

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

Check if different  
than previously  
reported. (ACC)

Washington

DC

20044

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 2

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

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

Type or Print Name of Treasurer

Jennifer Murphy

Signature of Treasurer

Electronically Filed by Jennifer Murphy

Date

0 1

1 8

2 0 0 8

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		41981.92
(b) Cash on Hand at Beginning of Reporting Period .....	84653.39	
(c) Total Receipts (from Line 19) .....	26462.27	331617.34
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	111115.66	373599.26
7. Total Disbursements (from Line 31) .....	59246.47	322230.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51869.19	51369.19
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20086.01	200338.35
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	6375.00	131264.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	26461.01	331602.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	26461.01	331602.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.26	14.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26462.27	331617.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26462.27	331617.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	47075.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	47075.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	264250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	1755.00
(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)) .....	250.00	1755.00
29. Other Disbursements.....	5496.47	9149.31
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	59246.47	322230.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59246.47	322230.07

**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) .....	26461.01	331602.90
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	1755.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26211.01	329847.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	47075.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	47075.76

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

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

FOR LINE NUMBER: PAGE 6 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Suzetta E. Alberts

Mailing Address 201W. Fort Street, Mail Code 7969

City State Zip Code  
 Detroit MI 48226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comerica Insurance Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4057

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dulcinea M. Almazan

Mailing Address 10700 Amber Ridge Dr

City State Zip Code  
 Las Vegas NV 89144-4448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lovitt & Touche, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4271

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Sharon Alt

Mailing Address 6410 Southwest Blvd Ste 204

City State Zip Code  
 Fort Worth TX 76109-3920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alt Benefit Consultants, Inc

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4018

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kris Amen

Mailing Address 7455 Cordova Club Dr E

City

Cordova

State

TN

Zip Code

38018-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Humana

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4696

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

William Chester Anderson

Mailing Address 205 Whippoorwill Dr

City

Altamonte Springs

State

FL

Zip Code

32701-7827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogers Benefit Group

Occupation  
Marketing Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4749

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mary Kathryn Anderson-Haught

Mailing Address 512 Cambridge Rd

City

Tyler

State

TX

Zip Code

75703-5264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategies In Employee Be-  
nefits, Inc.

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4750

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$80.00 Monthly)

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

130.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 7606 University Ave Ste B

City

Lubbock

State

TX

Zip Code

79423-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ashmore & Associates Insu-  
rance Agency

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4631

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ginger T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewis-Gale Medical Center

Occupation  
Director of Provider Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4698

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Misty J. Baker

Mailing Address 502 Brookside Pass

City

Cedar Park

State

TX

Zip Code

78613-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lonestar Benefit Solutions

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4256

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

M. Lloyd Baum

Mailing Address 4338 Redwood Ave Apt 110B

City

Marina del Rey

State

CA

Zip Code

90292-7647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baum Insurance Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 6903

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Waunakee

State

WI

Zip Code

53597-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Manufactures &  
Commerce

Occupation  
Manager, Employee Benefit Sale

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6870

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Waunakee

State

WI

Zip Code

53597-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Manufactures &  
Commerce

Occupation  
Manager, Employee Benefit Sale

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4870

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

255.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City

Boise

State

ID

Zip Code

83706-6123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4598

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Bruce D. Benton

Mailing Address 20161 Delita Dr

City

Woodland Hills

State

CA

Zip Code

91364-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis SmithBenton Insur-  
ance & Finan

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4751

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

David A Berman

Mailing Address 8805 Sawleaf Rd

City

Indianapolis

State

IN

Zip Code

46260-1534

FEC ID number of contributing  
federal political committee.

C

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

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4871

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

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

175.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lynnnda L. Berryhill

Mailing Address 211 N Robinson Ave

City

Oklahoma City

State

OK

Zip Code

73102-7109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berryhill Insurance Agenc-  
y, Inc.

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4677

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City

Albuquerque

State

NM

Zip Code

87111-3374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Infinisource, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4887

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Robert J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIA Insurance

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4028

Amount of Each Receipt this Period

84.34

Payroll Deduction

(\$84.34 Monthly)

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

134.34

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

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

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

FOR LINE NUMBER: PAGE 12 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Al Torstrick Insurance Ag-  
ency, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6871

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Al Torstrick Insurance Ag-  
ency, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4273

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Russ Blakely

Mailing Address PO Box 11310

City

Chattanooga

State

TN

Zip Code

37401-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Russ Blakely & Associates

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P3984

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

David M. Block

Mailing Address 80 Challedon Dr

City

Candler

State

NC

Zip Code

28715-9417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Specialties, In-  
c.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4753

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michele B. Bloom

Mailing Address 1117 Chelsea Ave

City

Erie

State

PA

Zip Code

16505-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lillis, McKibben & Company

Occupation  
Plan Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4872

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

James C. Bosier

Mailing Address 6410 N Butler Rd

City

Cedar Falls

State

IA

Zip Code

50613-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Net Worth Advisors

Occupation  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4138

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

145.42

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

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

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

FOR LINE NUMBER: PAGE 14 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jim Bowman

Mailing Address 2701 W 15th St # 554

City

Plano

State

TX

Zip Code

75075-7523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bowman & Bowman Consultan-  
ts, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P3991

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

William J. Brannon

Mailing Address 7 Terrace Way Ste C

City

Greensboro

State

NC

Zip Code

27403-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group US, Inc.

Occupation

Sales agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4078

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Eleanor M. Brockhurst

Mailing Address 5812 N 12th St Unit 4

City

Phoenix

State

AZ

Zip Code

85014-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brockhurst & Associates,  
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4137

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas A. Bryon

Mailing Address 10504 Meadow Ln

City

Leawood

State

KS

Zip Code

66206-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Designs, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P3998

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City

Anchorage

State

AK

Zip Code

99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Wilson Agency, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4662

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Dennis Butler

Mailing Address 5651 S 59th St Ste B

City

Lincoln

State

NE

Zip Code

68516-2388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daubert & Butler Associat-  
es, Inc.

Occupation

agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: 6811

Amount of Each Receipt this Period

1000.00

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

1060.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Tim Byrne

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mortenson, Matzelle & Mel-  
drum

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4681

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

D. Bailey Calvin

Mailing Address PO Box 101422

City

Anchorage

State

AK

Zip Code

99510-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calco, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4599

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Michael E. Carmean

Mailing Address 3075 Lee Road 248

City

Smiths

State

AL

Zip Code

36877-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Marketing

Occupation

Vice President, Group Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4756

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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

210.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lorelei G. Castellani

Mailing Address PO Box 2100

City

Branchville

State

NJ

Zip Code

07826-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Guidance Systems

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4267

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Russ Childers, CLU

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4863

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Steven M. Clement

Mailing Address 3010 Fenwood Trl

City

Roswell

State

GA

Zip Code

30075-4199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.M.C. Consultants Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4604

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

145.00

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

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

FOR LINE NUMBER: PAGE 18 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

David S. Cluley

Mailing Address 2220 Glen Echo Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-5521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthPlusOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6930-P4255

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Richard P. Coburn

Mailing Address 19 Minor Ct

City

San Rafael

State

CA

Zip Code

94903-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Word & BrownOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6930-P4036

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Daniel E. Colacino

Mailing Address 34 Carolanne Dr

City

Delmar

State

NY

Zip Code

12054-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose and Kiernan, IncOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6930-P4268

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

145.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Martha T. Collins

Mailing Address 1430 Lemonwood Dr W

City

Upland

State

CA

Zip Code

91786-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin & Associates

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4141

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

George Scott Condos

Mailing Address 8860 S Tenaya Way

City

Las Vegas

State

NV

Zip Code

89113-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leavitt Insurance Agency

Occupation  
Charter Senior Financial Plann

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4758

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Carrie Cox

Mailing Address 3621 Eastman Dr

City

Oklahoma City

State

OK

Zip Code

73112-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oden Roberts Rohman Insu-  
rance

Occupation  
Group Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4888

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Johnny Lee Dawkins

Mailing Address PO Box 53809

City

Fayetteville

State

NC

Zip Code

28305-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4009

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeBruin Benefit Services,  
Inc./ The La

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 6833

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Teresa F DeBruin

Mailing Address 5441 Edgerton Dr

City

Norcross

State

GA

Zip Code

30092-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeBruin Benefit Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4260

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

RoseMary Deininger

Mailing Address 6703 Fox Glen Dr

City

Arlington

State

TX

Zip Code

76001-8427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waldman Brothers

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4262

Amount of Each Receipt this Period

83.33

Payroll Deduction

(\$83.33 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

David Deitch

Mailing Address 2785 E Desert Inn Rd Ste 260

City

Las Vegas

State

NV

Zip Code

89121-3693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIA Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4008

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Denz

Mailing Address 1808 Hickory Trace Dr

City

Orange Park

State

FL

Zip Code

32003-8387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herbie Wiles Insurance In-  
c.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4119

Amount of Each Receipt this Period

115.00

Payroll Deduction

(\$85.00 Monthly)

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

228.33

**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 22 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa S. DeRycke

Mailing Address 4154 E 38th St

City

Tulsa

State

OK

Zip Code

74135-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Designs of Oklaho-  
ma, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4231

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1330 Parkside Dr

City

Berkeley Springs

State

WV

Zip Code

25411-6386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Early Cassidy and Schilli-  
ng

Occupation

VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4263

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$120.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Steve H. Dodder

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Assurant Health

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4655

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

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

210.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Claudia S. Dodge

Mailing Address 606 Wexwood Ct

City

Richmond

State

VA

Zip Code

23236-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Benefit Consultants  
of Virginia

Occupation

Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4264

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael B. Dollins

Mailing Address 4334 NW Expressway St Ste 242

City

Oklahoma City

State

OK

Zip Code

73116-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dollins & Company, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4675

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Cynthia H. Doucet

Mailing Address 206 Bon Mange Cir

City

Lafayette

State

LA

Zip Code

70506-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Financial Resource-  
s, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4737

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City

Moore

State

OK

Zip Code

73170-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doyle Insurance Source

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 6894

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City

Moore

State

OK

Zip Code

73170-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doyle Insurance Source

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4845

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Dana Drake

Mailing Address 706 N 19th St

City

Coeur D Alene

State

ID

Zip Code

83814-5549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schedler Mack Insurance,  
Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4846

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Eugene Denny Ebersole

Mailing Address 405 Gretna Blvd Ste 103A

City

Gretna

State

LA

Zip Code

70053-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebersole & Associates, In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4595

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Alison W. Eckis

Mailing Address 2710 Kenbury Rd

City

Richmond

State

VA

Zip Code

23225-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Straus, Itzkowitz & LeCom-  
pte Ins. Age

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4120

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City

Aurora

State

OH

Zip Code

44202-8438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L.M. Erlenbach, Inc.

Occupation  
Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4860

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas M Evans

Mailing Address 18433 Dewey Ave

City

Elkhorn

State

NE

Zip Code

68022-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross Blue Shield of  
Nebraska

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4866

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City

Noblesville

State

IN

Zip Code

46062-9075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Creative Insurance Concep-  
ts, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4266

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Cheryl S Farmer

Mailing Address 56114 C. R. 23

City

Bristol

State

IN

Zip Code

46507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Resources Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4121

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

David L. Fear

Mailing Address 8340 Conover Dr

City

Citrus Heights

State

CA

Zip Code

95610-0812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIMS Strategic Distributi-  
on Division

Occupation

Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4741

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City

Peoria

State

IL

Zip Code

61615-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF HealthPlans

Occupation

Group Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4660

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City

Lincoln

State

NE

Zip Code

68506-5168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICO Financial Services,  
Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4856

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

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

165.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City

Wichita Falls

State

TX

Zip Code

76301-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Financial Partners

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4601

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City

Omaha

State

NE

Zip Code

68136-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harry A. Koch Co.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4881

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Bruce L. Gardner

Mailing Address 504 Bulian Ln

City

Austin

State

TX

Zip Code

78746-5423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bruce Gardner Insurance  
& Investments

Occupation  
Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4882

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$80.00 Monthly)

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

195.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City

Reno

State

NV

Zip Code

89521-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comstock Insurance Agenci-  
es, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4883

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Donald W. Garlitz

Mailing Address 1082 S Slate Canyon Dr

City

Provo

State

UT

Zip Code

84606-6455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FirstWest Benefit Solutio-  
ns

Occupation  
AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4743

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

G. Russell Garner

Mailing Address 1308 Murraywood Dr

City

Columbia

State

SC

Zip Code

29212-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4123

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles T. Gartlan

Mailing Address 1463 Whitty Rd

City

Toms River

State

NJ

Zip Code

08753-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitPort Mid-Atlantic,  
LLC

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 6906

Amount of Each Receipt this Period

58.00

**B.**

Full Name (Last, First, Middle Initial)

John Philip Garven

Mailing Address 11865 Blue Bayou Dr

City

Huntley

State

IL

Zip Code

60142-6764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benico, LTD

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4124

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Insurance Brokers,  
Inc.

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 6876

Amount of Each Receipt this Period

100.00

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

188.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City

Phoenix

State

AZ

Zip Code

85021-7257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Insurance Brokers,  
Inc.

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4224

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Employee Benefits Adv-  
isors Group

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4126

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City

Dallas

State

TX

Zip Code

75244-6530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goodwin Benefits Group,  
LLC

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4225

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harry A. Koch Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 6901

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia A Griffey

Mailing Address 56294 Primrose Cir

City

Elkhart

State

IN

Zip Code

46516-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Page 1 Benefits, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4125

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Robert A Grundman

Mailing Address 7412 Karl Dr

City

Lincoln

State

NE

Zip Code

68516-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senior Benefit Strategies

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4832

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

200.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Vincent Guerra

Mailing Address 514 Pettigru St

City

Greenville

State

SC

Zip Code

29601-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cason Group, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4016

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Teresa Gutierrez

Mailing Address 12833 River Dance Drive

City

Raleigh

State

NC

Zip Code

27613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrated Benefit Solu-  
tions, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4246

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Scott R. Hafetz

Mailing Address 1 Rose Ln

City

Linwood

State

NJ

Zip Code

08221-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hafetz & Associates

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 6905

Amount of Each Receipt this Period

1000.00

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

1060.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Walter T. Hale

Mailing Address 211 E Church St

City

Morrilton

State

AR

Zip Code

72110-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hawkins Insurance Agency

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4074

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4128

Amount of Each Receipt this Period

1830.00

Payroll Deduction

(\$1830.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Daniel R Hart

Mailing Address 2137 E 32nd St

City

Tulsa

State

OK

Zip Code

74105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 6832

Amount of Each Receipt this Period

365.00

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

2225.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel R Hart

Mailing Address 2137 E 32nd St

City

Tulsa

State

OK

Zip Code

74105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6873

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald G Hartman

Mailing Address 3822 Gemini Cir

City

Boise

State

ID

Zip Code

83709-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Network America  
Inc

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4130

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Leesa Hayes

Mailing Address 9700 Ormsby Station Rd

City

Louisville

State

KY

Zip Code

40223-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thompson Associates, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4659

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lori Headley

Mailing Address PO Box 14725

City

Portland

State

OR

Zip Code

97293-0725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthwise Insurance Plan-  
ning

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4040

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City

Broken Arrow

State

OK

Zip Code

74012-5995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Planning Group  
Of OK

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4666

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Caroline Hesseltnie

Mailing Address 6832 Forest Meadow St

City

San Antonio

State

TX

Zip Code

78238-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABC / Associated Benefit  
Consultants.

Occupation  
Employee Benefit Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4868

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jon Hicks

Mailing Address 3620 Mountainside Dr

City

Colorado Springs

State

CO

Zip Code

80918-5528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hicks Benefit Group

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4132

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Richard L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICO Financial Services,  
Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4626

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Scott W Hinrichs

Mailing Address 11800 Conrey Rd Ste 250

City

Cincinnati

State

OH

Zip Code

45249-1067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L. A. Benefit Planning,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4037

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diversified Insurance Ser-  
vices, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6874

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diversified Insurance Ser-  
vices, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4249

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Robert V. Holland

Mailing Address PO Box 698

City

Centralia

State

WA

Zip Code

98531-0698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centralia General Agencies

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4635

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gloria D. Hopper

Mailing Address 613 Sunnybrook Dr

City

Monroe

State

NC

Zip Code

28110-2770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wachovia Insurance Servic-  
es, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4837

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Kymberly J. Hopwood

Mailing Address 1955 Las Colinas Dr

City

Brentwood

State

CA

Zip Code

94513-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dealey, Renton & Associat-  
es

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6875

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kymberly J. Hopwood

Mailing Address 1955 Las Colinas Dr

City

Brentwood

State

CA

Zip Code

94513-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dealey, Renton & Associat-  
es

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4227

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

170.00

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

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

FOR LINE NUMBER: PAGE 40 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Greg Horstman

Mailing Address N7940 County Rd E

City

Watertown

State

WI

Zip Code

53094-9535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WisconsinRxOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4228

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance PlanOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P3975

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Lisa L. Iils

Mailing Address 4455 E Camelback Rd Ste D260

City

Phoenix

State

AZ

Zip Code

85018-2865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glass Financial GroupOccupation  
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: 6877

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

160.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa L. Ills

Mailing Address 4455 E Camelback Rd Ste D260

City

Phoenix

State

AZ

Zip Code

85018-2865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glass Financial Group

Occupation

Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4051

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

S. David Jackson

Mailing Address 1139 S Orem Blvd

City

Orem

State

UT

Zip Code

84058-6976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FirstWest Benefit Solutions

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4648

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Leah Anne Janway

Mailing Address 2225 SW 96th St

City

Oklahoma City

State

OK

Zip Code

73159-6861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berryhill Insurance Agency, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4853

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing  
federal political committee.

C

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

Occupation

Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4142

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

R. Allan Jensen

Mailing Address 6060 S Kenton Way

City

Englewood

State

CO

Zip Code

80111-5728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4759

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David S. Johnson Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1165.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4229

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Eric D. Johnson

Mailing Address 3510 Willow Ridge Dr

City

Arlington

State

TX

Zip Code

76017-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitPort Southwest

Occupation

Life & Health Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4230

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Sandra Johnson

Mailing Address 15707 Deer Crst

City

San Antonio

State

TX

Zip Code

78248-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hairston, Johnson & Assoc-  
iates, PLLC

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4240

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Suzanne K. Johnson

Mailing Address 6235 Morrison Blvd Ste 302

City

Charlotte

State

NC

Zip Code

28211-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Employee Benefit  
Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4664

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Jones

Mailing Address 13500 Shaker Blvd Apt 502

City

Cleveland

State

OH

Zip Code

44120-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GBA Solutions

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4107

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Keith Jordano

Mailing Address 12751 Orange Blvd

City

West Palm Beach

State

FL

Zip Code

33412-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jordano Insurance Group,  
Inc.

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4046

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaczmarek Insurance Servi-  
ces, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4850

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thelma Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City

Ravenna

State

OH

Zip Code

44266-9161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaczmarek Ins. Services  
Agency, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4851

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Kristine Kassel

Mailing Address 1937 E Greentree Dr

City

Tempe

State

AZ

Zip Code

85284-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits By Design, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4108

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Kelliher

Mailing Address 24 Sawyer Dr

City

Salem

State

VA

Zip Code

24153-6810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits Group, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4722

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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

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

FOR LINE NUMBER: PAGE 46 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Kiebler

Mailing Address 4168 Clearwater Way

City

Lexington

State

KY

Zip Code

40515-6021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HumanaOccupation  
CHC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: 6878

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carolyn J. King

Mailing Address 6 Country Ln

City

Sussex

State

NJ

Zip Code

07461-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England FinancialOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4221

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conover Insurance, Inc.Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: 6891

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

230.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conover Insurance, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4109

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ted Brian Knauer

Mailing Address 6204 Forrestal Dr

City

Tampa

State

FL

Zip Code

33625-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Insurance Brokers,  
Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4212

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Barbara Jean Knox

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intrahealthsolutions, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4826

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ross W. Kraft

Mailing Address 21 Jordan Rd

City

New Hartford

State

NY

Zip Code

13413-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Group of New York, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4110

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City

Omaha

State

NE

Zip Code

68116-5135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holmes Murphy and Associates, Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4724

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mark J. Lamberth

Mailing Address 2236 Broadhead Pl

City

Lexington

State

KY

Zip Code

40515-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Insurance Marketing

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4216

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

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

80.42

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



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

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

FOR LINE NUMBER: PAGE 49 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mary Landen

Mailing Address 517 White Ash Ct

City

Windsor

State

CA

Zip Code

95492-8199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitMall

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4217

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Rufus B. Langley

Mailing Address 6617 Quiet Cove Ct

City

Raleigh

State

NC

Zip Code

27612-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Langley Insurance Service-  
s, Inc.

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4233

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Sue Larsen

Mailing Address 4995 Torero Rd

City

Santa Barbara

State

CA

Zip Code

93111-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Larsen Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4076

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

James A. Lawless

Mailing Address 435 Kingswood

City

Lexington

State

KY

Zip Code

40502-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawless Insurance Agency

Occupation

Owner/Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4111

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Scott A. Leavitt

Mailing Address 12988 W Paint Dr

City

Boise

State

ID

Zip Code

83713-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott Leavitt Insurance  
& Financial S

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4817

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Anne Leonard

Mailing Address 3676 Woodley Dr

City

San Jose

State

CA

Zip Code

95148-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacon Ridge Health Insur-  
ance Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4218

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ronald M. Levine

Mailing Address 6625 The Corners Pkwy

City

Norcross

State

GA

Zip Code

30092-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARINSO International

Occupation

Vice President HRO Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4073

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Brian W. Liechty

Mailing Address 120 E Washington St

City

Plymouth

State

IN

Zip Code

46563-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KL Benefits

Occupation

Benefits Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4062

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Charles N. Lineberger

Mailing Address 2927 Berwick Ln

City

Gastonia

State

NC

Zip Code

28054-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Partners, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4726

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Link

Mailing Address 6901 Ravine Cir

City

Worthington

State

OH

Zip Code

43085-2886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
InsuranceLink Agency, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4143

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Chris Lokken

Mailing Address 2851 W Princeton Ave

City

Eau Claire

State

WI

Zip Code

54703-1343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnson Insurance Services

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4200

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Susan Tullis Luvisi

Mailing Address 2185 Avian Pl

City

Jacksonville

State

FL

Zip Code

32224-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James F. Tullis & Associa-  
tes, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4112

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barry W. Maas

Mailing Address 2729 W Sierra Ave

City

Fresno

State

CA

Zip Code

93711-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Administrative Solutions,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4201

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Carla Magarity

Mailing Address 22071 Martinez St

City

Woodland Hills

State

CA

Zip Code

91364-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Time Employee Benefits

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4202

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Thomas G. Magnus

Mailing Address PO Box 999

City

El Granada

State

CA

Zip Code

94018-0999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross of California

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4003

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Victoria A. Major-Bell

Mailing Address 3602 Harwich Ct

City

Lake Worth

State

FL

Zip Code

33467-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VMB Solutions

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4823

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Kimberly C. Martin

Mailing Address 6 Rasada Dr

City

Weaverville

State

NC

Zip Code

28787-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4727

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Patricia A. Martin

Mailing Address 13815 Starhill Ct

City

Houston

State

TX

Zip Code

77077-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenefitMall

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4807

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Phyllis Martinsen

Mailing Address 9693 W Geronimo Ct

City

Boise

State

ID

Zip Code

83709-3559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Byron Hyatt Erstad & Co

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4192

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Matthew L. Masone

Mailing Address 367 Sheffield Rd

City

Severna Park

State

MD

Zip Code

21146-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Financial Group

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4199

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Nicholas S. Massei

Mailing Address 832 Humewick Way

City

Sunnyvale

State

CA

Zip Code

94087-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massei Insurance Services  
Agency

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6879

Amount of Each Receipt this Period

100.00

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

175.00

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

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

FOR LINE NUMBER: PAGE 56 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald L. Mathern

Mailing Address 7650 Cherrywood Dr

City

Boise

State

ID

Zip Code

83704-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance SpecialistsOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6930-P3989

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City

Greensboro

State

NC

Zip Code

27410-8362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EbenConcepts CompanyOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6930-P4209

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Tom W Mayer

Mailing Address 2720 Aldrich Ave S

City

Minneapolis

State

MN

Zip Code

55408-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Direct Benefits, Inc.Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6930-P4210

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

145.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Chris McConathy

Mailing Address 37 Azusa Ave

City

Ventura

State

CA

Zip Code

93004-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
wellpoint

Occupation

Director, Dental Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4219

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JRM & Associates Agency,  
Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6869

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John R. McConnaughey

Mailing Address 6312 Anthony Dr

City

Liberty Twp

State

OH

Zip Code

45011-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JRM & Associates Agency,  
Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4220

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

215.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City

South Jordan

State

UT

Zip Code

84095-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McDermott Company & Associates

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4113

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Joan P. McEntyre

Mailing Address 8380 W Sahara Ave

City

Las Vegas

State

NV

Zip Code

89117-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orgill/Singer & Associates

Occupation

Group Benefits Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4114

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City

Lincoln

State

NE

Zip Code

68507-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Les McGerr & Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4053

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: 6814

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City

Tulsa

State

OK

Zip Code

74137-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BenEx Insurance Agency

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6912

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jones & Mitchell Insurance

Occupation

Benefits Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4002

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

David W. Meister

Mailing Address 5203 N. Alhu Ct

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Managed Benefits Agency,  
Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4235

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Monte A. Merken

Mailing Address 24577 Indian Hill Ln

City

West Hills

State

CA

Zip Code

91307-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Petersen International Un-  
derwriters

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4729

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City

Katy

State

TX

Zip Code

77450-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TradeMark Insurance Agency  
LLC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4204

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 736 Amoroso Pl

City

Venice

State

CA

Zip Code

90291-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Miles Organization,  
Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4205

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Glendae Mitchell

Mailing Address 736 Old Greenville Rd

City

Fayetteville

State

GA

Zip Code

30215-5935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benevestco, Inc.

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4686

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Monette

Mailing Address 1510 Meadow Wood Ln

City

Reno

State

NV

Zip Code

89502-8503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Mary's Health Plans

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4661

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

140.00

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

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

FOR LINE NUMBER: PAGE 62 / 117

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David R. Moore, CLU & Ass-  
ociatesOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	7

Transaction ID: 6897

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David R. Moore

Mailing Address 605 Truitt Dr

City

Elon

State

NC

Zip Code

27244-9262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David R. Moore, CLU & Ass-  
ociatesOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6933-P4824

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Wesley P. Moore

Mailing Address PO Box 604

City

Darlington

State

SC

Zip Code

29540-0604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W P Moore AgencyOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	7		2	0	0	7

Transaction ID: 6933-P4658

Amount of Each Receipt this Period

110.00

Payroll Deduction

(\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

295.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City

Boulder

State

CO

Zip Code

80301-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Employee Benefit  
Group, LLC

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4191

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Glen W. Mulready

Mailing Address 2708 W 66th Pl

City

Tulsa

State

OK

Zip Code

74132-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4017

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City

Upland

State

CA

Zip Code

91786-4701

FEC ID number of contributing  
federal political committee.

C

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

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4077

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michele H. Myers

Mailing Address 85 N Danny Thomas Blvd

City

Memphis

State

TN

Zip Code

38103-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross BlueShield of  
Tennessee

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6881

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michele H. Myers

Mailing Address 85 N Danny Thomas Blvd

City

Memphis

State

TN

Zip Code

38103-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross BlueShield of  
Tennessee

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4013

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City

Seattle

State

WA

Zip Code

98103-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dental Health Services,  
Inc.

Occupation  
Vice President Sales & Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4693

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Joel Neil Newman

Mailing Address 3305 115th Ave NE Apt 301

City

Bellevue

State

WA

Zip Code

98004-7745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colonial Supplemental Ins.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4179

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City

Baton Rouge

State

LA

Zip Code

70806-5131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Nolan Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 6915

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City

Baton Rouge

State

LA

Zip Code

70806-5131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Nolan Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4828

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 117

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Trisha Norket

Mailing Address 1401 Riverside Dr

City

Charlotte

State

NC

Zip Code

28214-9651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wachovia Insurance Services

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4075

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Norris

Mailing Address PO Box 2052

City

Franklin

State

NC

Zip Code

28744-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayah Insurance Agency

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4734

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Frank R. Novy

Mailing Address 21238 Woodview Cir

City

Strongsville

State

OH

Zip Code

44149-9261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qualified Administrative Services, Inc

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4116

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel P. O'Brien

Mailing Address 6650 Yellowstone Pkwy

City

Indianapolis

State

IN

Zip Code

46217-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conley & O'Brien Insurance  
Services

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6882

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel P. O'Brien

Mailing Address 6650 Yellowstone Pkwy

City

Indianapolis

State

IN

Zip Code

46217-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conley & O'Brien Insurance  
Services

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4180

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Terri M. Olson

Mailing Address PO Box 21479

City

Keizer

State

OR

Zip Code

97307-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olson Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4630

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Tiffany A. Otis

Mailing Address 18920 Stonewater Blvd

City

Northville

State

MI

Zip Code

48168-8560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PPOM

Occupation

Vice President Corporate Sales & Provi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4095

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker Agency

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 6902

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker Agency

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4810

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$90.00 Monthly)

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

220.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associations Marketing Gr-  
oup, Inc.

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5334.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4096

Amount of Each Receipt this Period

893.50

Payroll Deduction

(\$893.50 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Alyce Pendell

Mailing Address 3030 SE 12th St Unit 1077

City

Renton

State

WA

Zip Code

98058-3887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sprague Israel Giles, Inc.

Occupation

Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4182

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

William H Pennington

Mailing Address 4640 Woodbridge Dr

City

Kernersville

State

NC

Zip Code

27284-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennington Associates Inc.

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4070

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

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

943.50

**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 70 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Clifford E. Perras

Mailing Address 1621 Cedar St

City

South Bend

State

IN

Zip Code

46617-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Perras & Associates

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4623

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City

Lake Charles

State

LA

Zip Code

70601-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Perry Agency, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4195

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Joe Phifer

Mailing Address 2323 N. Houston St.

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SafeGuard Dental & Vision

Occupation  
Sr. Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4711

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lori A. Pittman

Mailing Address 8001 Broadway Ste 300

City

Merrillville

State

IN

Zip Code

46410-5551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Braman Agency, LLC

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P3993

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Susan R. Pittman

Mailing Address 32418 51st Ave SW

City

Federal Way

State

WA

Zip Code

98023-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insure NW Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4647

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City

Winston Salem

State

NC

Zip Code

27103-2961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Third Party Marketers Of  
America, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4011

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

230.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburgh St

City

Olathe

State

KS

Zip Code

66062-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Humana, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4714

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City

Las Vegas

State

NV

Zip Code

89128-7741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Onyx Group

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4716

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Benefit Consultants  
of Virginia.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4098

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

200.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kenneth L. Ray

Mailing Address 110 Beaver Bnd

City

Canton

State

MS

Zip Code

39046-9296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stewart Sneed Hewes/Banco-  
rpSouth Insu

Occupation

Director of Marketing - Life/Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4099

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dennis J. Recker

Mailing Address 971 N Perry St

City

Ottawa

State

OH

Zip Code

45875-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fawcett, Lammon, Recker  
& Associates

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4645

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City

Thornton

State

CO

Zip Code

80241-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Romer, Reents & Associate-  
s, Inc.

Occupation

Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4185

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Glen E Riensche

Mailing Address 4316 S 48th St

City

Lincoln

State

NE

Zip Code

68516-1287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Insurance Servic-  
es

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4638

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City

El Paso

State

TX

Zip Code

79912-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goodman Financial Group

Occupation  
VP - Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4717

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest General Insuran-  
ce

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P3978

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midlands Financial Benefi-  
ts

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4803

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Canyon Insurance Age-  
ncy

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6884

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Canyon Insurance Age-  
ncy

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4815

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

285.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Clayton W Rooy

Mailing Address 7914 Kenton Ave

City

Parma

State

OH

Zip Code

44129-4320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Strategy, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4188

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Charles P. Rosen

Mailing Address 849 Somera Ct

City

Simi Valley

State

CA

Zip Code

93065-5546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acme Insurance & Financial  
Services

Occupation  
President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4189

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R & R Insurance and Retirement Service

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4814

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City

Budd Lake

State

NJ

Zip Code

07828-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John J. Slattery Associat-  
es

Occupation

Director of Broker Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4101

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Barrie H. Ruland

Mailing Address 122 Winterberry Dr

City

Savannah

State

GA

Zip Code

31406-6359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HRH Company of Savannah

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4102

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Virginia D. Safford

Mailing Address 5753 N River Rd

City

Waterville

State

OH

Zip Code

43566-9765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia D. Safford Group  
Health Bene

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4673

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City

Timonium

State

MD

Zip Code

21094-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Financial Consul-  
tants, LLC

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4041

Amount of Each Receipt this Period

95.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ryan A Saul

Mailing Address 1521 Technology Pkwy

City

Cedar Falls

State

IA

Zip Code

50613-6977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PIPAC

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4044

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mark A. Schlange

Mailing Address 2604 Blackhawk Dr

City

Bellevue

State

NE

Zip Code

68123-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NP Dodge Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4780

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

155.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Rainmakers Group, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4160

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

James J. Scholl

Mailing Address 8669 Ainsdale Ct

City

Lone Tree

State

CO

Zip Code

80124-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scholl & Associates

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4066

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Patricia A. Schrade

Mailing Address 4910 King Solomon Dr

City

Annandale

State

VA

Zip Code

22003-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bluestone Benefits, LLC

Occupation  
Senior Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4166

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Hunt Schumacher

Mailing Address 1137 Jonagold Way

City

Brentwood

State

CA

Zip Code

94513-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schumacher & Walker Ins.  
Associates.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4597

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dan Schwartzer

Mailing Address 4600 American Pkwy Ste 208

City

Madison

State

WI

Zip Code

53718-8334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAHU

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4055

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Gregory J. Seifert

Mailing Address 3311 NE 115th St

City

Vancouver

State

WA

Zip Code

98686-3945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Biggs Insurance Services

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4161

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

135.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bruce J. Setlik

Mailing Address 17808 Harney St

City

Omaha

State

NE

Zip Code

68118-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Community Mutual,  
Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4791

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Stuart Shapiro

Mailing Address PO Box 587

City

Wheeling

State

IL

Zip Code

60090-0587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shapiro Financial Group,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4695

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Douglas W Sheffer

Mailing Address 110 International Way

City

Springfield

State

OR

Zip Code

97477-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PacificSource Health Plans

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P3985

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kenneth A. Sherlin

Mailing Address 8 1st St

City

Asheville

State

NC

Zip Code

28803-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Design Group

Occupation

Marketing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4806

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

David M. Sherrill

Mailing Address 2844 Regal Ln

City

Oviedo

State

FL

Zip Code

32765-7573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sherrill Insurance Broker-  
age, Inc.

Occupation

Vice President/Life & LTC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4190

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Thomas E. Shores

Mailing Address 8596 W Bolsa St

City

Boise

State

ID

Zip Code

83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.A. Shores Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4103

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

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

91.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City

Nashville

State

TN

Zip Code

37211-6934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESP, Inc

Occupation

President, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4181

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Steven J. Sinkler

Mailing Address 10185 NW 102nd St

City

Clive

State

IA

Zip Code

50325-6770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care of  
Iowa

Occupation

Director of Individual Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4793

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jon Sivers

Mailing Address 11018 Weatherwood Ter

City

San Diego

State

CA

Zip Code

92131-2667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ace Benefits Insurance Se-  
rvices, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4172

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Roger W Skinner

Mailing Address 11835 N 40th Way

City

Phoenix

State

AZ

Zip Code

85028-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GroupLink, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4733

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Desmond X. Slattery

Mailing Address 1800 State Route 34

City

Wall

State

NJ

Zip Code

07719-9168

FEC ID number of contributing  
federal political committee.

C

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

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4054

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Deirdre Slattery Fallon

Mailing Address PO Box 256

City

Spring Lake

State

NJ

Zip Code

07762-0256

FEC ID number of contributing  
federal political committee.

C

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

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4012

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

195.00

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

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

FOR LINE NUMBER: PAGE 85 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory S. Smith

Mailing Address 4017 W Hollow Trace Dr

City

Peoria

State

IL

Zip Code

61615-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Marketing Services  
Inc.Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	7

Transaction ID: 6898

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin M. Smith

Mailing Address 605 Corporate Dr W

City

Langhorne

State

PA

Zip Code

19047-8013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFLACOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4001

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

M. D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City

Los Angeles

State

CA

Zip Code

90046-3284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS/Smith-BentonOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4173

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

240.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Patti Smith

Mailing Address 525 Kirkland Way

City

Kirkland

State

WA

Zip Code

98033-6219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P Smith Insurance Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4654

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Paul E. Smith

Mailing Address 169 Hawthorne Dr

City

Kensington

State

CT

Zip Code

06037-4074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AmeriBen Alliance, LLC

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4174

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City

Stokesdale

State

NC

Zip Code

27357-9326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Benefits Ass-  
ociates, LLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4162

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jackie L. Spragins

Mailing Address 2009 Speedway Ave

City

Wichita Falls

State

TX

Zip Code

76301-6067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allred-Thompson-Mason-Dau-  
gherty Insur

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4795

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Norman D. Springer

Mailing Address 1626 203rd St E

City

Westfield

State

IN

Zip Code

46074-9687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Community Mutual

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6885

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Norman D. Springer

Mailing Address 1626 203rd St E

City

Westfield

State

IN

Zip Code

46074-9687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Community Mutual

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4081

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Stahanczyk

Mailing Address 130 Lakefield Dr

City

Milford

State

OH

Zip Code

45150-1884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hylant Group

Occupation

Senior Regional Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4083

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Delvin L. Stahl

Mailing Address PO Box 388

City

Sutton

State

NE

Zip Code

68979-0388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Plus, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4702

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAS Financial Services

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4164

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

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

230.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4783

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Rodney Stuart

Mailing Address 9755 Randall Dr

City

Indianapolis

State

IN

Zip Code

46280-2944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Innovations LLP

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4157

Amount of Each Receipt this Period

135.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

James L. Sugden

Mailing Address 628 Wild Ridge Cir

City

Lafayette

State

CO

Zip Code

80026-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Employee Benefit Solution-  
s, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4785

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

250.00

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

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

FOR LINE NUMBER: PAGE 90 / 117

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senior Market Sales, Inc.Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6933-P4786

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Beverly J. Thoman

Mailing Address

City

State

LA

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thoman & Associates Co.,  
LLCOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6933-P4787

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Nancy S. Thompson

Mailing Address 2609 NW Cascade St

City

Camas

State

WA

Zip Code

98607-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Biggs Insurance ServicesOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: 6888

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

235.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City

South Jordan

State

UT

Zip Code

84095-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ryan P. Thorn Insurance  
Planning, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4633

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Robert J Tierney

Mailing Address 671 E Riverpark Ln

City

Boise

State

ID

Zip Code

83706-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tierney Consulting, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4146

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Helen M. Todd

Mailing Address 54 Belle Meadow Ln

City

Little Rock

State

AR

Zip Code

72210-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Todd Agency, Inc.

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4147

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel R. Tompkins

Mailing Address 7555 Brookstead Xing

City

Duluth

State

GA

Zip Code

30097-1953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Admin America

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4776

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jennifer L. Toups

Mailing Address 4521 Laurel St

City

New Orleans

State

LA

Zip Code

70115-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6886

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer L. Toups

Mailing Address 4521 Laurel St

City

New Orleans

State

LA

Zip Code

70115-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Insurance Group

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4158

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

170.00

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

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

FOR LINE NUMBER: PAGE 93 / 117

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Eric S. Townsend

Mailing Address 8523 W Lockerbie Dr

City

Indianapolis

State

IN

Zip Code

46234-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of OmahaOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4059

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAHUOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6933-P4788

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

C. Louanne Trebing

Mailing Address 1806 Patton Dr

City

Garland

State

TX

Zip Code

75042-8205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trebing Insurance ServicesOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6933-P4789

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

145.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Trogon

Mailing Address 2950 E Richmond Ave

City

Fresno

State

CA

Zip Code

93720-4977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gallagher Benefit Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 6904

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Trogon

Mailing Address 2950 E Richmond Ave

City

Fresno

State

CA

Zip Code

93720-4977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gallagher Benefit Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4178

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Wendy Vanderwater

Mailing Address 515 W Southwest Loop 323

City

Tyler

State

TX

Zip Code

75701-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Threlkeld & Company Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4067

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

305.00

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

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert B. Vernon

Mailing Address 3702 Alton Rd SW

City

Roanoke

State

VA

Zip Code

24014-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwind Health Partners

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4790

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Charles G. Wagner

Mailing Address PO Box 9

City

Burwell

State

NE

Zip Code

68823-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town and Country Insurance  
Agency, Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4692

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Timothy P. Walsh

Mailing Address 701 Oyster Catcher Dr

City

Hampstead

State

NC

Zip Code

28443-8340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Insurance Systems

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4797

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

110.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City

Arlington

State

VA

Zip Code

22201-2573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAHU

Occupation

VP, Policy and State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4671

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Hughes Waren

Mailing Address 1109 Princeton Dr

City

Wilmington

State

NC

Zip Code

28403-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4701

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Carmen Waring

Mailing Address 32 E Levert Dr

City

Luling

State

LA

Zip Code

70070-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross BlueShield of  
LA

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 6907

Amount of Each Receipt this Period

125.00

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

240.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmen Waring

Mailing Address 32 E Levert Dr

City  
Luling

State  
LA

Zip Code  
70070-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross BlueShield of  
LA

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4706

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City  
Chico

State  
CA

Zip Code  
95927-0272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Warwick Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6887

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John L. Warwick

Mailing Address PO Box 272

City  
Chico

State  
CA

Zip Code  
95927-0272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Warwick Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4087

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

195.00

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles A Webb

Mailing Address 15 S Jefferson St

City

Roanoke

State

VA

Zip Code

24011-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits Group, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4050

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dan Webb

Mailing Address 2108 24th St Ste 2

City

Bakersfield

State

CA

Zip Code

93301-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Webb Insurance Group

Occupation  
Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4026

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jennifer L. Wenke

Mailing Address 4703 SE 17th Pl Apt 505

City

Cape Coral

State

FL

Zip Code

33904-8797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutgert Insurance

Occupation  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6890

Amount of Each Receipt this Period

100.00

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

270.00

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer L. Wenke

Mailing Address 4703 SE 17th PI Apt 505

City

Cape Coral

State

FL

Zip Code

33904-8797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutgert Insurance

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4176

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Charles L. Westmoreland

Mailing Address PO Box 925

City

Jackson

State

MS

Zip Code

39205-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Public Life Insurance Company

Occupation

Director of Agency Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4587

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City

Dahlonega

State

GA

Zip Code

30533-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Design Strategies

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 6889

Amount of Each Receipt this Period

100.00

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

160.00

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

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

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Design StrategiesOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4088

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Richard E. Wheeler

Mailing Address 23 Barclay Dr..

City

Pt. Pleasant

State

NJ

Zip Code

08742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard E. Wheeler Insura-  
nce ServicesOccupation  
Sales agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4089

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dale Whiteis

Mailing Address 7820 S Granite Ave

City

Tulsa

State

OK

Zip Code

74136-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whiteis BenefitsOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4683

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

80.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lon G. Wilson

Mailing Address 4240 Tahoe Dr

City

Anchorage

State

AK

Zip Code

99502-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Wilson Agency, LLC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4767

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Paula L Wilson

Mailing Address 31930 Daniel Way

City

Temecula

State

CA

Zip Code

92591-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paula Wilson, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4769

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Steven L. Wilson

Mailing Address 808 Penny Ln

City

Lexington

State

KY

Zip Code

40509-1964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Insurance Marketi-  
ng

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4150

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$60.00 Monthly)

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

120.00

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

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue A. Wilson

Mailing Address 5705 NW 109th St

City

Oklahoma City

State

OK

Zip Code

73162-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sue Wilson Brokerage, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4770

Amount of Each Receipt this Period

25.00

Payroll Deduction

(\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Tammy Winn

Mailing Address 5940 Hartson

City

Kyle

State

TX

Zip Code

78640-8827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Insurance Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4771

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Shelly K Winson

Mailing Address 2491 W Binner Dr

City

Chandler

State

AZ

Zip Code

85224-4112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Financial Group

Occupation  
Business Development Director,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4151

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

85.00

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Harry G. Witsen

Mailing Address 1150 Glenwood Ct

City

Vineland

State

NJ

Zip Code

08361-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Benefit Services

Occupation

RHU, CLU, ChFC, CSA, CLTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6933-P4779

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City

Tucson

State

AZ

Zip Code

85718-6248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wolfe Insurance & Consult-  
ants, LLC

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4169

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

DianaLou Wolff

Mailing Address 106 Main St

City

Kingston

State

NY

Zip Code

12401-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefit Counseling Associ-  
ates

Occupation

Group & Health Benefit Special

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 6930-P4170

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

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

60.00

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

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

FOR LINE NUMBER: PAGE 104 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Kay Wong

Mailing Address 1311 L St

City

Anchorage

State

AK

Zip Code

99501-4266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Management Benefi-  
ts Corp.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4171

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dennis E. Wright

Mailing Address 318 Calash Run

City

Fort Wayne

State

IN

Zip Code

46845-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntraHealth Solutions, In-  
c.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4092

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Luann S. Yarberry

Mailing Address 4500 Bermuda Ln

City

Wichita Falls

State

TX

Zip Code

76308-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allred-Thompson-Mason-Dau-  
gherty Ins.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 6930-P4152

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

165.00

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

20086.01



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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

Candidate Name  
CHARLES DR. JR. BOUSTANY

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 6850

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
12/4/07 Check 1010 (JG)

Candidate Name  
CHARLES DR. JR. BOUSTANY

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 6844

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
CHRIS HACKETT FOR CONGRESS

Mailing Address 23 Dallas Shopping Center

City Dallas State PA Zip Code 18612

Purpose of Disbursement  
2007 Contribution (Vince Phillips)

Candidate Name  
CHRISTOPHER LAWRENCE HACKETT

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 10

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 6866

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 117

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN Mailing Address P O BOX 811	<b>Transaction ID: 6853</b> Date of Disbursement <div> <div>12</div> <div>13</div> <div>2007</div> </div>
City DES MOINES State IA Zip Code 50304 Purpose of Disbursement 1/3/08 IA Fundraiser (Jesse Patton) Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	Amount of Each Disbursement this Period <div>4000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN Mailing Address P O BOX 811 City DES MOINES State IA Zip Code 50304 Purpose of Disbursement 01/03/08 IA Fundraiser (Jesse Patton) Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	<b>Transaction ID: 6864</b> Date of Disbursement <div> <div>12</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008 Mailing Address 5915 EASTMAN AVE. SUITE 100 City MIDLAND State MI Zip Code 48640 Purpose of Disbursement 12/6/07 Luncheon (PS) Candidate Name DAVID LEE CAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	<b>Transaction ID: 6855</b> Date of Disbursement <div> <div>12</div> <div>13</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6000.00**

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

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

PAGE 108 / 117

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**Full Name (Last, First, Middle Initial)  
DAVID DAVIS VICTORY FUND

Mailing Address PO Box 781

City Johnson City State TN Zip Code 37605

Purpose of Disbursement  
10/25/07 Fundraiser (JG)Candidate Name  
DAVID DAVISOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: 6852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PAC Membership

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6840

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Amount of Each Disbursement this Period

10000.00

**C.**Full Name (Last, First, Middle Initial)  
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
12/12 Luncheon (PS)Candidate Name  
GORDON HAROLD SMITHOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: 6847

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

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

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

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF SAM JOHNSON

Mailing Address 1611 Avenue K

City  
PlanoState  
TXZip Code  
75074Purpose of Disbursement  
12/4/07 Luncheon (Pete)Candidate Name  
SAMUEL R HON. JOHNSONOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 6838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway

City  
ErlangerState  
KYZip Code  
41018Purpose of Disbursement  
2007 Contribution (JG)Candidate Name  
GEOFFREY C DAVISOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: 6867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

HULSHOF FOR CONGRESS

Mailing Address PO Box 1621

City  
ColumbiaState  
MOZip Code  
65205Purpose of Disbursement  
12/12/07 Breakfast (PS)Candidate Name  
KENNY CHARLES HULSHOFOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 6857

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

JOHANNIS FOR SENATE INCORPORATED

Mailing Address 1201 O STREET SUITE 101

City State Zip Code  
LINCOLN NE 68506

Purpose of Disbursement  
2007 Contribution (Mike Gray)

Candidate Name  
MICHAEL O JOHANNIS

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NE District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6861

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

LOT OF PEOPLE FOR DAVE OBEY

Mailing Address 525 WASHINGTON ST

City State Zip Code  
WAUSAU WI 54402

Purpose of Disbursement  
12/10/07 Fundraiser (PS)

Candidate Name  
DAVID R OBEY

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6856

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LUNGREN FOR CONGRESS

Mailing Address 9321 Silverbend Lane

City State Zip Code  
Elk Grove CA 95624

Purpose of Disbursement  
12/5/07 Breakfast (PS)

Candidate Name  
DANIEL E LUNGREN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6845

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAC Membership (PS)

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6859

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

ROB BISHOP FOR CONGRESS

Mailing Address PO Box 2004

City  
Brigham City

State  
UT

Zip Code  
84302

Purpose of Disbursement  
Voided Check

Candidate Name  
ROBERT BISHOP

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 01

Transaction ID: 6862

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

-1000.00

**C.**

Full Name (Last, First, Middle Initial)

RUDY GIULIANI PRESIDENTIAL COMMITTEE INC

Mailing Address C/O JOHN GROSS

City  
NEW YORK

State  
NY

Zip Code  
10036

Purpose of Disbursement  
12/2007 Dallas, TX Fundraiser

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6827

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

16500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
STEVE AUSTRIA FOR CONGRESS

Mailing Address 2537 OBETZ DR

City State Zip Code  
BEAVERCREEK OH 45434

Purpose of Disbursement  
12/14/07 Fundraiser (Michelle Sweeney)

Candidate Name  
STEVE C AUSTRIA

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: OH District: 07

Transaction ID: 6865

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.

City State Zip Code  
Cincinnati OH 45211

Purpose of Disbursement  
12/12/07

Candidate Name  
STEVE CHABOT

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: OH District: 01

Transaction ID: 6851

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
STIVERS FOR CONGRESS

Mailing Address 81 S FIFTH STREET

City State Zip Code  
COLUMBUS OH 43215

Purpose of Disbursement  
12/11/07 Fundraiser (John McGough)

Candidate Name  
STEVE STIVERS

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: OH District: 15

Transaction ID: 6860

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TIBERI FOR CONGRESS</b>	<b>Transaction ID: 6868</b> Date of Disbursement
Mailing Address 2021 E Dublin Granville Road	<div> <div>12</div> <div>14</div> <div>2007</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement 2007 Contribution (Peter Stein)	<div>1000.00</div>
Candidate Name PATRICK J TIBERI	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>TIM MURPHY FOR CONGRESS</b>	<b>Transaction ID: 6839</b> Date of Disbursement
Mailing Address PO Box 24551	<div> <div>12</div> <div>12</div> <div>2007</div> </div>
City Pttsburgh State PA Zip Code 15234	Amount of Each Disbursement this Period
Purpose of Disbursement 12/12/07 Luncheon (John)	<div>1000.00</div>
Candidate Name TIM MURPHY	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>VIRGINIA FOXX FOR CONGRESS</b>	<b>Transaction ID: 6837</b> Date of Disbursement
Mailing Address P.O. Box 1100	<div> <div>12</div> <div>12</div> <div>2007</div> </div>
City Clemmons State NC Zip Code 27012	Amount of Each Disbursement this Period
Purpose of Disbursement 12/4/07 Reception (AGC)	<div>2000.00</div>
Candidate Name VIRGINIA FOXX	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

WALDEN FOR CONGRESS INC.

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement  
7/18/07 Fundraiser (JG)

Candidate Name  
GREGORY PAUL WALDEN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 6854

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

53500.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City  
Las Vegas

State  
NV

Zip Code  
89128

Purpose of Disbursement  
contribution refunded

010

Category/  
Type

Candidate Name  
Rebecca L. Purdy

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 6966

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City  
Las Vegas

State  
NV

Zip Code  
89128

Purpose of Disbursement  
contribution refunded

010

Category/  
Type

Candidate Name  
Rebecca L. Purdy

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 6967

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Salamon

Mailing Address PO Box 4252

City  
Timonium

State  
MD

Zip Code  
21094

Purpose of Disbursement  
contribution refunded

010

Category/  
Type

Candidate Name  
Stephen J. Salamon

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 6970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

85.00

**SUBTOTAL** of Disbursements This Page (optional) .....

145.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen J. Salamon Mailing Address PO Box 4252	<b>Transaction ID:</b> 6971 <b>Date of Disbursement</b> <div> <div>12</div> <div>11</div> <div>2007</div> </div>
City Timonium State MD Zip Code 21094 Purpose of Disbursement contribution refunded Candidate Name Stephen J. Salamon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>85.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas E. Snell Mailing Address 1201 Wilkins Dr City Sanford State NC Zip Code 27330 Purpose of Disbursement contribution refunded Candidate Name Thomas E. Snell Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 6968 <b>Date of Disbursement</b> <div>12</div> <div>11</div> <div>2007</div> <b>Amount of Each Disbursement this Period</b> <div>10.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas E. Snell Mailing Address 1201 Wilkins Dr City Sanford State NC Zip Code 27330 Purpose of Disbursement contribution refunded Candidate Name Thomas E. Snell Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 6969 <b>Date of Disbursement</b> <div>12</div> <div>11</div> <div>2007</div> <b>Amount of Each Disbursement this Period</b> <div>10.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

105.00

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

250.00

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

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Democratic Leadership Council

Mailing Address 600 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2008 Membership (John Greene)

Candidate Name

012

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6863

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6964

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

362.73

**SUBTOTAL** of Disbursements This Page (optional) .....

5362.73

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

5362.73