Each Receipt this Period 100.00
Name of Employer Paragon Marketing	Occupation Vice Pres	n sident, Group Sales & Market	Payroll Deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	(\$100.00 Monthly)
SUBTOTAL of Receipts This Page (or	ntional)		590.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 82 (check only one) X 11a
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERV	VRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Lori Carter			Date of Receipt
	Mailing Address 27 Locksley PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8692-P19137
	Forest	VA	24551-4149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Piedmont Community Heath Plan, Inc.	Occupation Agent	1	Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	(\$365.00 Annually)
. —	Full Name (Last, First, Middle Initial) Louie L. Cason			Date of Receipt
	Mailing Address 2920 Gervais St			04
	City	State	Zip Code	Transaction ID: 8650-P17805
	Columbia	SC	29204-3345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		385.00
	Name of Employer The Cason Group, Inc.	Occupation Agent	1	Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	445.00	(\$20.00 Monthly)
	Full Name (Last, First, Middle Initial) Lorelei G. Castellani	Date of Receipt		
	Mailing Address PO Box 2100			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18531
	Branchville	NJ	07826-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Benefit Guidance Systems	Occupation Agent	1	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	(\$85.00 Monthly)
	UBTOTAL of Receipts This Page (optional)			835.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE	EALTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Russell B. Childers		Date of Receipt
Mailing Address 402 Rawley Rd		04 24 2009
City Americus	State Zip Code GA 31719-2150	Transaction ID: 8650-P18017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Russ Childers, CLU	Occupation President	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) David S. Cluley Mailing Address - 2000 Class Fals D		Date of Receipt
Mailing Address 2220 Glen Echo D	rSE	04 24 2009
City	State Zip Code	Transaction ID: 8651-P18510
Grand Rapids FEC ID number of contributing federal political committee.	MI 49546-5521	Amount of Each Receipt this Period 30.00
Name of Employer HealthPlus	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) Dorothy M. Cociu		Date of Receipt
Mailing Address PO Box 1941		0 4 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8651-P18512
Big Bear Lake FEC ID number of contributing federal political committee.	CA 92315-1941	Amount of Each Receipt this Period 85.00
Name of Employer Advanced Benefit Consulti- ng & Insuran	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	(\$85.00 Monthly)
SUBTOTAL of Receipts This Page (option	al)	200.00
	mber only)	

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 82 (check only one)
Any information copied from for commercial purpose	om such Reports and Statements ma es, other than using the name and ac	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITT	<u> </u>		
Full Name (Last, First	Middle Initial)		Date of Receipt
	64 Hedwidge Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8651-P18061
Traverse City	MI	49684-8925	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			30.00
Name of Employer Priority Health	Occupation Account	on : Executive	Payroll Deduction
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 205.00	(\$30.00 Monthly)
Full Name (Last, First,	Middle Initial)		Date of Receipt
Mailing Address 709	91 Ramsey St		04 20 2009
City	State	Zip Code	Transaction ID: 8627
<u>Fayetteville</u>	NC NC	28311-9429	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			365.00
Name of Employer RISK & Insurance Co nts, Inc.	nsulta- Occupation Agent	on	
Receipt For:		e Year-to-Date ▼	
Primary Other (specify)	General	365.00]
Full Name (Last, First	Middle Initial)		Date of Receipt
Mailing Address 18	24 Pacific Ave		04 08 2009
City	State	Zip Code	Transaction ID: 8692-P19134
Manhattan Beach	CA	90266-2622	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			125.00
Name of Employer Cutler Insurance Serv	Presider	nt	Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Other (specify)	General	515.00	(\$125.00 Annually)
	l		520.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 82 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ATIONAL ASSOCIATION OF HEALT	name and add	dress of any political committee to	on for the purpose of soliciting contributions
4. <u>Jo</u>	ull Name (Last, First, Middle Initial) hnny Lee Dawkins ailing Address PO Box 53809			Date of Receipt
Ci		State NC	Zip Code 28305-3809	Transaction ID: 8651-P18101 Amount of Each Receipt this Period
fee	EC ID number of contributing deral political committee.	C		85.00 Payroll Deduction
	eceipt For: Primary Other (specify)	Occupation President Aggregate		(\$85.00 Monthly)
3. <u>Te</u>	ull Name (Last, First, Middle Initial) eresa F DeBruin ailing Address 5441 Edgerton Dr			Date of Receipt O 4 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci N	ty orcross	State GA	Zip Code 30092-2185	Transaction ID: 8651-P18522 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	30032 Z103	30.00
	ame of Employer eBruin Benefit Services	Occupation Agent		Payroll Deduction
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	(\$30.00 Monthly)
. Ru	ull Name (Last, First, Middle Initial) ush David Dixon ailing Address 1375 Piccard Dr			Date of Receipt
		01-1-	7'- 0 - 1-	04 20 2009
Ci <u>R</u>	ty ockville	State MD	Zip Code 20850-4311	Transaction ID: 8628 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
<u>nç</u>	ame of Employer arly Cassidy and Schilli- g eceipt For: Primary General		nployee Benefits • Year-to-Date ▼	
	Other (specify) ▼	0 0	960.00	
SUB	TOTAL of Receipts This Page (optional))	615.00
тот	AL This Period (last page this line number	only))	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 82 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDER\	WRITERS PAC (HUPAC)	
. ∠ \.	Full Name (Last, First, Middle Initial) Rush David Dixon			Date of Receipt
	Mailing Address 1375 Piccard Dr			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18177
	Rockville	MD	20850-4311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer Early Cassidy and Schilli-	Occupation VP of En	n nployee Benefits	Payroll Deduction
	ng Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	33 13	1130.00	(\$170.00 Monthly)
- 3.	Full Name (Last, First, Middle Initial) Steve H. Dodder			Date of Receipt
	Mailing Address PO Box 2069			04 24 2009
	City	State	Zip Code	Transaction ID: 8650-P17777
	Monument	CO	80132-2069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Assurant Health	Occupation Regional	n Sales Director	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		240.00	(\$60.00 Monthly)
- ;.	Full Name (Last, First, Middle Initial) Theresa M. Dodds	<u> </u>		Date of Receipt
	Mailing Address 4748 Winged Foot Wa	ny		04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18525
	Columbus	GA	31909-8009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Dodds and Company	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	(\$80.00 Monthly)
ſ	CURTOTAL ACPOSITE THE P			310.00
-	SUBTOTAL of Receipts This Page (optional)		<u>)</u>	
	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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NATIONAL ASSOCIATION OF HEAI	LTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) George V. Duczak			Date of Receipt
Mailing Address 33 W Higgins Rd Ste	910		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8692-P19079
South Barrington	<u> L</u>	60010-9135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer American Worker Plans, In- c.	Occupation Agent	n	Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		1000.00	(\$1000.00 Annually)
Full Name (Last, First, Middle Initial) George S. Dunlap			Date of Receipt
Mailing Address 2853 104th St			04 / 08 / 1 2009
City	State	Zip Code	Transaction ID: 8692-P19117
Des Moines	IA	50322-3814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 Payroll Deduction
Name of Employer Employee Benefit Solutions	Occupation Manager		Payroli Deduction
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	(\$250.00 Annually)
Full Name (Last, First, Middle Initial) Eugene Denny Ebersole			Date of Receipt
Mailing Address 201 Evans Rd Bldg 3	Ste 103A		04 / 24 / 2009
City	State	Zip Code	Transaction ID: 8651-P18074
Harahan	LA	70123-5230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		170.00
Name of Employer Ebersole & Associates, In- c.	Occupation Agent		Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 680.00	(\$170.00 Monthly)
	•		1420.00

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) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael A. Embry Mailing Address 26240 Wacker Dr City New Baltimore FEC ID number of contributing federal political committee. Name of Employer Comerica Insurance Services, Inc. Receipt For: Primary General	State Zip Code MI 48051-3306 C Occupation VP - Group Benefits Division Aggregate Year-to-Date ▼	Date of Receipt M M 24 2009 Transaction ID: 8651-P18475 Amount of Each Receipt this Period 85.00 Payroll Deduction
Other (specify) Full Name (Last, First, Middle Initial)	540.00	(\$85.00 Monthly)
Linda M. Erlenbach Mailing Address 151 Belcourt Ln		Date of Receipt 0 4 2 4 2 0 0 9
City	State Zip Code	Transaction ID: 8650-P18012
<u>Aurora</u>	OH 44202-8438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 Payroll Deduction
L.M. Erlenbach, Inc.	Benefits Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	(\$50.00 Monthly)
Full Name (Last, First, Middle Initial) Steven M. Fisher		Date of Receipt
Mailing Address 167 N Franklin St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8604
Cochranton	PA 16314-9711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Byham's Insurance Service- s, Inc.	Occupation Agent	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
		500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALT	ΓH UNDERV	VRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Eva Jean Fomalont			Date of Receipt
	Mailing Address 8109 Rancho Largo Ct			04 08 7 2009
	City <u>Albuquerque</u>	State NM	Zip Code 87120-3492	Transaction ID: 8697 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer CBA	Occupatio Mgr., Sa	n les/Retention Division	
	Receipt For: Primary General Other (specify)	. ' - "	e Year-to-Date ▼ 125.00	
	Full Name (Last, First, Middle Initial) Eva Jean Fomalont			Date of Receipt
	Mailing Address 8109 Rancho Largo Ct	NW		04 08 7 2009
	City	State	Zip Code	Transaction ID: 8597
	Albuquerque	NM	87120-3492	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer CBA	Occupatio Mgr., Sa	n les/Retention Division	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		425.00	
	Full Name (Last, First, Middle Initial) Kelly Don Fristoe			Date of Receipt
	Mailing Address 807 8th St Ste 300			04 24 2009
	City	State	Zip Code	Transaction ID: 8650-P17710
	Wichita Falls	TX	76301-3317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		670.00 Payroll Deduction
	Name of Employer Financial Partners	Occupatio Agent	n	- ayron beddenon
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 860.00	(\$30.00 Monthly)
	SUBTOTAL of Receipts This Page (optional)	•		1095.00

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) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee the state of	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		Data of Descript
James S. Garbina Mailing Address 16510 Summit Dr		Date of Receipt 0 4 2 4 2 0 0 9
City	State Zip Code	Transaction ID: 8650-P18041
Omaha FEC ID number of contributing federal political committee.	NE 68136-4038	Amount of Each Receipt this Period 85.00
Name of Employer Harry A. Koch Co.	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Kevin M Gardner Mailing Address 111 Veterans Memo	vial Rlvd Sta 940	Date of Receipt
		04 23 2009
City Metairie	State Zip Code LA 70005-3020	Transaction ID: 8648
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Northwestern Group Market- ing Service	Occupation Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) G. Russell Garner		Date of Receipt
Mailing Address 1308 Murraywood D	r	04 24 2009
City	State Zip Code	Transaction ID: 8651-P18299
Columbia	SC 29212-1159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	155.00 Payroll Deduction
Name of Employer Self Employed	Occupation Agent	- ayron Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional		740.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 21 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be so the name and address of a	old or used by any perso ny political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAD	TH UNDERWRITER	S PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Charles T. Gartlan			Date of Receipt
Mailing Address 19 Tarworth Ter			04 24 2009
City Manchester	•	Code 59-6671	Transaction ID: 8651-P18300 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer BenefitPort Mid-Atlantic, LLC	Occupation Agent		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 325.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) Mark Gaunya			Date of Receipt
Mailing Address 1 Griffin Brook Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	·	Code	Transaction ID: 8692-P19097
Methuen	MA 018	44-1865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00 Payroll Deduction
Name of Employer Jennifer A. Bonslow Insur- ance Agency Receipt For:	Occupation Agent	Data V	- ayron boadsaon
Primary General Other (specify) ▼	Aggregate Year-to-I	1000.00	(\$1000.00 Annually)
Full Name (Last, First, Middle Initial) Ronald L. Gay	_L		Date of Receipt
Mailing Address 3000 Briarcrest Dr St	e 422		04 24 2009
City	·	Code	Transaction ID: 8650-P17741
Bryan FEC ID number of contributing		02-3000	Amount of Each Receipt this Period
federal political committee.	C		84.00 Payroll Deduction
Name of Employer Scott & White Health Plan	Occupation Agent	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼ 336.00	(\$84.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			1309.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 82 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the n	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH	H UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Jeffrey Wm. Gennaro		Date of Receipt
Mailing Address 523 W Vista Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix	State Zip Code AZ 85021-7257	Transaction ID: 8651-P18458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation agent	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) James David Gibson		Date of Receipt
Mailing Address 93 Hollenbeck Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Irmo	State Zip Code SC 29063-8076	Transaction ID: 8651-P18138
FEC ID number of contributing federal political committee.	C 25005 0070	Amount of Each Receipt this Period 1085.00
Name of Employer Gibson and Associates Inc	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Patrice Goldfarb		Date of Receipt
Mailing Address 442 Teaneck Rd		04 24 2009
City	State Zip Code	Transaction ID: 8651-P18303
Ridgefield Park FEC ID number of contributing federal political committee.	NJ 07660-1516	Amount of Each Receipt this Period 60.00
Name of Employer The Employee Benefits Adv- isors Group	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	(\$60.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		1230.00
TOTAL This Period (last page this line number or	nly)	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee in LTH UNDERWRITERS PAC (HUPAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark Goldie Mailing Address 171 Kings Way City Coldspring FEC ID number of contributing federal political committee. Name of Employer Mark Goldie & Associates, Inc. Receipt For: Primary General Other (specify)	State Zip Code TX 77331-3076 C Occupation Agent Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul H Goldman Mailing Address 6059 Mission Dr City West Bloomfield FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MI 48324-3312 C Occupation	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Rogers Benefit Group Receipt For: Primary General Other (specify)	Agent Aggregate Year-to-Date ▼ 1000.00	(\$1000.00 Annually)
Full Name (Last, First, Middle Initial) Michael A. Gomes Mailing Address 4851 Lyndon B John	son Fwy Ste 1100	Date of Receipt 0 4 0 6 2 0 0 9
City Dallas FEC ID number of contributing federal political committee.	State Zip Code TX 75244-6025	Transaction ID: 8704 Amount of Each Receipt this Period 1000.00
Name of Employer BenefitMall, Inc. Receipt For: Primary General Other (specify) ▼	Occupation EVP - Marketing Ops. Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDERV	VRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Michael D. Gray			Date of Receipt
	Mailing Address 7305 Pioneers Blvd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 8650-P18016
	Lincoln	NE	68506-7519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer The Harry A. Koch Company	Occupation Agent	ı	Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	(\$100.00 Monthly)
	Full Name (Last, First, Middle Initial) Patricia A Griffey			Date of Receipt
	Mailing Address 56294 Primrose Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8651-P18302
	Elkhart	IN	46516-1509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Page 1 Benefits, Inc.	Occupation Agent	1	Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	(\$85.00 Monthly)
_	Full Name (Last, First, Middle Initial) Steve Grim			Date of Receipt
	Mailing Address PO Box 1105			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18189
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		95.00
	Name of Employer Mid Atlantic Agency	Occupation Presiden		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		285.00	(\$95.00 Monthly)
				280.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAD	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Erica H. Grimm Mailing Address 64 Elk Drive City Blakeslee FEC ID number of contributing federal political committee. Name of Employer	State PA C	Zip Code 18610	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Emerson, Reid & Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Director/	Broker Relations 2 Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) Robert A Grundman Mailing Address 7412 Karl Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8650-P17985
Lincoln	NE	68516-4368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		40.00 Payroll Deduction
Senior Benefit Strategies	Agent	II	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	(\$40.00 Monthly)
Full Name (Last, First, Middle Initial) Darryl A. Gullickson			Date of Receipt
Mailing Address 5775 Wayzata Blvd S	Ste 700		0 4 D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8699
Minneapolis	MN	55416-1233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Gullickson Insurance	Occupation Agent	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			770.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ry of the
ny information copied from such Reports and for commercial purposes, other than using t	Statements may not be sold or use name and address of any political	ad by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERWRITERS PAC	HUPAC)
Full Name (Last, First, Middle Initial) Cristy Russell Gupton		Date of Receipt
Mailing Address 2138 Goodman Lake	e Rd	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 8651-P18485
Morganton ECC ID number of contributing	NC 28655-7075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.00
Name of Employer Carolina First Assoc.	Occupation Broker	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	0 0 0 0 0 0	440.00 (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Antonio Gutierrez	_1	Date of Receipt
Mailing Address 12833 Riverdance D	r.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8651-P18486
Raleigh	NC 27613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	155.00
Name of Employer Integrated Benefit Soluti- ons, Inc.	Occupation Broker	Payroll Deduction
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼		245.00 (\$30.00 Monthly)
Full Name (Last, First, Middle Initial) Anthony W. Halby		Date of Receipt
Mailing Address 202 Providence Mine	Rd Ste 107	0 4
City	State Zip Code	Transaction ID: 8651-P18175
Nevada City	CA 95959-2945	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll Deduction
Name of Employer Halby Insurance Agency	Occupation Agent	ayron beduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	220.00 (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		370.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/82 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and add	aroo or any pontiour committee to	o denote dentinations from each committee.
NATIONAL ASSOCIATION OF HE	ALTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Myrna S. Harris			Date of Receipt
Mailing Address 3 Lawson Ln			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18461
Asheville	NC	28806-9687	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Crescent Preferred Provid-	Occupation Chief Op	n erating Officer	Payroll Deduction
er Organizat Receipt For: Primary General Other (specify) ▼	_ , 	Year-to-Date ▼ 320.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) Christopher S. Harrison			Date of Receipt
Mailing Address 415 Thorncliff Dr			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18308
<u>Fayetteville</u>	NC	28303-5221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		535.00
Name of Employer Ebenconcepts Company	Occupation President		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1765.00	(\$410.00 Monthly)
Full Name (Last, First, Middle Initial) Thomas M. Harte			Date of Receipt
Mailing Address 11 Hills Faron Rd.			0 4 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8692-P19095
Chester	NH	03036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Landmark Benefits, Inc.	Occupation Agent	ı	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	(\$1000.00 Annually)
SUBTOTAL of Receipts This Page (optional	<u> </u>		1565.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 82 (check only one) X 11a
Any ir or for	nformation copied from such Reports and commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	AME OF COMMITTEE (In Full) ATIONAL ASSOCIATION OF HEAL	TH UNDERV	WRITERS PAC (HUPAC)	
	ıll Name (Last, First, Middle Initial) mothy Hendricks			Date of Receipt
	ailing Address 1605 S Eucalyptus Av	/e		04 24 2009
Ci		State	Zip Code	Transaction ID: 8650-P17792
<u>B</u> ı	roken Arrow	OK	74012-5995	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		100.00
Na Bi	ame of Employer usiness Planning Group	Occupatio Agent	n	Payroll Deduction
	f OK eceipt For:	, ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	400.00	(\$100.00 Monthly)
	ull Name (Last, First, Middle Initial) seph E. Henehan			Date of Receipt
Ma	ailing Address 685 Carnegie Dr Ste 2	205		04 24 2009
Ci		State	Zip Code	Transaction ID: 8651-P18143
<u>S</u>	an Bernardino	CA	92408-3550	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		291.66
Na Th	ame of Employer ne Henehan Company	Occupatio Agent	n	Payroll Deduction
Re	eceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		376.66	(\$166.66 Monthly)
	ull Name (Last, First, Middle Initial) onna D. Hill			Date of Receipt
Ma	ailing Address 3657 Starwood Trl SV	V		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	•	State	Zip Code	Transaction ID: 8650-P17883
<u>Li</u>	lburn	GA	30047-2421	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		85.00
Na Di	ame of Employer DH Associates, LLC	Occupatio Presiden		Payroll Deduction
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 340.00	(\$85.00 Monthly)
				476.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 82 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Richard L Hill Mailing Address 4435 O St City Lincoln FEC ID number of contributing federal political committee. Name of Employer UNICO Financial Services, Inc. Receipt For:	State NE C Occupatio Agent		Date of Receipt M 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
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	(\$85.00 Monthly)
3.	Full Name (Last, First, Middle Initial) Dean M Hoffman Mailing Address 1155 Greenridge Ter City	State	Zip Code	Date of Receipt 0 4
	Brookfield FEC ID number of contributing federal political committee.	C	53045-4558	Transaction ID: 8651-P18494 Amount of Each Receipt this Period 85.00 Payroll Deduction
	Name of Employer Diversified Insurance Ser- vices, Inc. Receipt For: Primary General Other (specify) ▼	Agent Aggregate	e Year-to-Date ▼	(\$85.00 Monthly)
	Full Name (Last, First, Middle Initial) Angela Hogan Mailing Address 1233 Lincoln Mall Ste	100		Date of Receipt
	City Lincoln FEC ID number of contributing	State NE	Zip Code 68508-2876	Transaction ID: 8650-P17765 Amount of Each Receipt this Period
	federal political committee. Name of Employer BlueCross BlueShield of Nebraska	Occupatio Agent	n	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 220.00	(\$30.00 Monthly)
	SUBTOTAL of Receipts This Page (optional)	1)	200.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NATIONAL ASSOCIATION OF HEAL	TH UNDER\	WRITERS PAC (HUPAC)	
۷.	Full Name (Last, First, Middle Initial) Jack Hollis, Jr.			Date of Receipt
	Mailing Address 2605 Betty Jean Dr			04 27 2009
	City	State	Zip Code	Transaction ID: 8693
	Jonesboro	GA	30236-4080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Hollis & Associates Insur- ance	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_ 3.	Full Name (Last, First, Middle Initial) Lisa L. Ills	<u> </u>		Date of Receipt
	Mailing Address 2401 E Mercer Ln			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18210
	Phoenix	AZ	85028-2527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00 Payroll Deduction
	Name of Employer Vista Benefit Consultants	, ' 	e Benefit Consultant	r ayron Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 265.00	(\$35.00 Monthly)
	Full Name (Last, First, Middle Initial) J. Thomas Jacobs	1		Date of Receipt
	Mailing Address 2740 Ski Ln			04 08 2009
	City	State	Zip Code	Transaction ID: 8692-P19076
	Madison FEC ID number of contributing federal political committee.	C	53713-3267	Amount of Each Receipt this Period 1000.00
	Name of Employer Eflexgroup.Com	Occupation		Payroll Deduction
	Receipt For:	. '	d Founder e Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	, iggregate	1000.00	(\$1000.00 Annually)
Γ	SUBTOTAL of Receipts This Page (optional)			1335.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orliny Orle)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAD	e name and address of any political commit	person for the purpose of soliciting contributions tree to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julia A. Jennings Mailing Address 2 Lady Slipper Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marion	State Zip Code MA 02738-1294	Transaction ID: 8651-P18329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Sylvia & Co. Ins. Agency, Inc. Receipt For:	Occupation Vice President, Employee Benef Aggregate Year-to-Date ▼	Payroll Deduction
Primary General Other (specify) ▼	255.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) David S Johnson Mailing Address 1482 Baron Ct		Date of Receipt
City	State Zip Code	04 24 2009
Stone Mountain	GA 30087-3037	Transaction ID: 8651-P18466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 Payroll Deduction
Name of Employer David S. Johnson Insurance	Occupation Agent	rayion beduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) Roger B. Jorgensen	1	Date of Receipt
Mailing Address 8220 Commonwealth		04 24 2009
City <u>Eden Prairie</u>	State Zip Code MN 55344-5387	Transaction ID: 8651-P18305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Alliance Benefit Group	Occupation Vice President, Sales	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	(\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		270.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Kaczmarek Mailing Address 6711 Berry Rd			Date of Receipt
City	State	Zip Code	0 4 2 4 2 0 0 9 Transaction ID: 8650-P17999
Ravenna	ОН	44266-9161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Kaczmarek Insurance Services, Inc. Receipt For: Primary General	Occupatio Agent Aggregate	e Year-to-Date ▼	Payroll Deduction
Other (specify) ▼		400.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) Thelma Darlene Kaczmarek			Date of Receipt
Mailing Address 6711 Berry Rd			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: 8650-P18000
Ravenna	OH	44266-9161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00 Payroll Deduction
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupatio Agent		— ayron beduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) Jack A. Kalosy			Date of Receipt
Mailing Address 11 Hollyhock Way			04 08 2009
City	State NJ	Zip Code	Transaction ID: 8692-P19131
Newton	INJ	07860-5370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00 Payroll Deduction
Name of Employer NJ Small Business Develop- ment	-, '	iness Manager	— Ayron Boddonon
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	(\$365.00 Annually)
SUBTOTAL of Receipts This Page (optional) .			565.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may need the name and address	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERWI	RITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) George R Keeling			Date of Receipt
Mailing Address 1875 N Highway 385			04 24 2009
City Levelland	State TX	Zip Code 79336-9493	Transaction ID: 8650-P17993 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1	85.00
Name of Employer George R. Keeling Insuran- ce Agency	Occupation Agent		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 540.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Kimberly Dawn Kendall			Date of Receipt
Mailing Address 8 Shady Ln			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8650-P17855
Candler	NC	28715-9445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00 Payroll Deduction
Name of Employer UnitedHealthcare	Occupation Agent		1 dyron Boddonon
Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 295.00	(\$10.00 Monthly)
Full Name (Last, First, Middle Initial) Tamara P Kennedy			Date of Receipt
Mailing Address 9414 E Sera Brisa			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18132
Scottsdale FEC ID number of contributing	AZ	85255-6054	Amount of Each Receipt this Period
federal political committee.	C		85.00 Payroll Deduction
Name of Employer Rogers Benefit Group Inc	Occupation Agent		- ayron Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼	(\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			180.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NATIONAL ASSOCIATION OF HEAL	TH UNDERV	VRITERS PAC (HUPAC)	
<u>/</u>	Full Name (Last, First, Middle Initial) Laurie J Kirkland			Date of Receipt
	Mailing Address 6601 Glacier Ct			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 8651-P18280
	Yakima	WA	98908-2382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Conover Insurance, Inc.	Occupation Agent	n	Payroll Deduction
	Receipt For:	, ' <u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	(\$85.00 Monthly)
	Full Name (Last, First, Middle Initial) Rhonda R. Kitter	_		Date of Receipt
	Mailing Address 300 Bonnie Jean Ct			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18440
	Anchorage	AK	99515-3343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer NEA Alaska Health Plan	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		460.00	(\$30.00 Monthly)
	Full Name (Last, First, Middle Initial) Ronald David Knight	_		Date of Receipt
	Mailing Address PO Box 507			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8692-P19084
	Carrollton	GA	30112-0009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer J. Smith Lanier & Co., In- c.	Occupation Agent	n	Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1125.00	(\$125.00 Annually)
Г	SUBTOTAL of Receipts This Page (optional)	1		240.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ne name and add	iless of any political committee t	o solicit contributions from such committee.
NATIONAL ASSOCIATION OF HEA	LTH UNDERW	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Barbara Jean Knox			Date of Receipt
Mailing Address 318 Calash Run			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8650-P17976
Fort Wayne	IN	46845-2104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Intrahealthsolutions, Inc.	Occupation Agent	١	Payroll Deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 255.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Kay Knutson			Date of Receipt
Mailing Address 11005 Spain Rd NE			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18146
Albuquerque	NM	87111-1899	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Presbyterian Health Plan	Occupation VP Medic	are Programs	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 465.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Daniel C LaBroad			Date of Receipt
Mailing Address 710 Farmers Market	Way		0 4 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 8651-P18428
Dallas	TX	75201-8454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Ovation Health & Life Ser- vices, Inc.	Occupation Agent	1	Payroll Deduction
Receipt For:	_ 	Year-to-Date ▼	
Primary General Other (specify) ▼	35 5	260.00	(\$85.00 Monthly)
UBTOTAL of Receipts This Page (optional)			255.00

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) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personen name and address of any political committee to TH UNDERWRITERS PAC (HUPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott A. Leavitt Mailing Address 12988 W Paint Dr City Boise FEC ID number of contributing federal political committee. Name of Employer Scott Leavitt Insurance & Financial S Receipt For: Primary General Other (specify)	State Zip Code ID 83713-1947 C Occupation Agent Aggregate Year-to-Date 355.00	Date of Receipt M M O 1
Full Name (Last, First, Middle Initial) Scott A. Leavitt Mailing Address 12988 W Paint Dr City Boise FEC ID number of contributing federal political committee. Name of Employer Scott Leavitt Insurance & Financial S Receipt For: Primary General Other (specify)	State Zip Code ID 83713-1947 C Occupation Agent Aggregate Year-to-Date 440.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Spencer A Lehmann Mailing Address 2226 Eastlake Ave E City Seattle FEC ID number of contributing federal political committee. Name of Employer Lehmann/Wood & Associates, Inc. Receipt For: Primary General Other (specify)	# 449 State Zip Code WA 98102-3419 C Occupation Agent Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	435.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 82 (check only one) X
A o	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	_TH UNDER\	WRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Marilyn Anne Leonard			Date of Receipt
	Mailing Address 3676 Woodley Dr			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18450
	San Jose	CA	95148-2829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Beacon Ridge Health Insur- ance Services	Occupation Agent	n	Payroll Deduction
	Receipt For:	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	340.00	(\$85.00 Monthly)
_	Full Name (Last, First, Middle Initial) Eric Linquist			Date of Receipt
	Mailing Address 4 Queens Peak	04 23 2009		
	City	State	Zip Code	Transaction ID: 8643
	Canton	CT	06019-2609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lindquist Insurance	Occupation Broker	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Chris Lokken			Date of Receipt
	Mailing Address 2851 W Princeton Av	'e		04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18420
	Eau Claire	WI	54703-1343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Johnson Insurance Services Occupation Account Execu			85.00
				Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	275.00	(\$85.00 Monthly)
Г	SUBTOTAL of Receipts This Page (optional)	1		420.00

or for commercial purpone NAME OF COMMIT NATIONAL ASS Full Name (Last, Fire Greg Loudon Mailing Address For Fee ID number of of federal political community of Employer Alaska USA Insurane Receipt For: Primary Other (specify New York FEC ID number of of federal political community of Employer The Medical Link, In Receipt For: Primary Other (specify Name of Employer The Medical Link, In Receipt For: Primary Other (specify Other (specify Tull Name (Last, Fire Matthew L. Masone)	contributing General General Tage The contributing	ate Zip Code	Date of Receipt Date of Receipt M M O B 2 0 0 9 Transaction ID: 8692-P19088 Amount of Each Receipt this Period 1000.00 Payroll Deduction (\$1000.00 Annually) Date of Receipt M M O B 2 0 0 9 Transaction ID: 8651-P18202 Amount of Each Receipt this Period 170.00
Full Name (Last, Fir Greg Loudon Mailing Address Fire Greg Loudon Mailing Address Fire Anchorage FEC ID number of of federal political community Primary Other (specify New York FEC ID number of of federal political community Name of Employer The Medical Link, In Receipt For: Primary Primar	St, Middle Initial) PO Box 196530 Sta Ak Contributing mittee. C Age General St, Middle Initial) St, Middle Initial) Ston Madison Ave FI 4	ate Zip Code <a< th=""><th>Transaction ID: 8692-P19088 Amount of Each Receipt this Period 1000.00 Payroll Deduction (\$1000.00 Annually) Date of Receipt M M M D D D D D D D D D D D D D D D D</th></a<>	Transaction ID: 8692-P19088 Amount of Each Receipt this Period 1000.00 Payroll Deduction (\$1000.00 Annually) Date of Receipt M M M D D D D D D D D D D D D D D D D
A. Greg Loudon Mailing Address City Anchorage FEC ID number of of federal political com Name of Employer Alaska USA Insural Receipt For: Primary Other (specify) Full Name (Last, Fin Maurice Lyons Mailing Address City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	Sta Ak contributing mittee. C C Agg General () Sta Ak contributing mittee. C Sta Ak Contributing C S	yupation ent spregate Year-to-Date ▼ 1000.00	Transaction ID: 8692-P19088 Amount of Each Receipt this Period 1000.00 Payroll Deduction (\$1000.00 Annually) Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anchorage FEC ID number of of federal political com Name of Employer Alaska USA Insural Receipt For: Primary Other (specify) Full Name (Last, Fin Maurice Lyons Mailing Address City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	Sta Ak contributing mittee. C nce Brks General () Sta NY Sta Ak Occur Agg Agg Agg Agg Agg Agg Agg Sta NY Sta NY Contributing	yupation ent spregate Year-to-Date ▼ 1000.00	Transaction ID: 8692-P19088 Amount of Each Receipt this Period 1000.00 Payroll Deduction (\$1000.00 Annually) Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Anchorage FEC ID number of of federal political com Name of Employer Alaska USA Insuran Receipt For: Primary Other (specify) Full Name (Last, Fin Maurice Lyons Mailing Address City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	Akcontributing mittee. C C C C C C C C C C C C C C C C C C C	yupation ent spregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00 Payroll Deduction (\$1000.00 Annually) Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of of federal political com Name of Employer Alaska USA Insural Receipt For: Primary Other (specify) Full Name (Last, Fir Maurice Lyons Mailing Address City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fir Matthew L. Masone	contributing mittee. C C C C Age Age Age Agg State Middle Initial) State Middle Initial State Middle Initial C Coccurrence Age Agg Agg Coccurrence Are FI 4	upation ent gregate Year-to-Date ▼ 1000.00	Payroll Deduction (\$1000.00 Annually) Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Alaska USA Insural Receipt For: Primary Other (specify Maurice Lyons Mailing Address 3 City New York FEC ID number of of federal political community Name of Employer The Medical Link, In Receipt For: Primary Other (specify Full Name (Last, Fin Matthew L. Masone	General Standard Madison Ave FI 4 Standard Madison Ave FI 4	ent regate Year-to-Date 1000.00 ate Zip Code	(\$1000.00 Annually) Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) Full Name (Last, Fin Maurice Lyons Mailing Address City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	General St, Middle Initial) 301 Madison Ave FI 4 Sta NY contributing	regate Year-to-Date ▼ 1000.00 ate Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Other (specify Full Name (Last, Fire Maurice Lyons) Mailing Address City New York FEC ID number of of dederal political come of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fire Matthew L. Masone	General St, Middle Initial) 301 Madison Ave FI 4 Sta NY contributing	ate Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maurice Lyons Mailing Address City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	Sta Sta NY contributing	•	M M / 24 2009 Transaction ID: 8651-P18202 Amount of Each Receipt this Period
City New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	Sta NY contributing	•	Transaction ID: 8651-P18202 Amount of Each Receipt this Period
New York FEC ID number of of federal political com Name of Employer The Medical Link, In Receipt For: Primary Other (specify) Full Name (Last, Fin Matthew L. Masone	contributing	•	Amount of Each Receipt this Period
FEC ID number of federal political com Name of Employer The Medical Link, II Receipt For: Primary Other (specify Full Name (Last, Fire Matthew L. Masone)	contributing	Y 10017-8103	
Receipt For: Primary Other (specify Full Name (Last, Fire Matthew L. Masone			170.00
The Medical Link, In Receipt For: Primary Other (specify Full Name (Last, Fin Matthew L. Masone			B # B + #
Primary Other (specify Full Name (Last, Fine Matthew L. Masone	20	upation sident	Payroll Deduction
Other (specify Full Name (Last, Fin Matthew L. Masone	Agg	regate Year-to-Date ▼	
Matthew L. Masone	General /) ▼	425.00	(\$170.00 Monthly)
Mailing Address 3	rst, Middle Initial)		Date of Receipt
	867 Sheffield Rd		04 28 2009
City		ate Zip Code	Transaction ID: 8655
<u>Severna Park</u>	M	D 21146-1647	Amount of Each Receipt this Period
FEC ID number of of federal political com			460.00
Name of Employer Lincoln Financial G	roup Occu	upation ent	
Receipt For: Primary Other (specify	General	regate Year-to-Date ▼ 640.00	
SUBTOTAL of Receip			1630.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any peen ame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Carol Matznick		Date of Receipt
Mailing Address 3207 Cottingham Ct		04 24 2009
City Greensboro	State Zip Code NC 27410-8362	Transaction ID: 8650-P17972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 27410-0002	155.00
Name of Employer North Carolina AHU	Occupation Executive Director	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) Michael E. Matznick		Date of Receipt
Mailing Address 3207 Cottingham Ct		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 8651-P18432
Greensboro	NC 27410-8362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll Deduction
Name of Employer EbenConcepts Company	Occupation Agent	— Jayron Boddonon
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) John R. McConnaughey		Date of Receipt
Mailing Address 6312 Anthony Dr		04 24 2009
City	State Zip Code	Transaction ID: 8651-P18454
Liberty Twp FEC ID number of contributing federal political committee.	OH 45011-1303	Amount of Each Receipt this Period 30.00
Name of Employer JRM & Associates Agency, Inc	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 245.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	1	270.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any p he name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
NATIONAL ASSOCIATION OF HEA	LTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) H. Luke McDermott		Date of Receipt
Mailing Address 1044 Park Palisade	Dr	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City South Jordan	State Zip Code UT 84095-2229	Transaction ID: 8651-P18288
FEC ID number of contributing federal political committee.	UT 84095-2229	Amount of Each Receipt this Period 100.00
Name of Employer McDermott Company & Assoc-	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) Susan McGinnis		Date of Receipt
Mailing Address 9905 S Maplewood	Ave	04 20 2009
City	State Zip Code	Transaction ID: 8635
Tulsa	OK 74137-5534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer BenEx Insurance Agency	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	935.00	
Full Name (Last, First, Middle Initial) Susan McGinnis		Date of Receipt
Mailing Address 9905 S Maplewood	Ave	04 08 2009
City	State Zip Code	Transaction ID: 8692-P19127
Tulsa	OK 74137-5534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll Deduction
Name of Employer BenEx Insurance Agency	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 905.00	(\$660.00 Annually)
SURTOTAL of Receipts This Page (ontional)		790.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	LTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) John Patrick McGuire			Date of Receipt
Mailing Address 1021 Melody Dr	Chaha	7:n Oada	04 08 2009
City Metairie	State LA	Zip Code 70002-5009	Transaction ID: 8692-P19085 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Benefit Advisory Group, L.L.C.	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) Norman Michaels			Date of Receipt
Mailing Address 80 Business Park Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8692-P19080
Armonk	NY	10504-1710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		900.00 Payroll Deduction
Name of Employer Michaels Associates	Occupation agent	_	— ayron beduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	(\$250.00 Annually)
Full Name (Last, First, Middle Initial) Travis S. Middleton			Date of Receipt
Mailing Address 20610 Castle Bend D	r		04 24 2009
City	State TX	Zip Code	Transaction ID: 8651-P18424
Katy FEC ID number of contributing federal political committee.	C	77450-4909	Amount of Each Receipt this Period 225.00
Name of Employer TradeMark Insurance Agency LLC	Occupation Presiden		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	(\$100.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			1490.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 42 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16	
ny information copied from such Reports and for commercial purposes, other than using t	Statements may not be some name and address of a	old or used by any personny political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,		
NATIONAL ASSOCIATION OF HEA	LTH UNDERWRITER	S PAC (HUPAC)		
Full Name (Last, First, Middle Initial) Jeffrey R. Miles			Date of Receipt	
Mailing Address 736 Amoroso PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip 0	Code	Transaction ID: 8651-P18426	
Venice	CA 902	91-3802	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		170.00	
Name of Employer The Miles Organization,	Occupation Agent		Payroll Deduction	
Inc. Receipt For:	Aggregate Year-to-I	Date ▼	\dashv	
Primary General Aggregate			(\$170.00 Monthly)	
Other (specify) ▼	0 0 0	780.00	(\$170.00 Working)	
Full Name (Last, First, Middle Initial) David R. Moore			Date of Receipt	
Mailing Address 605 Truitt Dr			04 24 7 2009	
City	State Zip (Code	Transaction ID: 8650-P17973	
Elon	NC 272	44-9262	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		85.00	
Name of Employer David R. Moore, CLU & Associates	Occupation Agent		Payroll Deduction	
Receipt For:	Aggregate Year-to-I	Date ▼		
Primary General		340.00	(\$85.00 Monthly)	
Other (specify) ▼		340.00		
Full Name (Last, First, Middle Initial) Wesley P. Moore	•		Date of Receipt	
Mailing Address PO Box 604	O Box 604		04 24 2009	
City	•	Code	Transaction ID: 8650-P17782	
Darlington	SC 295	40-0604	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		110.00	
Name of Employer W P Moore Agency	Occupation Owner		Payroll Deduction	
Receipt For:	Aggregate Year-to-I	Date ▼		
Primary General		440.00	(\$110.00 Monthly)	
Other (specify) ▼		440.00	1	
UBTOTAL of Receipts This Page (optional)			365.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 82 (check only one) X 11a
0	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	.TH UNDER\	WRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Donald S Mucci			Date of Receipt
	Mailing Address 2841 Tremont Dr			04 / 08 / 2009
	City	State	Zip Code	Transaction ID: 8692-P19124
	<u>Louisville</u>	KY	40205-2941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mucci Insurance Group, LLC	Occupatio Owner/P		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	(\$1000.00 Annually)
	Full Name (Last, First, Middle Initial) Jennifer Murphy			Date of Receipt
	Mailing Address 2000 14th St N Ste 450			04 08 2009
	City	State	Zip Code	Transaction ID: 8605
	Arlington	VA	22201-2573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer NAHU	Occupatio CFO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
 :_	Full Name (Last, First, Middle Initial) Ray M. Musser	Date of Receipt		
	Mailing Address 404 N 2nd Ave Ste B			0 4
	City	State	Zip Code	Transaction ID: 8651-P18228
	Upland	CA	91786-4701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Ray M. Musser & Associate- s, Inc.	Occupation Agent		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	(\$85.00 Monthly)
	SUBTOTAL of Receipts This Page (optional).	•		1450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 44 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
An	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sole name and address of any	d or used by any person y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDERWRITERS	PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Julie A. Needelman			Date of Receipt
	Mailing Address 8816 Maxwell Dr	01-1- 7'- 0	- d-	04 08 2009
	City Potomac	State Zip Co MD 20854	oae 4-3122	Transaction ID: 8594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7 3122	365.00
	Name of Employer Insurance Marketing Center	Occupation Agent		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 365.00	
	Full Name (Last, First, Middle Initial) Michael A. Norris	1		Date of Receipt
	Mailing Address PO Box 2052			04 24 2009
	City	State Zip Co		Transaction ID: 8650-P17868
	Franklin	NC 2874	4-2052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll Deduction
	Name of Employer Wayah Insurance Agency	Occupation Account Executive	•	ayron beddellon
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 320.00	(\$30.00 Monthly)
	Full Name (Last, First, Middle Initial) Thomas P. O'Brien			Date of Receipt
	Mailing Address 7364 244th St			04 08 7 2009
	City	State Zip Co		Transaction ID: 8692-P19077
	Cascade FEC ID number of contributing federal political committee.	IA 52030	3-8624	Amount of Each Receipt this Period 365.00
	Name of Employer Auxiant	Occupation Vice President		Payroll Deduction
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 365.00	(\$365.00 Annually)
S	UBTOTAL of Receipts This Page (optional) .			760.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Victoria M. Ortiz		Date of Receipt
Mailing Address 1861 Edwin Blvd		04 / 08 / 7 2009
City Winter Park	State Zip Code FL 32789-3962	Transaction ID: 8692-P19089 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer MAR Insurance Group, Inc.	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) John C. Parker		Date of Receipt
Mailing Address 47 Laurel Hill Dr		04 24 2009
City	State Zip Code	Transaction ID: 8650-P17953
Niantic FEC ID number of contributing federal political committee.	CT 06357-1536	Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Principal	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	(\$90.00 Monthly)
Full Name (Last, First, Middle Initial) Jesse A. Patton		Date of Receipt
Mailing Address 701 Grand Ave		04 24 2009
City West Des Moines	State Zip Code IA 50265-3625	Transaction ID: 8651-P18255 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30203-3023	350.00
Name of Employer Associations Marketing Gr- oup, Inc.	Occupation CEO/President	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	(\$350.00 Monthly)
SURTOTAL of Receipts This Page (optional)		805.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David R. Perry		, ,	Date of Receipt
Mailing Address 2003 Charvais Dr	Ctata	Zip Code	04 24 2009
City Lake Charles	State LA	70601-5605	Transaction ID: 8651-P18414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer The Perry Agency, Inc.	Occupation President		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) Marcella L. Popek			Date of Receipt
Mailing Address 131 Deshon Ct			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8692-P19103
Butler FEC ID number of contributing federal political committee.	C	16001-2471	Amount of Each Receipt this Period 365.00
Name of Employer Cigna HealthCare	Occupation Agent	1	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) John G. Prue			Date of Receipt
Mailing Address 12713 S Edinburgh St			04 24 7 2009
City <u>Ola</u> the	State KS	Zip Code 66062-1300	Transaction ID: 8650-P17844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			85.00
Name of Employer Humana, Inc.	Occupation Agent	1	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	(\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	ne name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
NATIONAL ASSOCIATION OF HEAD	LIH UNDERV	WHITEHS PAG (HUPAG)	
Full Name (Last, First, Middle Initial) Colleen Mary Pruitt			Date of Receipt
Mailing Address 5805 75th St			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18259
Lubbock	TX	79424-1727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer TACT Insurance Agency	Occupatio Agency M		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Susan Maley Rash			Date of Receipt
Mailing Address 2519 Kettlewell Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8651-P18261
Midlothian	VA	23113-6726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00 Payroll Deduction
Name of Employer BB&T Benefit Consultants of Virginia,	Occupatio Vice Pres	sident	r ayron Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Jon C Rauser			Date of Receipt
Mailing Address 949 Lamplighter Ln			04 / 24 / 2009
City	State	Zip Code	Transaction ID: 8651-P18262
Grafton	WI	53024-9314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		170.00 Payroll Deduction
Name of Employer The Rauser Agency, Inc.	Occupatio Agent		- ayron boddonon
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 680.00	(\$170.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	•		465.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Jack D Reaves		Date of Receipt
Mailing Address 1401 N Central Expy		04 20 4 2009
City Richardson	State Zip Code TX 75080-4669	Transaction ID: 8626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C /5000-4009	300.00
Name of Employer Reaves Insurance Agency	Occupation Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) James S Ricketts		Date of Receipt
Mailing Address 3900 Halisport Dr NV	N	04 08 2009
City	State Zip Code	Transaction ID: 8692-P19092
Kennesaw	GA 30152-4077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1125.00 Payroll Deduction
Name of Employer Purchasing Solutions	Occupation VP	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1125.00	(\$1000.00 Annually)
Full Name (Last, First, Middle Initial) Shan Ricketts		Date of Receipt
Mailing Address 3900 Halisport Dr NV	N	04 24 2009
City	State Zip Code	Transaction ID: 8651-P18356
Kennesaw	GA 30152-4077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00 Payroll Deduction
Name of Employer Purchasing Alliance Solut- ions, Inc.	Occupation Executive Vice President	rayion Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	(\$85.00 Monthly)
SURTOTAL of Receipts This Page (optional)		1510.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category on Detailed Summary	f the
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by e name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAD	TH UNDERWRITERS PAC (HU	PAC)
<u>/_</u>	Full Name (Last, First, Middle Initial) Mark Riley		Date of Receipt
	Mailing Address PO Box 1635		04 / 08 / 19 19 19 19 19 19 19 19 19 19 19 19 19
	City	State Zip Code SC 29063-1635	Transaction ID: 8692-P19066
	FEC ID number of contributing federal political committee.	SC 29063-1635	Amount of Each Receipt this Period 250.00
	Name of Employer American Benefit Services, LLC	Occupation Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	(\$250.00 Annually)
	Full Name (Last, First, Middle Initial) Michael A. Rivera Mailing Address 12200 Northwest Fw	(Sto 662	Date of Receipt
	Maining Address 12200 NOITHWeSt FW		04 24 2009
	City	State Zip Code	Transaction ID: 8651-P18068
	Houston FEC ID number of contributing federal political committee.	TX 77092-4927	Amount of Each Receipt this Period 285.00
	Name of Employer Northwest General Insuran- ce	Occupation Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
	Full Name (Last, First, Middle Initial) Joseph K. Roberts	_L	Date of Receipt
	Mailing Address 4000 S 36th St		$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
	City	State Zip Code	Transaction ID: 8650-P17945
	Lincoln	NE 68506-4809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	c	150.00 Payroll Deduction
	Name of Employer Midlands Financial Benefi- ts	Occupation Registered Representative	T ayron Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00 (\$150.00 Monthly)
	SURTOTAL of Receipts This Page (optional)		685.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 82 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) William T. Robinson			Date of Receipt
	Mailing Address 401 S El Cielo Rd Apt			04 24 2009
	City Palm Springs	State CA	Zip Code 92262-7922	Transaction ID: 8650-P17963 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	92202-1922	85.00
	Name of Employer Palm Canyon Insurance Age- ncy	Occupatio Agent		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	(\$85.00 Monthly)
. –	Full Name (Last, First, Middle Initial) Mark Rose			Date of Receipt
	Mailing Address 1545 NE 76th St			04 24 2009
	City	State	Zip Code	Transaction ID: 8651-P18406
	Seattle	WA	98115-4373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00 Payroll Deduction
	Name of Employer Baldwin Resource Group	Occupatio Vice Pres	ⁿ sident Sales	.,
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	(\$85.00 Monthly)
	Full Name (Last, First, Middle Initial) Francis A. Ruggiero			Date of Receipt
	Mailing Address 15 Kennedy Dr			04
	City	State	Zip Code	Transaction ID: 8651-P18265
	Budd Lake	NJ	07828-1438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00 Payroll Deduction
	Name of Employer John J. Slattery Associates	Occupation Director	ⁿ of Broker Development	. ayron boddonon
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 340.00	(\$85.00 Monthly)
s	SUBTOTAL of Receipts This Page (optional)			255.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Į.	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDERW	/RITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) John M. Ryan			Date of Receipt
	Mailing Address 25 Neva Ct			04 08 2009
	City	State CA	Zip Code	Transaction ID: 8692-P19126
	Oakland FEC ID number of contributing	CA	94611-1826	Amount of Each Receipt this Period 365.00
	federal political committee.			
	Name of Employer Bay Benefits Insurance Se- rvices	Occupation Partner		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	(\$365.00 Annually)
_	Full Name (Last, First, Middle Initial) Gregory S. Sailer			Date of Receipt
	Mailing Address 9721 Wellington Rdg			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8651-P18271
	Woodbury	MN	55125-9592	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Sailer Benefit Services, Inc.	Occupation Agent	1	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	1 ' <u> </u>	Year-to-Date ▼ 300.00	(\$85.00 Monthly)
_	Full Name (Last, First, Middle Initial) Stephen J. Salamon			Date of Receipt
	Mailing Address PO Box 4252			0 4 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 8651-P18162
	Timonium	MD	21094-4252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		235.00
	Name of Employer Heritage Financial Consul-	Occupation Agent		Payroll Deduction
	tants, LLC Receipt For:	, ' <u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼		490.00	(\$85.00 Monthly)
Γ		1		685.00
- 1 :	SUBTOTAL of Receipts This Page (optional)			000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 82 (check only one) X
Any	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL			
	Full Name (Last, First, Middle Initial) Raymer M. Sale			Date of Receipt
	Mailing Address 2135 Enclave Mill Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8651-P18272
	Dacula	GA	30019-3290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer E2E Benefits Services, In- c.	Occupation Agent	1	Payroll Deduction
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, ' <u> </u>	Year-to-Date ▼ 525.00	(\$100.00 Monthly)
	Full Name (Last, First, Middle Initial) Richard C. Scarboro	l		Date of Receipt
	Mailing Address PO Box 3045			04 08 2009
	City	State	Zip Code	Transaction ID: 8606
	Asheville	NC	28802-3045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Blue Ridge Benefit Soluti- ons, Inc.	Occupation Agent	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Greg Schell	I		Date of Receipt
	Mailing Address 100 Promenade Ct			04 08 2009
	City	State	Zip Code	Transaction ID: 8692-P19109
	Louisville	KY	40223-2985	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		165.00
	Name of Employer Arison Health Ins	Occupation Agent	1	Payroll Deduction
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	(\$165.00 Annually)
	Other (specify) ▼		365.00	<u>"</u> "
	JBTOTAL of Receipts This Page (optional)			755.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 82 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE	ALTH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Mel A. Schlesinger			Date of Receipt
Mailing Address 380 Luzelle Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8651-P18365
Winston Salem FEC ID number of contributing federal political committee.	C	27103-6470	Amount of Each Receipt this Period 170.00
Name of Employer The Rainmakers Group, Inc.	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	(\$170.00 Monthly)
Full Name (Last, First, Middle Initial) Kenneth L. Schmidt	I		Date of Receipt
Mailing Address 1332 Hunters Hollo			04 23 4 2009
City Eureka	State MO	Zip Code 63025-1051	Transaction ID: 8644
FEC ID number of contributing federal political committee.	C	03023-1031	Amount of Each Receipt this Period 135.00
Name of Employer Mengel, Surdyke, Murphy and Finke	Occupation Benefits	n Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Kenneth L. Schmidt			Date of Receipt
Mailing Address 1332 Hunters Hollo	ow Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State MO	Zip Code	Transaction ID: 8694
Eureka FEC ID number of contributing federal political committee.	C	63025-1051	Amount of Each Receipt this Period 100.00
Name of Employer Mengel, Surdyke, Murphy and Finke	- + +	Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional	al)		405.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
• • •	LTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Kenneth L. Schmidt		Date of Receipt
Mailing Address 1332 Hunters Hollow	Ct	04 08 2009
City	State Zip Code	Transaction ID: 8692-P19121
Eureka	MO 63025-1051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mengel, Surdyke, Murphy	Occupation	Payroll Deduction
and Finke	Benefits Consultant	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	565.00	(\$100.00 Annually)
Full Name (Last, First, Middle Initial) Alan R. Schulman		Date of Receipt
Mailing Address 10010 Colesville Rd	Ste A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8650-P17759
Silver Spring	MD 20901-2348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer Insurance Benefits & Advi-	Occupation Agent	Payroll Deduction
sors Receipt For:	Aggregate Year-to-Date ▼	
Primary General		(\$170.00 Monthly)
Other (specify) ▼	780.00	(¢o.oooay)
Full Name (Last, First, Middle Initial) James D. Schulz	-	Date of Receipt
Mailing Address 7101 S 82nd St		04 24 2009
City	State Zip Code	Transaction ID: 8651-P18179
Lincoln	NE 68516-6584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Midlands Financial Benefi- ts	Occupation Agent	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	(\$85.00 Monthly)
		355.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 82 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALT	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∖.	Full Name (Last, First, Middle Initial) Bob G Shupe Mailing Address 5904 Hitching Post Ln			Date of Receipt
	City	State	Zip Code	0 4 2 4 2 0 0 9 Transaction ID: 8651-P18398
	Nashville FEC ID number of contributing federal political committee.	C	37211-6934	Amount of Each Receipt this Period 85.00
	Name of Employer ESP, Inc	Occupatio Presiden	t, CEO	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 205.00	(\$85.00 Monthly)
	Full Name (Last, First, Middle Initial) Robert C. Sichmeller Mailing Address 4120 Sterlingview Dr			Date of Receipt 0 4 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 8651-P18269
	Moorpark	CA	93021-3761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 Payroll Deduction
	Name of Employer Acme Insurance and Financ- ial Services	Occupatio Agent		- ayron beddesion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 205.00	(\$85.00 Monthly)
_	Full Name (Last, First, Middle Initial) Steven J. Sinkler			Date of Receipt
	Mailing Address 10185 NW 102nd St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 8650-P17930
	Clive FEC ID number of contributing federal political committee.	C	50325-6770	Amount of Each Receipt this Period 85.00
	Name of Employer Coventry Health Care of lowa	_	of Individual Sales	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	(\$85.00 Monthly)
	SUBTOTAL of Receipts This Page (optional)			295.00

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) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Desmond X. Slattery			Date of Receipt
Mailing Address 1800 State Route 34			04 24 2009
City Wall	State NJ	Zip Code 07719-9168	Transaction ID: 8651-P18181
FEC ID number of contributing federal political committee.	C	07719-9100	Amount of Each Receipt this Period 85.00
Name of Employer John J. Slattery Associat- es Inc.	Occupation Agent		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Deirdre Slattery Fallon			Date of Receipt
Mailing Address PO Box 256			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8651-P18107
Spring Lake	NJ	07762-0256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00 Payroll Deduction
Name of Employer John J. Slattery Associat- es, Inc.	Occupation Agent		— ayron beddenon
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) David C. Smith			Date of Receipt
Mailing Address 1218 Broad St			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18371
Durham FEC ID number of contributing federal political committee.	C	27705-3532	Amount of Each Receipt this Period 100.00
Name of Employer Benefits & Insurance Law Center	Occupation LAWYER		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$100.00 Monthly)
SUBTOTAL of Receipts This Page (optional) .			270.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 82 (check only one) X
C C	uny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDERV	VRITERS PAC (HUPAC)	
-	Full Name (Last, First, Middle Initial) Gregory S. Smith			Date of Receipt
	Mailing Address 4017 W Hollow Trace	e Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 8651-P18372
	<u>Peoria</u>	<u>IL</u>	61615-2418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Group Marketing Services Inc.	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	(\$30.00 Monthly)
_	Full Name (Last, First, Middle Initial) Kevin W. Smith			Date of Receipt
	Mailing Address 6000 Lake Forrest Dr	NW		04 / 24 / 2009
	City	State	Zip Code	Transaction ID: 8651-P18111
	Atlanta	GA	30328-3824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer KSA Insurance Agency	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	340.00	(\$85.00 Monthly)
	Full Name (Last, First, Middle Initial) Nathaniel M. Smith			Date of Receipt
	Mailing Address 5311 77 Center Dr St	e 72		04 08 7 2009
	City	State	Zip Code	Transaction ID: 8692-P19068
	Charlotte	NC	28217-0751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		490.00
	Name of Employer Rogers Benefit Group	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	490.00	(\$125.00 Annually)
Γ	SUBTOTAL of Receipts This Page (optional)			690.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 82 (check only one) X 11a
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	LTH UNDER\	WRITERS PAC (HUPAC)	
_	Full Name (Last, First, Middle Initial) Paul E. Smith			Date of Receipt
	Mailing Address 169 Hawthorne Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 8651-P18386
	Kensington	CT	06037-4074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer AmeriBen Alliance, LLC	Occupation Agent	n	Payroll Deduction
	Receipt For:	_ ' <u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	(\$85.00 Monthly)
_	Full Name (Last, First, Middle Initial) Thomas E. Snell			Date of Receipt
	Mailing Address 1201 Wilkins Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8651-P18238
	Sanford	NC	27330-7238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefit Edge of the Carol- inas. Inc.	Occupation Managin	n g Director	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	(\$30.00 Monthly)
	Full Name (Last, First, Middle Initial) Sherry Soileau			Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg	g A # 2B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8650-P17807
	Baton Rouge	LA	70808-4125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer Besselman & Little Agency	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		290.00	(\$10.00 Monthly)
Г				375.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	_TH UNDERV	WRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) James Randall Southard			Date of Receipt
Mailing Address 7848 Nc Highway 68	N		04 24 7 2009
City Stokesdale	State NC	Zip Code 27357-9326	Transaction ID: 8651-P18374
FEC ID number of contributing federal political committee.	C	2/35/-9326	Amount of Each Receipt this Period 65.00
Name of Employer Professional Benefits Ass-	Occupation Partner	n	Payroll Deduction
ociates, LLC Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 260.00	(\$65.00 Monthly)
Full Name (Last, First, Middle Initial) Richard Blake Spell	<u> </u>		Date of Receipt
Mailing Address 7873 Bufflehead Ct			04 24 2009
City	State	Zip Code	Transaction ID: 8651-P18387
Greensboro	NC	27455-8376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00 Payroll Deduction
Name of Employer UnitedHealthcare		Executive	- Payron Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 205.00	(\$20.00 Monthly)
Full Name (Last, First, Middle Initial) Delvin L. Stahl			Date of Receipt
Mailing Address PO Box 388			04 24 2009
City	State NE	Zip Code	Transaction ID: 8650-P17833
Sutton FEC ID number of contributing federal political committee.	C	68979-0388	Amount of Each Receipt this Period 40.00
Name of Employer Insurance Plus, Inc.	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 260.00	(\$40.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	•		125.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	r not be sold or used by any persitress of any political committee to	
NATIONAL ASSOCIATION OF HEA	LTH UNDERW	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) James R Stenger Mailing Address 381 victoria drive			Date of Receipt
	2: :	7: 0 1	04 25 2009
City Bridgewater	State NJ	Zip Code 12909	Transaction ID: 8675-P18561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		170.00
Name of Employer NAS Financial Services	Occupation Principal	1	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 610.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Marilyn A. Stenger			Date of Receipt
Mailing Address 77 Ridgeview Ln			0 4 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8599
Mount Arlington	NJ	07856-2321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Agent	1	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		1380.00]
Full Name (Last, First, Middle Initial) Marilyn A. Stenger			Date of Receipt
Mailing Address 77 Ridgeview Ln			04 24 2009
City	State	Zip Code	Transaction ID: 8650-P17920
Mount Arlington	NJ	07856-2321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00 Payroll Deduction
Name of Employer Self Employed	Occupation Agent	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1465.00	(\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			1255.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 61 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be so the name and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions
	NATIONAL ASSOCIATION OF HEA	TH UNDERWRITER	S PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Michael R. Stephens			Date of Receipt
	Mailing Address 11515 S 5th Pl			04 08 2009
	City	·	Code	Transaction ID: 8598
	Jenks	OK 740	37-3229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Excelsior Benefits	Occupation Agent		
	Receipt For:	Aggregate Year-to-I	Date ▼	
	Primary General Other (specify) ▼		600.00	
_	Full Name (Last, First, Middle Initial) James F. Summers			Date of Receipt
	Mailing Address 15316 Pine St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	•	Code	Transaction ID: 8650-P17923
	Omaha	NE 681	44-5117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Senior Market Sales, Inc.	Occupation Agent		Payroll Deduction
	Receipt For:	Aggregate Year-to-I	Date ▼	
	Primary General Other (specify) ▼	0 0 0	500.00	(\$125.00 Monthly)
	Full Name (Last, First, Middle Initial) Michelle J. Sweeney			Date of Receipt
	Mailing Address 3404 Mechanicsburg	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	·	Code	Transaction ID: 8591
	Springfield	OH 455	02-8219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Wallace & Turner Inc.	Occupation Agent		
	Receipt For:	Aggregate Year-to-I	Date ▼	.
	Primary General Other (specify) ▼	0 0 0	600.00	
Г	SUBTOTAL of Receipts This Page (optional)			875.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	TH UNDERV	VRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Ryan R. Swinton Mailing Address 9931 N 151st St			Date of Receipt
	Ctata	7in Code	04 24 2009
City Waverly	State NE	Zip Code 68462-1611	Transaction ID: 8651-P18394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Midlands Financial Benefi- ts	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Jeffrey C. Taylor			Date of Receipt
Mailing Address 905 Glen Hollow Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8692-P19119
O Fallon FEC ID number of contributing federal political committee.	C	62269-3525	Amount of Each Receipt this Period 365.00
Name of Employer Bovinette Insurance Agenc- y, Inc.	Occupation Regional	n Manager	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) Joe Teeling			Date of Receipt
Mailing Address 715 Southfork Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 8692-P19120
Waukee FEC ID number of contributing federal political committee.	C	50263-9581	Amount of Each Receipt this Period 365.00
Name of Employer TrueNorth	Occupation Agent	n	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	(\$365.00 Annually)
SUBTOTAL of Receipts This Page (optional) .			815.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NATIONAL ASSOCIATION OF HEAL	TH UNDERV	WRITERS PAC (HUPAC)	_
•	Full Name (Last, First, Middle Initial) Janet Trautwein			Date of Receipt
	Mailing Address 7212 Redlac Dr			04 24 2009
	City	State	Zip Code	Transaction ID: 8650-P17924
	Clifton	VA	20124-1948	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer NAHU	Occupation CEO	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	425.00	(\$170.00 Monthly)
	Full Name (Last, First, Middle Initial) Bynum R. Tuttle			Date of Receipt
	Mailing Address PO Box 1110			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8692-P19102
	Denton	NC	27239-1110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Employee Benefit Designs Inc.	Occupation Agent	n	Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	365.00	(\$365.00 Annually)
_	Full Name (Last, First, Middle Initial) Dawn Michelle Urso			Date of Receipt
	Mailing Address 1469 Deborah Dr			04 / 24 / 2009
	City	State	Zip Code	Transaction ID: 8651-P18331
	Spring Hill	FL	34609-4604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Alltrust Insurance	Occupation agent	n	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	(\$85.00 Monthly)
	SUBTOTAL of Receipts This Page (optional) .			620.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 1
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NATIONAL ASSOCIATION OF HEAL	TH UNDER\	WRITERS PAC (HUPAC)	
	Full Name (Last, First, Middle Initial) Charles G. Wagner			Date of Receipt
	Mailing Address PO Box 9			04 24 2009
	City	State	Zip Code	Transaction ID: 8650-P17821
	Burwell	NE	68823-0009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Town and Country Insurance Agency, In	Occupation Presiden		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	235.00	(\$85.00 Monthly)
_	Full Name (Last, First, Middle Initial) Rand R. Wall			Date of Receipt
	Mailing Address 1004 Sugardale Ct			04 24 2009
	City	State	Zip Code	Transaction ID: 8650-P17914
	Sugar Land	TX	77478-2760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Payroll Deduction
	Name of Employer Lone Star Health Plans, Ltd.	Occupation Agent	on	Payron Deduction
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	(2)
	Other (specify)		500.00	(\$100.00 Monthly)
_	Full Name (Last, First, Middle Initial) Jessica F Waltman			Date of Receipt
	Mailing Address 2000 14th St N Ste 45	50		04 24 2009
	City	State	Zip Code	Transaction ID: 8650-P17799
	Arlington	VA	22201-2573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer NAHU	Occupation VP, Police	on cy and State Affairs	Payroll Deduction
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	(005.00.14
	Other (specify)		340.00	(\$85.00 Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		270.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 82 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
` ,	TH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Hughes Waren Mailing Address 1109 Princeton Dr		Date of Receipt
City	State Zip Code	0 4 2 4 2 0 0 9 Transaction ID: 8650-P17832
Wilmington	NC 28403-2528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Ebenconcepts, Inc.	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) John L. Warwick		Date of Receipt
Mailing Address PO Box 272		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 8651-P18246
Chico	CA 95927-0272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer John Warwick Insurance	Occupation Agent	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	340.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Steven H. Way		Date of Receipt
Mailing Address 204 Clyde Dr		04 27 2009
City	State Zip Code	Transaction ID: 8696
Walnut Creek	CA 94598-3425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Way Financial	Occupation Financial Representative	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		670.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using t	I Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA	LTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Eric M. Wells		Date of Receipt
Mailing Address PO Box 1396		04 08 7 2009
City Irmo	State Zip Code SC 29063-1396	Transaction ID: 8692-P19075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Southeastern Insurance Co- nsultants, L	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	(\$365.00 Annually)
Full Name (Last, First, Middle Initial) Charles L. Westmoreland		Date of Receipt
Mailing Address PO Box 925		04 24 2009
City Jackson	State Zip Code MS 39205-0925	Transaction ID: 8651-P18059
FEC ID number of contributing federal political committee.	MS 39205-0925	Amount of Each Receipt this Period 80.00
Name of Employer American Public Life Insu- rance Company Receipt For:	Occupation Director of Agency Development	Payroll Deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	(\$50.00 Monthly)
Full Name (Last, First, Middle Initial) Lisa Wetherton		Date of Receipt
Mailing Address 376 Overlook Point I	Orive	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Dahlonega	State Zip Code GA 30533	Transaction ID: 8651-P18247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Benefit Design Strategies	Occupation Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	(\$20.00 Monthly)
SURTOTAL of Receipts This Page (optional)		465.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person Statements may not be sold or used by any person Statements may not be sold or used by any person	
NAME OF COMMITTEE (In Full)	LTH UNDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) Lon G. Wilson		Date of Receipt
Mailing Address 4240 Tahoe Dr		0 4 D 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8701
Anchorage	AK 99502-1460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer The Wilson Agency, LLC	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Paula L Wilson	1	Date of Receipt
Mailing Address 31930 Daniel Way		04 24 2009
City	State Zip Code	Transaction ID: 8650-P17906
<u>Temecula</u>	CA 92591-2129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	335.00
Name of Employer Paula Wilson, Inc.	Occupation Agent	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	425.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Shelly K Winson		Date of Receipt
Mailing Address 2491 W Binner Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8651-P18348
Chandler	AZ 85224-4112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Principal Financial Group	Occupation Business Development Director,	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	(\$30.00 Monthly)
CUPTOTAL (Device This Deve (extinue)		1240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 82 (check only one) X 11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALT	name and add	dress of any political committee to	on for the purpose of soliciting contributions
<u> </u>	Full Name (Last, First, Middle Initial) Rosanne Wolfe Mailing Address 4600 E Swans Nest Rd	<u> </u>		Date of Receipt
	City Tucson FEC ID number of contributing	State AZ	Zip Code 85718-6248	Transaction ID: 8651-P18383 Amount of Each Receipt this Period
	federal political committee. Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Agent	n	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 355.00	(\$10.00 Monthly)
3.	Full Name (Last, First, Middle Initial) Dennis E. Wright Mailing Address 318 Calash Run			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Wayne	State IN	Zip Code 46845-2104	Transaction ID: 8651-P18251 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	n	85.00 Payroll Deduction
	Name of Employer IntraHealth Solutions, In- c. Receipt For: Primary General Other (specify) ▼	Presiden		(\$85.00 Monthly)
 ;.	Full Name (Last, First, Middle Initial) Allison Younger Mailing Address 2600 S Gessner Rd Ste	201		Date of Receipt
			7:- O-d-	04 29 2009
	City <u>Houston</u>	State TX	Zip Code 77063-3294	Transaction ID: 8669 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Myers, Younger & Associates, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Agent Aggregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			585.00
Т.	OTAL This Period (last page this line number of	only)	>	

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11								
Any information copied from such Reports and or for commercial purposes, other than using the	e name and add	not be sold or used by any persodress of any political committee to	of for the purpose of soliciting contributions solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL	.TH UNDERV	VRITERS PAC (HUPAC)									
Full Name (Last, First, Middle Initial) Robert A Ziff			Date of Receipt								
Mailing Address 568 Valleyview Rd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
City	State	Zip Code	Transaction ID: 8651-P18219								
Langhorne	PA	19047-2221	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer Avanti Benefits Corp	Occupation Presiden		Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	(\$100.00 Monthly)								

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	43625.42

В.

C.

ago;; 20002121000			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 70 / 82
ITEMIZED DISBURSEMENTS	for each category of the	(Crieck only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
NATIONAL ASSOCIATION OF HEALTH U	NDERWRITERS PAC (HUPAC)	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 8711 Date of Disbursement
·			
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix}$
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement	7.12 0007.2		282.43
AMEX FEES Candidate Name		O01	
Caldidate Marie		Category/ Type	
	ment For:		
Senate President	Primary General Other (specify) ▼		
State: District:	(-) , \		
Full Name (Last, First, Middle Initial)			Transaction ID: 8712
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
	AZ 85072		4.05
Purpose of Disbursement amex mnthly fee		001	4.95
Candidate Name		Category/	
Office Country House		Туре	
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Merchant Services			Transaction ID: 8710 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 7300 Chapman Way			04 02 2009
	State Zip Code TN 37920		Amount of Each Disbursement this Period
Purpose of Disbursement	1		847.20
cred card fees		001	
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For:		
Senate	Primary General		
State: President State:	Other (specify)		
CURTOTAL of Dishuramenta This Dass (astisses)			1134.58
SUBTOTAL of Disbursements This Page (optional) .			110 1100

TOTAL This Period (last page this line number only)

State:

A.

District:

COLLEGE D / CEO E COM												
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	LINE N	-	R:	PAC	2					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l —	21b	22 28a	2:	3 8b	_	24 28c		25 29	Н	26 30b
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n	,				•			_				
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH	I UNDERWRITERS PAC (HU	IPAC)										
Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 6286 N College				Date	action of Disb	urser	men	. •	ž	0 ŏ 9	Y	
City Indianapolis	State Zip Code IN 46220			Amou	nt of E	ach [Disb	oursen		this P		d
Purpose of Disbursement acct fees		001			•			-	14	29.95		
Candidate Name		Category Type	y/									
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)											

SUBTOTAL of Disbursements This Page (optional)	>	129.95
TOTAL This Period (last page this line number only)	—	1264.53

	CHEDULE B (FEC FOIII 3X)	Use separate		FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each cate Detailed Sum	nmary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and address o	of any political con	mmittee to sol	
<u>/</u>	NATIONAL ASSOCIATION OF HEALTH	HUNDERWRITE	ERS PAC (HUI	PAC)	
	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRE	SS			Transaction ID: 8511 Date of Disbursement
	Mailing Address P.O. Box 2232				$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$
	City Jenkintown		p Code 9046		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Name			011 Category/	-3000.00
	ALLYSON Y. SCHWARTZ			Type	
	Senate President	rsement For: X Primary Other (specify)	2010 General		
_	State: PA District: 13 Full Name (Last, First, Middle Initial)				
	ALLYSON SCHWARTZ FOR CONGRE	SS			Transaction ID: 8498 Date of Disbursement
	Mailing Address P.O. Box 2232				$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{smallmatrix} \end{bmatrix}$
	City Jenkintown		p Code 9046		Amount of Each Disbursement this Perio
	Purpose of Disbursement			011	3000.00
	Candidate Name ALLYSON Y. SCHWARTZ		C	Category/ Type	
	Senate President	rsement For: X Primary Other (specify)	2010 General		
	State: PA District: 13 Full Name (Last, First, Middle Initial)				Transaction ID: 8561
	ALLYSON SCHWARTZ FOR CONGRE	SS			Date of Disbursement
	Mailing Address P.O. Box 2232				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
	City Jenkintown		p Code 9046		Amount of Each Disbursement this Period
	Purpose of Disbursement 3/31			011	3000.00
	Candidate Name ALLYSON Y. SCHWARTZ		C	Category/ Type	
	9 1	rsement For:	2010 General		
	Senate President	Other (specify)) ▼		
_) ▼		

Purpose of Disbursement Breakfast 4.24 Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA Office Sought:	TEMIZED DICDUDGEMENTO	Use separate schedule(S) (chack only	NUMBER: PAGE 73 / 82 y one)
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Candidate Name JOHN HARDY ISAKSON			Categ Typ	-								
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ITEMIZED DISBU	JRSEMENTS		egory of the mmary Page		21b 27	22 28a	X 23 28b	24 28c	\vdash	25 29]
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City Bowie			Zip Code 20716			Amou	nt of Each	Disburse			erio
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) / - -					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
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NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH U	NDERWRITERS PAC (I	HUPAC	;)			
Full Name (Last, First, Middle Initial) NELSON 2012 Mailing Address PO BOX 8666				Transaction I Date of Disbut M M / C	rsement	
	State Zip Code NE 68108			Amount of Eac	ch Disbursement this Period	
Purpose of Disbursement 3/31	NL 00100	011	1		3000.00	
Candidate Name E BENJAMIN NELSON		Catego Type	•			
	ment For: 2010 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS				Transaction I Date of Disbu	rsement	
Mailing Address PO BOX 3176				04	0 0 1	
,	State Zip Code NJ 07740			Amount of Eac	ch Disbursement this Period	
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Candidate Name FRANK JR. PALLONE		Catego Type	•			
Senate X President	ment For: 2010 Primary General Other (specify)					
State: NJ District: 06 Full Name (Last, First, Middle Initial)						
SHERMAN FOR CONGRESS				Transaction I Date of Disbut	rsement	
Mailing Address 555 SO.FLOWER ST. SI	JITE 4210			0 4	2 1 6 7 2 0 0 9	
	State Zip Code CA 90071			Amount of Eac	ch Disbursement this Period	
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Candidate Name BRAD SHERMAN		Catego Type				
	ment For: 2010 Primary General Other (specify)					
State: CA District: 27						
SUBTOTAL of Disbursements This Page (optional)			<u> </u>		7000.00	

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	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	_	NUMBER: PAGE 80 / 82
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one) 22 23 24 25 2 x 28a 28b 28c 29
	y Information copied from such Reports and Stator commercial purposes, other than using the n				
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH				
<u> </u>	Full Name (Last, First, Middle Initial) Janice Michaud				Transaction ID: 8684 Date of Disbursement
	Mailing Address 448 28th St				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Manhattan Beach	State CA	Zip Code 90266		Amount of Each Disbursement this Period
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	Janice Michaud	irsement For:		Category/ Type	
	Senate President	Primary Other (sp	General ecify)		
	State: District: Full Name (Last, First, Middle Initial) John Woods				Transaction ID: 8685 Date of Disbursement
	Mailing Address 806 Perkinswood Blvd	INE			$\begin{bmatrix} M & M & M & M & M & M & M & M & M & M $
	City Warren	State OH	Zip Code 44483		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution refunded			010	30.00
	Candidate Name John Woods			Category/ Type	
	Senate President	Primary Other (sp	General ecify) ▼		
	State: District: Full Name (Last, First, Middle Initial) Joseph A. Kelliher				Transaction ID: 8682 Date of Disbursement
	Mailing Address 24 Sawyer Dr				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Salem	State VA	Zip Code 24153		Amount of Each Disbursement this Perio
	Purpose of Disbursement contribution refunded			010	30.00
	O " 1 · N			Category/ Type	
	Candidate Name Joseph A. Kelliher			1 300	
	Joseph A. Kelliher	Primary Other (sp	General ecify) ▼	1) pc	

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH U	e and address of any politication	al com	mitte	ee to so							
<u></u>	Full Name (Last, First, Middle Initial) Kimberly Dawn Kendall					Trans Date o			ment		2 0 ŏ 9	Y
	Mailing Address 8 Shady Ln City Candler	State Zip Code NC 28715					nt of E				nt this P	
	Purpose of Disbursement contribution refunded Candidate Name Kimberly Dawn Kendall	NC 20/15	Ca	010 atego	ory/						10.00	^
	·	ement For: Primary General Other (specify)	1	- 71								
	Full Name (Last, First, Middle Initial) Martha T. Collins Mailing Address 1430 Lemonwood Dr W					Trans Date o			nent		2 0 ŏ 9	Y
	City Upland Purpose of Disbursement contribution refunded	State Zip Code CA 91786		010		Amou	nt of E	Each [Disburs		nt this P	eriod
	Candidate Name		Ca	atego	•							
	Candidate Name Martha T. Collins	ement For: Primary General Other (specify)	Ca	atego Type	•							
	Candidate Name Martha T. Collins Office Sought: House Disburse Senate President	Primary General	Ca	_	•	Trans Date o	of Disl	ourser	ment		/ · · · · ·	V
	Candidate Name Martha T. Collins Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General	Ca	_	•	Date o		ourser	ment		2 0 0 9	Y
	Candidate Name Martha T. Collins Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Phillip Bruner Mailing Address 3333 W 2nd St City Los Angeles	Primary General	Ca	_	•	Date o	of Disl	ourser 2	ment	y 2	nt this P	
	Candidate Name Martha T. Collins Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Phillip Bruner Mailing Address 3333 W 2nd St City Los Angeles Purpose of Disbursement contribution refunded Candidate Name	Primary General Other (specify) ▼ State Zip Code	Ca	O1C	pry/	Date o	of Disl	ourser 2	ment	y 2		
	Candidate Name Martha T. Collins Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Philip Bruner Mailing Address 3333 W 2nd St City Los Angeles Purpose of Disbursement contribution refunded Candidate Name Philip Bruner	Primary General Other (specify) ▼ State Zip Code	Ca	01C	pry/	Date o	of Disl	ourser 2	ment	y 2	nt this P	

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 82 / 82
ITEMIZED DISBURSEMENTS		(check only one)	
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NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UI	NDERWRITERS PAC (HUP)	AC)	
Full Name (Last, First, Middle Initial) Shannan L Phillips Mailing Address 802 N Carancahua St Ste	: 1700	Transaction ID: 8 Date of Disburseme M 4 M / D 2 9	ent
Corpus Christi	State Zip Code TX 78470	Amount of Each Dis	sbursement this Period
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Candidate Name Shannan L Phillips		ıtegory/ Гуре	
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SUBTOTAL of Disbursements This Page (optional)	•	10.00
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