

# 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** C00283135  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2007 through 08 31 2007

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 02 04 2008

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		41981.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	74513.16									
(c) Total Receipts (from Line 19) .....	28432.18	235520.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	102945.34	277502.13								
7. Total Disbursements (from Line 31) .....	14998.20	190024.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87947.14	87477.14								
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**

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

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	19078.00	132552.00
(i) Itemized (use Schedule A) .....	9354.18	102956.21
(ii) Unitemized .....	28432.18	235508.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28432.18	235508.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	12.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28432.18	235520.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28432.18	235520.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	998.20	44783.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	998.20	44783.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	141000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1109.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1109.00
29. Other Disbursements.....	0.00	3132.84
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))..	14998.20	190024.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14998.20	190024.99

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	28432.18	235508.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1109.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28432.18	234399.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	998.20	44783.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	998.20	44783.15

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 133  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)  
SUZY ALBERTS

Mailing Address 20700 Civic Center Drive

City State Zip Code  
Southfield MI 48076

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2007

**Transaction ID:** 2953

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
SUZY ALBERTS

Mailing Address 20700 Civic Center Drive

City State Zip Code  
Southfield MI 48076

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID:** 3023

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
SHARON ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID:** 3430

Amount of Each Receipt this Period  
50.00

**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 / 133

(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)  
KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code  
Tyler TX 75711

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 3549

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City State Zip Code  
Altamonte Springs FL 32701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 2954

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City State Zip Code  
Altamonte Springs FL 32701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3019

Amount of Each Receipt this Period

30.00

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 133  
(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 Avenue, Suite B

City Lubbock State TX Zip Code 79423

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 08 / 01 / 2007  
**Transaction ID: 4148**  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City Lubbock State TX Zip Code 79423

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 4160**  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City Salem State VA Zip Code 24153

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 01 / 2007  
**Transaction ID: 2957**  
 Amount of Each Receipt this Period 30.00

**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 9 / 133  
(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)  
VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City State Zip Code  
Salem VA 24153

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 3024

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RICK BAILEY

Mailing Address 4390 Earney Road, Suite 240

City State Zip Code  
Woodstock GA 30188

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 3025

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
CATHERINE BAKAMUS

Mailing Address PO Box 9

City State Zip Code  
Longview WA 98632

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 3123

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 133

(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 Baker

Mailing Address 2646 Highway Ave

City State Zip Code  
Highland IN 46322

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2007

Transaction ID: 4478

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MISTY BAKER

Mailing Address 1501 West Ave., Suite B

City State Zip Code  
Austin TX 78701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3026

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathryn Beals

Mailing Address 501 E Washington Ave

City State Zip Code  
Madison WI 53703

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3183

Amount of Each Receipt this Period

30.00

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

560.00

**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 11 / 133

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) KELLY BECERRA		Date of Receipt																					
	Mailing Address 12105 Anne St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> 1803																				
Omaha	NE	68105	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	20.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		178874.79																						

<b>B.</b>	Full Name (Last, First, Middle Initial) KELLY BECERRA		Date of Receipt																					
	Mailing Address 12105 Anne St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> 1821																				
Omaha	NE	68105	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	20.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		196087.99																						

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID BERMAN		Date of Receipt																					
	Mailing Address 6510 N. Shadeland Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> 3491																				
Indianapolis	IN	46220	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	60.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		480.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> 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 / 133  
(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 BERMAN

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3499**  
 Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
CLAUDETTE BISBEE

Mailing Address 15 East Washington Street

City Coldwater State MI Zip Code 49036

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3122**  
 Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT BISHOP

Mailing Address 2785 East Desert Inn Rd., # 134

City Las Vegas State NV Zip Code 89121

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3907**  
 Amount of Each Receipt this Period 85.00

**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 13 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) BRADFORD BLAIN		Date of Receipt
	Mailing Address P O Box 4510		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Lexington	KY	40544
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3020
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM BLAKELY		Date of Receipt
	Mailing Address PO Box 11310		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Chattanooga	TN	37401
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3021
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES BOSIER		Date of Receipt
	Mailing Address P.O. Box 1230		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 2 / 2 0 0 7
	City	State	Zip Code
	Waterloo	IA	50704
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3865
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 595.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 145.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
PAUL BOTTOM

Mailing Address 7605 Cheshire Road

City Richmond State VA Zip Code 23229

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 1071

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
JIM BOWMAN

Mailing Address 2701 West 15th Street, # 554

City Plano State TX Zip Code 75075

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 3031

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
ADAM BRACKEMYRE

Mailing Address 2000 N 14th Street

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

**Transaction ID:** 1045

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **50.00**

**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 / 133  
(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)  
ADAM BRACKEMYRE

Mailing Address 2000 N 14th Street

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1301

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
ELEANOR BROCKHURST

Mailing Address 1212 East Osborn Road, Suite 110

City Phoenix State AZ Zip Code 85014

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3034

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Patty Brown

Mailing Address 3660 Guenther Road

City La Grange State TX Zip Code 78945

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 4386

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **290.00**

**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 / 133  
(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 BRYON

Mailing Address 9820 Metcalf Ave., # 110

City State Zip Code  
Overland Park KS 66212

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3033

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JENNIFER BUNDY-COBB

Mailing Address 3000 A Street, Suite 400

City State Zip Code  
Anchorage AK 99501

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3027

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
RAYMOND BUZA

Mailing Address 215 South Olive Avenue, Suite 400

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3493

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 133  
(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)  
EDWARD BYRD

Mailing Address PO Box 50164

City State Zip Code  
Columbia SC 29250

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 4159

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY BYRNE

Mailing Address 3113 West Beltline Highway

City State Zip Code  
Madison WI 53713

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 1958

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
B D CALVIN

Mailing Address PO Box 101422

City State Zip Code  
Anchorage AK 99510

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt

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

Transaction ID: 3860

Amount of Each Receipt this Period

85.00

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

210.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 133  
(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)  
B D CALVIN

Mailing Address PO Box 101422

City Anchorage State AK Zip Code 99510

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3909**  
 Amount of Each Receipt this Period: 85.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL CARMEAN

Mailing Address PO Box 7367

City Columbus State GA Zip Code 31908

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1066.00

Date of Receipt: 08 / 01 / 2007  
**Transaction ID: 4146**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL CARMEAN

Mailing Address PO Box 7367

City Columbus State GA Zip Code 31908

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 4153**  
 Amount of Each Receipt this Period: 100.00

**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 19 / 133

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) KING CAROLYN Mailing Address 6 Country Lane City State Zip Code Sussex NJ 07461 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007 <b>Transaction ID: 3108</b> Amount of Each Receipt this Period 30.00
<b>B.</b>	Full Name (Last, First, Middle Initial) LORELIE CASTELLANI Mailing Address PO Box 905 City State Zip Code Branchville NJ 07826 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.00	Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007 <b>Transaction ID: 3868</b> Amount of Each Receipt this Period 85.00
<b>C.</b>	Full Name (Last, First, Middle Initial) RUSSELL CHILDERS Mailing Address PO Box 1547 City State Zip Code Americus GA 31709 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2007 <b>Transaction ID: 2992</b> Amount of Each Receipt this Period 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</b>
<b>TOTAL</b> 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 / 133

(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

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RUSSELL CHILDERS		Date of Receipt
	Mailing Address PO Box 1547		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Americus	GA	31709
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> 3120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="370.00"/>	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Clause		Date of Receipt
	Mailing Address 118 N. 7th Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Coeur D'Alene	ID	83814
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> 1479
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="178874.79"/>	<input type="text" value="15.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Clause		Date of Receipt
	Mailing Address 118 N. 7th Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Coeur D'Alene	ID	83814
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> 1500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="196087.99"/>	<input type="text" value="15.00"/>

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

**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 / 133  
(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)  
RICHARD COBURN

Mailing Address 19 Minor Court

City State Zip Code  
San Rafael CA 94903

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3028**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD COBURN

Mailing Address 19 Minor Court

City State Zip Code  
San Rafael CA 94903

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3029**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
DANIEL COLACIONO

Mailing Address 99 Troy Road

City State Zip Code  
East Greenbush NY 12061

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3869**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 133

(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)  
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City	State	Zip Code
Las Vegas	NV	89117

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: 2993

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City	State	Zip Code
Las Vegas	NV	89117

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3121

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
RILEY CORDELL

Mailing Address 8839 Carenden Ct

City	State	Zip Code
Sunset Beach	NC	28468

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 178874.79

Date of Receipt

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

Transaction ID: 899

Amount of Each Receipt this Period  
10.00

**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 23 / 133  
(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)  
RILEY CORDELL

Mailing Address 8839 Carenden Ct

City State Zip Code  
Sunset Beach NC 28468

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 1088**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Carrie Cox

Mailing Address 6701 North Broadway, Suite 323

City State Zip Code  
Oklahoma City OK 73112

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3040**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Randy Croix

Mailing Address 12802 Roy Road

City State Zip Code  
Pearland TX 77581

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 4164**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 133

(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)  
SHELLEY CUNNINGHAM

Mailing Address 5701 Katella Ave., Second Floor

City State Zip Code  
Cypress CA 90630

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt  
08 / 01 / 2007

**Transaction ID: 901**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
SHELLEY CUNNINGHAM

Mailing Address 5701 Katella Ave., Second Floor

City State Zip Code  
Cypress CA 90630

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  
08 / 31 / 2007

**Transaction ID: 1093**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Damico

Mailing Address 50 E 42nd St

City State Zip Code  
New York NY 10017-5405

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Corporate Benefit and Design Services President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
08 / 31 / 2007

**Transaction ID: 4443**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... 385.00

**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 / 133  
(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)  
TERESA DEBRUIN

Mailing Address 5880 Live Oak Parkway

City State Zip Code  
Norcross GA 30092

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

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

Transaction ID: 58

Amount of Each Receipt this Period

-30.00

**B.**

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

Mailing Address 5880 Live Oak Parkway

City State Zip Code  
Norcross GA 30092

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 3126

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway, Suit

City State Zip Code  
Dallas TX 75243

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 3037

Amount of Each Receipt this Period

30.00

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

30.00

**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 / 133  
(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 DEITCH

Mailing Address 2785 East Desert Inn Road, Suite

City State Zip Code  
Las Vegas NV 89121

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3038

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
STEPHANIE DENZ

Mailing Address 5000 US Hwy 17, 18#314

City State Zip Code  
Jacksonville FL 32003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 2959

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
STEPHANIE DENZ

Mailing Address 5000 US Hwy 17, 18#314

City State Zip Code  
Jacksonville FL 32003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3039

Amount of Each Receipt this Period

30.00

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

90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 133

(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)  
LISA DERYCKE

Mailing Address 2805 East Skelly Drive, Suite 808

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3127

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
RUSH DIXON

Mailing Address 1375 Piccard Drive

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
940.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 02 / 2007

Transaction ID: 4189

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN DODDER

Mailing Address PO Box 2069

City State Zip Code  
Monument CO 80132

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3498

Amount of Each Receipt this Period

60.00

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

210.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 133  
(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)  
CLAUDIA DODGE

Mailing Address 2108 W. Laburnum Ave., # 300

City Richmond State VA Zip Code 23226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3036**  
Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City Lafayette State LA Zip Code 70509

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 01 / 2007  
**Transaction ID: 2962**  
Amount of Each Receipt this Period 30.00

**C.**

Full Name (Last, First, Middle Initial)  
CYNTHIA DOUCET

Mailing Address P. O. Box 91180

City Lafayette State LA Zip Code 70509

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3084**  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) EUGENE EBERSOLE		Date of Receipt
	Mailing Address PO Box 2886		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gretna	LA	70054
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Transaction ID: 3857
		<input type="text" value="780.00"/>	Amount of Each Receipt this Period
			<input type="text" value="85.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) EUGENE EBERSOLE		Date of Receipt
	Mailing Address PO Box 2886		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gretna	LA	70054
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Transaction ID: 3912
		<input type="text" value="865.00"/>	Amount of Each Receipt this Period
			<input type="text" value="85.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) BARBARA ELVEY		Date of Receipt
	Mailing Address 101 Southhall Lane		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Maitland	FL	32751
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Transaction ID: 913
		<input type="text" value="178874.79"/>	Amount of Each Receipt this Period
			<input type="text" value="10.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="180.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 133  
(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 ELVEY

Mailing Address 101 Southhall Lane

City Maitland State FL Zip Code 32751

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 1104

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 20700 Civic Center Drive, Suite 2

City Southfield State MI Zip Code 48076

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2007

Transaction ID: 3866

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
LINDA ERLENCACH

Mailing Address 151 Belcourt Lane

City Aurora State OH Zip Code 44202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2007

Transaction ID: 2994

Amount of Each Receipt this Period  
30.00

**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 31 / 133  
(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)  
LINDA ERLENCACH

Mailing Address 151 Belcourt Lane

City Aurora State OH Zip Code 44202

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3124**  
 Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City Omaha State NE Zip Code 68164

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt 08 / 01 / 2007  
**Transaction ID: 3858**  
 Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City Omaha State NE Zip Code 68164

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3911**  
 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 133  
(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)  
NICOLE FAIRBAIRN WONNELL

Mailing Address 14701 Cumberland Road, Suite 180

City State Zip Code  
Noblesville IN 46060

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3125

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
DEIRDRE FALLON

Mailing Address PO Box 256

City State Zip Code  
Spring Lake NJ 07762

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3884

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
CHERYL FARMER

Mailing Address 1755 East Bristol Street

City State Zip Code  
Elkhart IN 46514

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1842

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

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



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

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

FOR LINE NUMBER: PAGE 33 / 133  
(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 FEAR

Mailing Address 11160 Sun Center Drive, Suite A

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2007

Transaction ID: 3859

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID FEAR

Mailing Address 11160 Sun Center Drive, Suite A

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: 3910

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)  
David Ferguson

Mailing Address 143 East Austin

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: 4387

Amount of Each Receipt this Period

250.00

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

420.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 133

(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)  
CATHERINE FICARA

Mailing Address 26999 Central Park Blvd.

City State Zip Code  
Southfield MI 48076

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 178874.79

Date of Receipt

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

Transaction ID: 2989

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
CATHERINE FICARA

Mailing Address 26999 Central Park Blvd.

City State Zip Code  
Southfield MI 48076

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 196087.99

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3166

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
BRENDA FRANKLIN

Mailing Address 7915 North Hale Avenue, Suite D

City State Zip Code  
Peoria IL 61615

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3041

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 133  
(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)  
LINDA FRIEDRICH  
Mailing Address PO Box 30275  
City Lincoln State NE Zip Code 68503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 3425  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
LINDA FRIEDRICH  
Mailing Address PO Box 30275  
City Lincoln State NE Zip Code 68503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3429  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
KELLY FRISTOE  
Mailing Address 807 8th Street, Suite 300  
City Wichita Falls State TX Zip Code 76308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 2971  
Amount of Each Receipt this Period 30.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 133

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES GARBINA		Date of Receipt
	Mailing Address 11949 Q Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Omaha	NE	68137
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3853
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="680.00"/>	<input type="text" value="85.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES GARBINA		Date of Receipt
	Mailing Address 11949 Q Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Omaha	NE	68137
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3877
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="765.00"/>	<input type="text" value="85.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) BRUCE GARDNER		Date of Receipt
	Mailing Address 1502 West Avenue		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Austin	TX	78701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="640.00"/>	<input type="text" value="80.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 133

(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)  
BRUCE GARDNER

Mailing Address 1502 West Avenue

City State Zip Code  
Austin TX 78701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3553

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)  
G. GARNER

Mailing Address 1308 Murraywood Drive

City State Zip Code  
Columbia SC 29212

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3086

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
JOHN GARVEN

Mailing Address 11715 East Main Street - PO Box 8

City State Zip Code  
Huntley IL 60142

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3140

Amount of Each Receipt this Period

30.00

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

140.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 133  
(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)  
WILLIS GLAROS

Mailing Address PO Box 184

City State Zip Code  
Dyer IN 46311

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3893

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIS GLAROS

Mailing Address PO Box 184

City State Zip Code  
Dyer IN 46311

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1501

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City State Zip Code  
Ridgefield Park NJ 07660

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3495

Amount of Each Receipt this Period  
60.00

**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 39 / 133

(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)  
PATRICIA GRIFFEY

Mailing Address 227 Dixie Way North Suite 210

City State Zip Code  
South Bend IN 46637

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3494

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City State Zip Code  
Lincoln NE 68516

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 2995

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT GRUNDMAN

Mailing Address 7412 Karl Drive

City State Zip Code  
Lincoln NE 68516

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3141

Amount of Each Receipt this Period

30.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 133

(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)  
VINCENT GUERRA

Mailing Address 514 Pettigru Street

City Greenville State SC Zip Code 29602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

**Transaction ID: 3092**

Amount of Each Receipt this Period  
 30.00

**B.**

Full Name (Last, First, Middle Initial)  
TERESA GUTIERREZ

Mailing Address P O Box 638

City Cary State NC Zip Code 27512

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

**Transaction ID: 3079**

Amount of Each Receipt this Period  
 30.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM HAFF

Mailing Address 131 Interpark

City San Antonio State TX Zip Code 78216

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

**Transaction ID: 3080**

Amount of Each Receipt this Period  
 30.00

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

90.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 133  
(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)  
WALTER HALE

Mailing Address 211 East Church Street

City State Zip Code  
Morrliton AR 72110

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID: 3081**

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
DWIGHT HALL

Mailing Address 11555 North Meridian Street, Suit

City State Zip Code  
Carmel IN 46032

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID: 3143**

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID HAMILTON

Mailing Address 1911 Matthew Lane

City State Zip Code  
Knoxville TN 37923

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2007

**Transaction ID: 948**

Amount of Each Receipt this Period  
10.00

**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 42 / 133  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 HAMILTON

Mailing Address 1911 Matthew Lane

City State Zip Code  
Knoxville TN 37923

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID:** 1211

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSEPH HANNAH

Mailing Address 3130 Chaparral Drive

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID:** 3433

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 921-C South McPherson Church Road

City State Zip Code  
Fayetteville NC 28303

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1850.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2007

**Transaction ID:** 4383

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) GERALD HARTMAN		Date of Receipt
	Mailing Address PO Box 5716		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Boise	ID	83705
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3440
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="365.00"/>	<input type="text" value="50.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) LORI HEADLEY		Date of Receipt
	Mailing Address PO Box 14725		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Portland	OR	97293
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3144
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy Hendricks		Date of Receipt
	Mailing Address 1605 S Eucalyptus Ave		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Broken Arrow	OK	74012
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 4150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="800.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="180.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 133

(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

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy Hendricks		Date of Receipt
	Mailing Address 1605 S Eucalyptus Ave		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Broken Arrow	OK	74012
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 4163
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="900.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAIME HERNANDEZ		Date of Receipt
	Mailing Address 804 S. Bel Aire Drive		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Burbank	CA	91501
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 3439
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="400.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) DONNA HILL		Date of Receipt
	Mailing Address PO Box 724		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Snellville	GA	30078
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 4223
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.00"/>
		<input type="text" value="750.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 133

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DONNA HILL		Date of Receipt
	Mailing Address PO Box 724		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Snellville	GA	30078
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 4224
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="875.00"/>	<input type="text" value="125.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD HILL		Date of Receipt
	Mailing Address 4435 O Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Lincoln	NE	68510
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3489
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="480.00"/>	<input type="text" value="60.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD HILL		Date of Receipt
	Mailing Address 4435 O Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Lincoln	NE	68510
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3496
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="540.00"/>	<input type="text" value="60.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="245.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 46 / 133

(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)  
CAROLYN HILLMAN

Mailing Address 179 Whisper Lake Blvd

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 178874.79

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2007

Transaction ID: 986

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
CAROLYN HILLMAN

Mailing Address 179 Whisper Lake Blvd

City State Zip Code  
Madison MS 39110

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 196087.99

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2007

Transaction ID: 1342

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
DEAN M HOFFMAN

Mailing Address W223 N608 Saratoga Dr

City State Zip Code  
Waukesha WI 53186

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2007

Transaction ID: 3145

Amount of Each Receipt this Period  
30.00

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

50.00

**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 / 133

(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)  
GLORIA HOPPER

Mailing Address 6400 Fairview Road

City State Zip Code  
Charlotte NC 28210

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt

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

Transaction ID: 3265

Amount of Each Receipt this Period

40.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
GLORIA HOPPER

Mailing Address 6400 Fairview Road

City State Zip Code  
Charlotte NC 28210

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3273

Amount of Each Receipt this Period

40.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
KYM HOPWOOD

Mailing Address 66 Franklin Street, Suite 210

City State Zip Code  
Oakland CA 94607

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3090

Amount of Each Receipt this Period

30.00
-------

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

110.00
--------

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

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

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

FOR LINE NUMBER: PAGE 48 / 133

(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 Highway E

City State Zip Code  
Watertown WI 53094

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3147

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
MARYLOU HUDMAN

Mailing Address 5330 Bent Tree Forest Drive, Suit

City State Zip Code  
Dallas TX 75248

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 3424

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MARYLOU HUDMAN

Mailing Address 5330 Bent Tree Forest Drive, Suit

City State Zip Code  
Dallas TX 75248

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3432

Amount of Each Receipt this Period  
50.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 133

(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)  
KATHLEEN HUGHES

Mailing Address 13513 Arlington Road

City	State	Zip Code
Norwalk	OH	44857

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 2964

Amount of Each Receipt this Period

30.00

**B.**

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

Mailing Address 4455 East Camelback Road, Suite D

City	State	Zip Code
Phoenix	AZ	85018

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: 3203

Amount of Each Receipt this Period

35.00

**C.**

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

Mailing Address 4455 East Camelback Road, Suite D

City	State	Zip Code
Phoenix	AZ	85018

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3205

Amount of Each Receipt this Period

35.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 133  
(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)  
TERRY IVES  
Mailing Address P O Box 3459  
City San Clemente State CA Zip Code 92674  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 2997  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
TERRY IVES  
Mailing Address P O Box 3459  
City San Clemente State CA Zip Code 92674  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3149  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Rhonda Janak  
Mailing Address 304 Short Street  
City Smithville State TX Zip Code 78957  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 196087.99  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 4165  
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 51 / 133  
(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 JENNINGS

Mailing Address 500 Faunce Corner Rd

City State Zip Code  
Dartmouth MA 02747

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID:** 2975

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JULIA JENNINGS

Mailing Address 500 Faunce Corner Rd

City State Zip Code  
Dartmouth MA 02747

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3088

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
R JENSEN

Mailing Address 6060 South Kenton Way

City State Zip Code  
Englewood CO 80111

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID:** 2976

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 133

(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)  
R JENSEN

Mailing Address 6060 South Kenton Way

City State Zip Code  
Englewood CO 80111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3089

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID JOHNSON

Mailing Address P. O. Box 871129

City State Zip Code  
Stone Mountain GA 30087

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3895

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)  
ERIC JOHNSON

Mailing Address P.O. Box 244261

City State Zip Code  
Anchorage AK 99503

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3094

Amount of Each Receipt this Period

30.00

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 133

(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 JOHNSON

Mailing Address 3510 Willow Ridge Drive

City State Zip Code  
Arlington TX 76017

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3095

Amount of Each Receipt this Period

30.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
SANDRA JOHNSON

Mailing Address 12500 Network Blvd, # 403

City State Zip Code  
San Antonio TX 78249

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

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

Transaction ID: 3014

Amount of Each Receipt this Period

30.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City State Zip Code  
Charlotte NC 28211

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt

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

Transaction ID: 3264

Amount of Each Receipt this Period

40.00
-------

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

100.00
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 133

(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)  
SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3272

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
KENNETH JONES

Mailing Address 3659 Green Rd., # 217

City	State	Zip Code
Beachwood	OH	44122

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3175

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
KEITH JORDANO

Mailing Address 12751 Orange Boulevard

City	State	Zip Code
West Palm Beach	FL	33412

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3093

Amount of Each Receipt this Period

30.00

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

100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 133  
(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)  
LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code  
Ravenna OH 44266

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2007

Transaction ID: 4149

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code  
Ravenna OH 44266

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 4162

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code  
Ravenna OH 44266

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2007

Transaction ID: 4145

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 133

(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)  
THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code  
Ravenna OH 44266

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 4156

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
KRISTINE KASSEL

Mailing Address 4515 S McClintock Drive #206

City State Zip Code  
Tempe AZ 85282

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3113

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH KELLIHER

Mailing Address 24 Sawyer Dr.

City State Zip Code  
Salem VA 24153

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3112

Amount of Each Receipt this Period

30.00

**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 57 / 133  
(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)  
MARK KENNEDY

Mailing Address 1173 Brittmoore Road

City State Zip Code  
Houston TX 77043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: 3551

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN KIEBLER

Mailing Address 300 West Vine Street

City State Zip Code  
Lexington KY 40507

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: 3148

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL KIELIAN

Mailing Address PO Box 45279

City State Zip Code  
Omaha NE 68145

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2007

Transaction ID: 3856

Amount of Each Receipt this Period

85.00

**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 58 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL KIELIAN		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address PO Box 45279		<b>Transaction ID:</b> 3894
	City Omaha	State NE	Zip Code 68145
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
	Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LAURIE KIRKLAND		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address PO Box 10088		<b>Transaction ID:</b> 3158
	City Yakima	State WA	Zip Code 98909
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RANDY KLEIN		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 306 North Cleveland Massillon Road		<b>Transaction ID:</b> 3109
	City Akron	State OH	Zip Code 44333
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> 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 / 133

(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)  
KAY KNUTSON

Mailing Address 11209 Academy Ridge Rd., NE

City State Zip Code  
Albuquerque NM 87111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3870

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
ROSS KRAFT

Mailing Address 41 Notre Dame Lane

City State Zip Code  
Utica NY 13502

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3872

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)  
MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code  
Omaha NE 68130

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2007

Transaction ID: 3267

Amount of Each Receipt this Period

40.00

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

210.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 133

(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)  
MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code  
Omaha NE 68130

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3274

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID KROSS

Mailing Address 5556-B Cheviot Rd.

City State Zip Code  
Cincinnati OH 45247

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3159

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
MARY LANDEN

Mailing Address 1000 Burnett Avenue, Suite 440

City State Zip Code  
Concord CA 94520

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3107

Amount of Each Receipt this Period  
30.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 133  
(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)  
SUE LARSEN  
Mailing Address P.O. Box 6465  
City Santa Barbara State CA Zip Code 93111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3897  
Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT LEAVITT  
Mailing Address 9494 West Fairview Ave., # C  
City Boise State ID Zip Code 83704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3106  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
MARILYN LEONARD  
Mailing Address 3676 Woodley Drive  
City San Jose State CA Zip Code 95148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3117  
Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 133  
(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 LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City State Zip Code  
Suwanee GA 30024

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3118

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
BRIAN LIECHTY

Mailing Address 120 East Washington Street

City State Zip Code  
Plymouth IN 46563

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3871

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
CHARLES LINEBERGER

Mailing Address 1536-A Union Rd

City State Zip Code  
Gastonia NC 28054

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID:** 2970

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 133

(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)  
CLARK LOEWE

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code  
Houston TX 77092

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 1959

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
DALE LOWENSTEIN

Mailing Address PO Box 8577

City State Zip Code  
Calabasas CA 91372

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3438

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
DAWN LYNCH

Mailing Address 736 Old Greenville Rd.

City State Zip Code  
Fayetteville GA 30215

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 930

Amount of Each Receipt this Period

10.00

**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 64 / 133  
(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)  
DAWN LYNCH

Mailing Address 736 Old Greenville Rd.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 1248

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 301 Madison Avenue, 4th Floor

City New York State NY Zip Code 10017

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
745.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 3873

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
THOMAS MAGNUS

Mailing Address PO Box 999

City El Granada State CA Zip Code 94018

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 3177

Amount of Each Receipt this Period  
30.00

**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 65 / 133

(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)  
RAYMOND MAGNUSON

Mailing Address 9121 E. Tanque Verde Rd.#105, #309

City State Zip Code  
Tucson AZ 85749

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3115

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
VICTORIA MAJOR-BELL

Mailing Address P O Box 540034

City State Zip Code  
Lake Worth FL 33454

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 931

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
VICTORIA MAJOR-BELL

Mailing Address P O Box 540034

City State Zip Code  
Lake Worth FL 33454

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 1249

Amount of Each Receipt this Period

10.00

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

50.00

**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 / 133

(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)  
KIMBERLY MARTIN

Mailing Address 180 Charlotte Highway

City State Zip Code  
Asheville NC 28803

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3271

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
PHYLLIS MARTINSEN

Mailing Address 1108 West Boise Avenue, Suite 100

City State Zip Code  
Boise ID 83706

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3161

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
MATTHEW MASONE

Mailing Address 6731 Columbia Gateway Dr, Suite 2

City State Zip Code  
Columbia MD 21046

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3284

Amount of Each Receipt this Period

45.00

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

115.00

**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 / 133  
(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)  
NICHOLAS MASSEI

Mailing Address 832 Humewick Way

City Sunnyvale State CA Zip Code 94087

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3875**  
 Amount of Each Receipt this Period: 85.00

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

Mailing Address 7650 Cherrywood Drive

City Boise State ID Zip Code 83704

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3162**  
 Amount of Each Receipt this Period: 30.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL MATZNICK

Mailing Address PO Box 38905

City Greensboro State NC Zip Code 27438

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3104**  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 133  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL MATZNICK

Mailing Address PO Box 38248

City State Zip Code  
Greensboro NC 27438

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3898

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTA MCCONATHY

Mailing Address 5171 Verdugo Way

City State Zip Code  
Ventura CA 93004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3874

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)  
JOHN MCCONNAUGHEY

Mailing Address PO Box 805

City State Zip Code  
West Chester OH 45071

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3157

Amount of Each Receipt this Period

30.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 133  
(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 MCDERMOTT

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 4161

Amount of Each Receipt this Period  
100.00

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

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3102

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
LESLIE MCGERR

Mailing Address 6125 Havelock Avenue

City State Zip Code  
Lincoln NE 68507

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

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

**Transaction ID:** 3015

Amount of Each Receipt this Period  
30.00

**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 70 / 133  
(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 MCMAHON

Mailing Address 123 East 2nd Avenue

City State Zip Code  
Spokane WA 99202

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3431

Amount of Each Receipt this Period  
50.00

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

Mailing Address 20501 Katy Freeway, # 219

City State Zip Code  
Katy TX 77450

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 4158

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
JEFF MILES

Mailing Address 578 Washington Blvd., #801

City State Zip Code  
Marina del Rey CA 90292

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3903

Amount of Each Receipt this Period  
85.00

**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 71 / 133

(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

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)  
ERIC MILLER

Mailing Address 4300 Centreway Place

City State Zip Code  
Arlington TX 76018

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 196087.99

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1285

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
GLENDAE MITCHELL

Mailing Address 736 Old Greenville Rd

City State Zip Code  
Fayetteville GA 30215

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 1961

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
STEPHANIE MONETTE

Mailing Address 1510 Meadow Wood Lane

City State Zip Code  
Reno NV 89502

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3097

Amount of Each Receipt this Period  
30.00

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

65.00

**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 / 133  
(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 MOORE

Mailing Address PO Box 1006

City Burlington State NC Zip Code 27216

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 08 / 01 / 2007  
**Transaction ID: 3854**  
 Amount of Each Receipt this Period: 85.00

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

Mailing Address PO Box 1006

City Burlington State NC Zip Code 27216

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3876**  
 Amount of Each Receipt this Period: 85.00

**C.** Full Name (Last, First, Middle Initial)  
WESLEY MOORE

Mailing Address P O Box 604

City Darlington State SC Zip Code 29540

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 08 / 01 / 2007  
**Transaction ID: 4144**  
 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**

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

FOR LINE NUMBER: PAGE 73 / 133  
(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)  
WESLEY MOORE

Mailing Address P O Box 604

City State Zip Code  
Darlington SC 29540

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 4157

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
CAROLYNNE MULDOON

Mailing Address 457 Main Street

City State Zip Code  
Longmont CO 80501

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3100

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
GLEN MULREADY

Mailing Address 1400 South Boston Avenue, 3rd Flo

City State Zip Code  
Tulsa OK 74119

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3101

Amount of Each Receipt this Period  
30.00

**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 74 / 133

(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)  
RAY MUSSER

Mailing Address 404 North Second Avenue, Suite B

City State Zip Code  
Upland CA 91786

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3896

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
Ashley Mutschink

Mailing Address 1017 Main Street

City State Zip Code  
Bastrop TX 78602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 4384

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHELE MYERS

Mailing Address 85 North Danny Thomas Blvd.

City State Zip Code  
Memphis TN 38103

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3050

Amount of Each Receipt this Period

30.00

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

365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 133

(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)  
JOSHUA NACE

Mailing Address 936 North 34th Street, Suite 208

City State Zip Code  
Seattle WA 98103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

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

**Transaction ID:** 2967

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSHUA NACE

Mailing Address 936 North 34th Street, Suite 208

City State Zip Code  
Seattle WA 98103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3051

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
JOEL NEWMAN

Mailing Address 3305 115th Ave. NE #301

City State Zip Code  
Bellevue WA 98004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3054

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... 90.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 133  
(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)  
RON NEZAT

Mailing Address PO Box 91180

City State Zip Code  
Lafayette LA 70509

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3882**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Nitsche

Mailing Address 2838 Guenther Road

City State Zip Code  
La Grange TX 78945

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 4385**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
R Nitsche

Mailing Address 143 East Austin

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 4388**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 133

(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)

Robert Nitsche

Mailing Address 143 East Austin

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

196087.99

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 4389

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

TRISHA NORCKET

Mailing Address PO Box 220748

City State Zip Code  
Charlotte NC 28222

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3044

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL NORRIS

Mailing Address PO Box 999

City State Zip Code  
Franklin NC 28744

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 2966

Amount of Each Receipt this Period

30.00

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

310.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 133  
(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 NORRIS

Mailing Address PO Box 999

City State Zip Code  
Franklin NC 28744

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3045

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
FRANK NOVY

Mailing Address 21238 Woodview Circle

City State Zip Code  
Strongsville OH 44149

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3046

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTINA NUNEZ

Mailing Address 4747 North 7th Street, Suite 300

City State Zip Code  
Phoenix AZ 85014

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1352

Amount of Each Receipt this Period  
10.00

**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 79 / 133  
(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)  
THERESA OLSON

Mailing Address P. O. Box 21479

City State Zip Code  
Keizer OR 97307

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
08 / 31 / 2007

**Transaction ID:** 1963

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
TIFFANY OTIS

Mailing Address 28588 Northwestern Highway, Suite

City State Zip Code  
Southfield MI 48034

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
08 / 31 / 2007

**Transaction ID:** 3056

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN PARKER

Mailing Address 47 Laurel Hill Drive

City State Zip Code  
Niantic CT 06357

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
820.00

Date of Receipt  
08 / 01 / 2007

**Transaction ID:** 3920

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional) ..... 145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 133  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN PARKER</p> <p>Mailing Address 47 Laurel Hill Drive</p> <p>City State Zip Code Niantic CT 06357</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">910.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2007</span></p> <p><b>Transaction ID:</b> 3921</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">90.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVID PERRY</p> <p>Mailing Address 1634 Ryan Street</p> <p>City State Zip Code Lake Charles LA 70601</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">440.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 01 / 2007</span></p> <p><b>Transaction ID:</b> 3004</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID PERRY</p> <p>Mailing Address 1634 Ryan Street</p> <p>City State Zip Code Lake Charles LA 70601</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">470.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2007</span></p> <p><b>Transaction ID:</b> 3048</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">150.00</span>
<b>TOTAL</b> 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 / 133  
(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 Phiifer  
Mailing Address 5495 Belt Line Road, Suite 155  
City Dallas State TX Zip Code 75254  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 3863  
Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Phiifer  
Mailing Address 5495 Belt Line Road, Suite 155  
City Dallas State TX Zip Code 75254  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 865.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3878  
Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN PITTMAN  
Mailing Address 32418 51st Avenue, SW  
City Federal Way State WA Zip Code 98023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 3426  
Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 133  
(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 PITTMAN

Mailing Address 32418 51st Avenue, SW

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3437**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
TERRI PRITCHARD

Mailing Address 1315 Westbrook Plaza Dr., #300

City State Zip Code  
Winston Salem NC 27103

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3151**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN PRUE

Mailing Address 7311 West 132nd Street, Suite 200

City State Zip Code  
Shawnee Mission KS 66213

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

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

**Transaction ID: 3864**

Amount of Each Receipt this Period  
85.00

**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 83 / 133  
(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 PRUE  
 Mailing Address 7311 West 132nd Street, Suite 200  
 City State Zip Code  
 Shawnee Mission KS 66213  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7  
**Transaction ID:** 3879  
 Amount of Each Receipt this Period  
 85.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 765.00

**B.** Full Name (Last, First, Middle Initial)  
REBECCA PURDY  
 Mailing Address 724 South 9th Street  
 City State Zip Code  
 Las Vegas NV 89101  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7  
**Transaction ID:** 3059  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN MALEY RASH  
 Mailing Address 2108 West Laburnum Avenue, Suite  
 City State Zip Code  
 Richmond VA 23227  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7  
**Transaction ID:** 3880  
 Amount of Each Receipt this Period  
 85.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 133

(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)  
JON RAUSER

Mailing Address 400 East Wisconsin Avenue, # 200

City State Zip Code  
Milwaukee WI 53202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1460.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 4338

Amount of Each Receipt this Period

170.00

**B.**

Full Name (Last, First, Middle Initial)  
KEN RAY

Mailing Address P. O. Box 14207

City State Zip Code  
Jackson MS 39236

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 1137

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
DENNIS RECKER

Mailing Address 971 North Perry Street

City State Zip Code  
Ottawa OH 45875

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 2983

Amount of Each Receipt this Period

30.00

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

210.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 133

(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)  
DENNIS RECKER

Mailing Address 971 North Perry Street

City State Zip Code  
Ottawa OH 45875

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3150

Amount of Each Receipt this Period

30.00
-------

B.

Full Name (Last, First, Middle Initial)  
JONI REENTS

Mailing Address 7100 N. Broadway, #6-OPH

City State Zip Code  
Denver CO 80221

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3058

Amount of Each Receipt this Period

30.00
-------

C.

Full Name (Last, First, Middle Initial)  
MARY RENAUD

Mailing Address 5885 139th Street, W

City State Zip Code  
St. Paul MN 55124

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt

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

Transaction ID: 970

Amount of Each Receipt this Period

10.00
-------

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

70.00
-------

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

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

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

FOR LINE NUMBER: PAGE 86 / 133  
(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 RENAUD

Mailing Address 5885 139th Street, W

City State Zip Code  
St. Paul MN 55124

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 1281**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES RICKETTS

Mailing Address 3900 Halisport Drive

City State Zip Code  
Kennesaw GA 30152

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3881**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
GLEN RIENSCHÉ

Mailing Address 3601 Calvert, Ste. 1

City State Zip Code  
Lincoln NE 68506

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID: 2980**

Amount of Each Receipt this Period  
30.00

**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 87 / 133

(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)  
GLEN RIENSCHÉ

Mailing Address 3601 Calvert, Ste. 1

City State Zip Code  
Lincoln NE 68506

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

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

Transaction ID: 2981

Amount of Each Receipt this Period

30.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
GLEN RIENSCHÉ

Mailing Address 3601 Calvert, Ste. 1

City State Zip Code  
Lincoln NE 68506

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3153

Amount of Each Receipt this Period

30.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
GLEN RIENSCHÉ

Mailing Address 3601 Calvert, Ste. 1

City State Zip Code  
Lincoln NE 68506

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 3154

Amount of Each Receipt this Period

30.00
-------

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

90.00
-------

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

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

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

FOR LINE NUMBER: PAGE 88 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
MARK C RILEY

Mailing Address PO Box 1635

City State Zip Code  
Irmo SC 29063

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3435

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite

City State Zip Code  
El Paso TX 79912

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID:** 2982

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH RIOS-CARL

Mailing Address 124 West Castellano Drive, Suite

City State Zip Code  
El Paso TX 79912

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3155

Amount of Each Receipt this Period  
30.00

**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 89 / 133

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL RIVERA		Date of Receipt
	Mailing Address 12200 Northwest Freeway, Suite 662		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2007
	City	State	Zip Code
	Houston	TX	77092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 3899
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 780.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ALINE ROBERTS		Date of Receipt
	Mailing Address 3537 Old Conejo Road Suite 114		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2007
	City	State	Zip Code
	Newberry Park	CA	91320
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4336
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 170.00
		<input type="text"/> 1360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS		Date of Receipt
	Mailing Address 7101 S. 82nd St., #B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2007
	City	State	Zip Code
	Lincoln	NE	68516
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4147
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>355.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS		Date of Receipt
	Mailing Address 7101 S. 82nd St., #B		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Lincoln	NE	68516
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4155
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="1000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) DONNA ROBINSON		Date of Receipt
	Mailing Address 1010 E. North St., #D1		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Greenville	SC	29601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 1003
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="178874.79"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) DONNA ROBINSON		Date of Receipt
	Mailing Address 1010 E. North St., #D1		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Greenville	SC	29601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 1147
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="196087.99"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 133  
(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)  
LACEY ROBINSON

Mailing Address 520 Indiana Avenue

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 1001

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
LACEY ROBINSON

Mailing Address 520 Indiana Avenue

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 1145

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM ROBINSON

Mailing Address 100 S. Sunrise Way, PMB 364

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
655.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 3861

Amount of Each Receipt this Period

85.00

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM ROBINSON

Mailing Address 100 S. Sunrise Way, PMB 364

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 3900

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM ROBINSON

Mailing Address 739 East Jackson Street

City State Zip Code  
Martinsville IN 46151

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

**Transaction ID:** 3078

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
EUGENE ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City State Zip Code  
Encino CA 91436

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 0 1 / 2 0 0 7

**Transaction ID:** 2979

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 93 / 133  
(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 ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City Encino State CA Zip Code 91436

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3173**  
 Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCIS RUGGIERO

Mailing Address 15 Kennedy Drive

City Budd Lake State NJ Zip Code 07828

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3902**  
 Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City Morganton State NC Zip Code 28655

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3434**  
 Amount of Each Receipt this Period 50.00

**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 94 / 133  
(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)  
VIRGINIA SAFFORD

Mailing Address 5753 North River Road

City State Zip Code  
Waterville OH 43566

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt

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

Transaction ID: 2978

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
VIRGINIA SAFFORD

Mailing Address 5753 North River Road

City State Zip Code  
Waterville OH 43566

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3152

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
WAYNE SAKAMOTO

Mailing Address 2664 White Cedar Lane

City State Zip Code  
Naples FL 34109

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 3057

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 133  
(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 SALAMON

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

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

**Transaction ID: 977**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 1272**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3901**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

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

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

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

FOR LINE NUMBER: PAGE 96 / 133  
(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 SAUL

Mailing Address 1521 Technology Parkway

City State Zip Code  
Cedar Falls IA 50613

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3077**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ALFONSO SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City State Zip Code  
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID: 3194**

Amount of Each Receipt this Period  
33.00

**C.** Full Name (Last, First, Middle Initial)  
MARK SCHLANGE

Mailing Address P. O. Box 700

City State Zip Code  
Bellevue NE 68005

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID: 3001**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **93.00**

**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 97 / 133

(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)  
MARK SCHLANGE

Mailing Address P. O. Box 700

City State Zip Code  
Bellevue NE 68005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3076

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
MEL SCHLESINGER

Mailing Address PO Box 30100

City State Zip Code  
Winston Salem NC 27130

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3887

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Schmidt

Mailing Address 1332 Hunters Hollow Court

City State Zip Code  
Eureka MO 63025

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 13 / 2007

Transaction ID: 4152

Amount of Each Receipt this Period

100.00

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

215.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 133  
(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 Schmidt

Mailing Address 1332 Hunters Hollow Court

City State Zip Code  
Eureka MO 63025

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 4154

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
ALAN SCHULMAN

Mailing Address 2003 Little Haven Court

City State Zip Code  
Olney MD 20832

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** 3002

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
ALAN SCHULMAN

Mailing Address 2003 Little Haven Court

City State Zip Code  
Olney MD 20832

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3073

Amount of Each Receipt this Period  
30.00

**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 99 / 133

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES SCHULZ		Date of Receipt
	Mailing Address 7101 S. 82nd St.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Lincoln	NE	68516
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3885
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="680.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAN SCHWARTZER		Date of Receipt
	Mailing Address 4600 American Parkway, Suite 208		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Madison	WI	53718
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3060
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="310.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) GREG SEIFERT		Date of Receipt
	Mailing Address PO Box 189		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Vancouver	WA	98666
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3890
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="1280.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD SEMPLE		Date of Receipt																					
	Mailing Address 91 Deerfield Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> 1485																				
Sayreville	NJ	08872	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		15.00																					
Name of Employer	Occupation																							
Receipt For:	Aggregate Year-to-Date ▼																							
<input type="checkbox"/> Primary <input type="checkbox"/> General			178874.79																					
<input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD SEMPLE		Date of Receipt																					
	Mailing Address 91 Deerfield Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> 1496																				
Sayreville	NJ	08872	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		15.00																					
Name of Employer	Occupation																							
Receipt For:	Aggregate Year-to-Date ▼																							
<input type="checkbox"/> Primary <input type="checkbox"/> General			196087.99																					
<input type="checkbox"/> Other (specify) ▼																								

<b>C.</b>	Full Name (Last, First, Middle Initial) DOUGLAS SHEFFER		Date of Receipt																					
	Mailing Address 110 International Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> 3174																				
Springfield	OR	97477	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		30.00																					
Name of Employer	Occupation																							
Receipt For:	Aggregate Year-to-Date ▼																							
<input type="checkbox"/> Primary <input type="checkbox"/> General			220.00																					
<input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> 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 101 / 133  
(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 Sherlin  
Mailing Address P. O. Box 1550  
City Asheville State NC Zip Code 28801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 2999  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Sherlin  
Mailing Address P. O. Box 1550  
City Asheville State NC Zip Code 28801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3071  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
BOB SHUPE  
Mailing Address PO Box 2344  
City Brentwood State TN Zip Code 37024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3436  
Amount of Each Receipt this Period 50.00

**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 102 / 133  
(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)  
ROBERT SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City State Zip Code  
Simi Valley CA 93065

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3068

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT SICHMELLEA

Mailing Address 585 East Los Angeles Avenue, #H

City State Zip Code  
Simi Valley CA 93065

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3069

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN SINKLER

Mailing Address 4320 114th St.

City State Zip Code  
Urbandale IA 50322

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 01 / 2007

Transaction ID: 3000

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 133  
(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)  
STEVEN SINKLER  
Mailing Address 4320 114th St.  
City Urbandale State IA Zip Code 50322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3070  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
JON SIVERS  
Mailing Address 10731 Treena St., # 109  
City San Diego State CA Zip Code 92131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3172  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT SKINNER  
Mailing Address 6612 East 75th Street, Suite 200  
City Indianapolis State IN Zip Code 46250  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 1964  
Amount of Each Receipt this Period 25.00

**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 104 / 133  
(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)  
DESMOND SLATTERY

Mailing Address PO Box 256

City State Zip Code  
Spring Lake NJ 07762

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3883

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
GREGORY SMITH

Mailing Address 2201 Woodlawn Road

City State Zip Code  
Lincoln IL 62656

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 1495

Amount of Each Receipt this Period

15.00

**C.**

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

Mailing Address 124 Washington Street

City State Zip Code  
Middletown CT 06457

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3888

Amount of Each Receipt this Period

85.00

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

185.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 133

(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 SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City State Zip Code  
Greensboro NC 27410

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3204

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES SOUTHARD

Mailing Address 7204-B West Friendly Avenue

City State Zip Code  
Greensboro NC 27410

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3066

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
ANNE SPERLING

Mailing Address 25 Antigua Road

City State Zip Code  
Santa Fe NM 87508

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3269

Amount of Each Receipt this Period

40.00

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

105.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 133  
(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)  
DEANN SPICER

Mailing Address 4201 Pommel Place

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 178874.79

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2007

Transaction ID: 1015

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
DEANN SPICER

Mailing Address 4201 Pommel Place

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 196087.99

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: 1191

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
JACKIE SPRAGINS

Mailing Address PO Box 2073

City State Zip Code  
Wichita Falls TX 76307

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2007

Transaction ID: 2986

Amount of Each Receipt this Period

30.00

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

50.00

**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 107 / 133  
(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
							17

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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) JACKIE SPRAGINS		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address PO Box 2073		<b>Transaction ID:</b> 3170		
	City Wichita Falls	State TX	Zip Code 76307	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) NORMAN SPRINGER		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address 1626 East 203rd Street		<b>Transaction ID:</b> 3171		
	City Westfield	State IN	Zip Code 46074	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David Stancik		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address P.O. Box 1130		<b>Transaction ID:</b> 4166		
	City La Grange	State TX	Zip Code 78945	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 196087.99			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> 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 108 / 133  
(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 STATZ

Mailing Address PO Box 41068

City Brecksville State OH Zip Code 44141

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3062**  
 Amount of Each Receipt this Period: 30.00

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

Mailing Address 268 South Street

City Morristown State NJ Zip Code 07960

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1460.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 4337**  
 Amount of Each Receipt this Period: 170.00

**C.** Full Name (Last, First, Middle Initial)  
RODNEY STUART

Mailing Address 9755 Randall Dr., # 101

City Indianapolis State IN Zip Code 46280

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 178874.79

Date of Receipt: 08 / 01 / 2007  
**Transaction ID: 3428**  
 Amount of Each Receipt this Period: 50.00

**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 109 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) RODNEY STUART		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address 9755 Randall Dr., # 101		<b>Transaction ID:</b> 3442		
	City Indianapolis	State IN	Zip Code 46280	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 196087.99			

<b>B.</b>	Full Name (Last, First, Middle Initial) RODNEY STUART		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address 9755 Randall Dr., # 101		<b>Transaction ID:</b> 3889		
	City Indianapolis	State IN	Zip Code 46280	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 196087.99			

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES SUGDEN		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address 2000 S Colorado Tower #1 #9000		<b>Transaction ID:</b> 3164		
	City Denver	State CO	Zip Code 80222	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> 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 110 / 133  
(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)  
HENRY SULLIVAN

Mailing Address 523 Camilla Avenue

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID: 3067**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES SUMMERS

Mailing Address 8420 West Dodge Road, Suite 510

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

**Transaction ID: 4222**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES SUMMERS

Mailing Address 8420 West Dodge Road, Suite 510

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID: 4225**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **280.00**

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

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

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

FOR LINE NUMBER: PAGE 111 / 133  
(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)  
TIMOTHY SWAIN

Mailing Address 8848 Cedar Springs Lane, #A100

City State Zip Code  
Knoxville TN 37923

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1184

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
RYAN THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

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

**Transaction ID:** 3012

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
RYAN THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3063

Amount of Each Receipt this Period  
30.00

**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 112 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL TOMPKINS		Date of Receipt
	Mailing Address PO Box 1810		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Roswell	GA	30077
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3268
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="320.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="40.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL TOMPKINS		Date of Receipt
	Mailing Address PO Box 1810		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Roswell	GA	30077
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="360.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="40.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) JENNIFER TOUPS		Date of Receipt
	Mailing Address PO Box 113113		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Metairie	LA	70011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 3011
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="110.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 113 / 133  
(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)  
JENNIFER TOUPS

Mailing Address PO Box 113113

City State Zip Code  
Metairie LA 70011

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3133

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ERIC TOWNSEND

Mailing Address 1658 Presto Avenue

City State Zip Code  
Indianapolis IN 46224

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

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

**Transaction ID:** 3016

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

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

**Transaction ID:** 3855

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 114 / 133  
(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)  
JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3891

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)  
ALBERT TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code  
Boca Raton FL 33431

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3285

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT TRETTER

Mailing Address 13016 Delmar Street

City State Zip Code  
Leawood KS 66209

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2007

Transaction ID: 3441

Amount of Each Receipt this Period

50.00

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

180.00

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

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

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

FOR LINE NUMBER: PAGE 115 / 133  
(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 TROGDON

Mailing Address 7910 North Ingram Avenue, Suite 2

City State Zip Code  
Fresno CA 93711

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3131

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MARILYN VAN SANT

Mailing Address 268 South Street

City State Zip Code  
Morristown NJ 07960

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

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

**Transaction ID:** 3862

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
WENDY VANDERWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3129

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 116 / 133  
(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 VERNON  
Mailing Address PO Box 18251  
City Roanoke State VA Zip Code 24014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 3006  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT VERNON  
Mailing Address PO Box 18251  
City Roanoke State VA Zip Code 24014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3130  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
PETER VINTON  
Mailing Address 9480 Deereco Road  
City Timonium State MD Zip Code 21093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 640.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3552  
Amount of Each Receipt this Period 80.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 133  
(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 WAGNER

Mailing Address PO Box 9

City Burwell State NE Zip Code 68823

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

**Transaction ID: 3427**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY WALSH

Mailing Address PO Box 417

City Hampstead State NC Zip Code 28443

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

**Transaction ID: 3128**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JESSICA WALTMAN

Mailing Address 10 Doyle Road

City Wayne State PA Zip Code 19087

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

**Transaction ID: 2987**

Amount of Each Receipt this Period  
30.00

**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 118 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JESSICA WALTMAN		Date of Receipt
	Mailing Address 10 Doyle Road		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wayne	PA	19087
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3182
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="240.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES WEBB		Date of Receipt
	Mailing Address 15 S. Jefferson Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Roanoke	VA	24011
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3904
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="510.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAN WEBB		Date of Receipt
	Mailing Address 2108 24th St Ste 2		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Bakersfield	CA	93301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 3905
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="425.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 133  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JENNIFER WENKE		Date of Receipt
	Mailing Address 1395 Panther Lane, Suite 100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 31 / 2007
	City	State	Zip Code
	Naples	FL	34109
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 3137
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) C.L. WESTMORELAND		Date of Receipt
	Mailing Address PO Box 925		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 01 / 2007
	City	State	Zip Code
	Jackson	MS	39205
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 2985
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) C.L. WESTMORELAND		Date of Receipt
	Mailing Address PO Box 925		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 31 / 2007
	City	State	Zip Code
	Jackson	MS	39205
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 3167
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 120 / 133  
(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 WETHERTON

Mailing Address 4180 Providence Rd

City State Zip Code  
Dahlonega GA 30533

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

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

**Transaction ID:** 1810

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
LISA WETHERTON

Mailing Address 4180 Providence Rd

City State Zip Code  
Dahlonega GA 30533

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1834

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD WHEELER

Mailing Address 617 Highway 71, Building 2-6

City State Zip Code  
Brielle NJ 08730

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3138

Amount of Each Receipt this Period  
30.00

**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 121 / 133  
(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)  
GEORGE WILLIAMS

Mailing Address 4109 Woodway Dr.

City State Zip Code  
Monroe LA 71201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178874.79

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2007

**Transaction ID: 1483**

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE WILLIAMS

Mailing Address 4109 Woodway Dr.

City State Zip Code  
Monroe LA 71201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180722.55

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2007

**Transaction ID: 1957**

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE WILLIAMS

Mailing Address 4109 Woodway Dr.

City State Zip Code  
Monroe LA 71201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

**Transaction ID: 1504**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **55.00**

**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 122 / 133  
(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)  
PAULA WILSON

Mailing Address PO Box 892740

City State Zip Code  
Temecula CA 92589

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

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

**Transaction ID:** 2990

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
PAULA WILSON

Mailing Address PO Box 892740

City State Zip Code  
Temecula CA 92589

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3163

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN WILSON

Mailing Address 1151 Red Mile Road

City State Zip Code  
Lexington KY 40504

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3497

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 123 / 133  
(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)  
SUE WILSON  
Mailing Address P. O. Box 12816  
City Oklahoma City State OK Zip Code 73157  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 1965  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
OWEN WINGATE  
Mailing Address 155 Professional Dr  
City Ponte Vedra Beach State FL Zip Code 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00  
Date of Receipt 08 / 31 / 2007  
Transaction ID: 3275  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
TAMMY WINN  
Mailing Address 5113 Southwest Parkway #150  
City Austin State TX Zip Code 78735  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: 3009  
Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 133  
(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)  
TAMMY WINN

Mailing Address 5113 Southwest Parkway #150

City Austin State TX Zip Code 78735

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3135**  
 Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
SHELLY WINSON

Mailing Address PO Box 1914

City Scottsdale State AZ Zip Code 85252

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3165**  
 Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN WISNESKI

Mailing Address 4265 Grand Haven Road, Suite 200

City Muskegon State MI Zip Code 49441

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2007  
**Transaction ID: 3136**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
ROSANNE WOLFE

Mailing Address 4600 East Swans Nest Road

City Tucson State AZ Zip Code 85718

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 1270**  
 Amount of Each Receipt this Period: 10.00

**B.** Full Name (Last, First, Middle Initial)  
DIANALOU WOLFF

Mailing Address 106 Main Street

City Kingston State NY Zip Code 12401

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 31 / 2007  
**Transaction ID: 3134**  
 Amount of Each Receipt this Period: 30.00

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

Mailing Address PO Box 128

City Alta Loma State CA Zip Code 91701

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 178874.79

Date of Receipt: 08 / 01 / 2007  
**Transaction ID: 1037**  
 Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 126 / 133  
(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 WRIGHT

Mailing Address PO Box 128

City State Zip Code  
Alta Loma CA 91701

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
196087.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 1282

Amount of Each Receipt this Period  
10.00

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

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code  
Fort Wayne IN 46825

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3908

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
BARBARA WRIGHT KNOX

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code  
Fort Wayne IN 46825

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** 3111

Amount of Each Receipt this Period  
30.00

**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 127 / 133	
	(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"/> 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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT ZIFF		Date of Receipt																					
	Mailing Address 17 North Delmorr Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	2		2	0	0	7														
	City	State	Zip Code		<b>Transaction ID: 4151</b>																			
Morrisville	PA	19067																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer		Occupation		<input type="text" value="100.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="19078.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 6209 Date of Disbursement 08 / 11 / 2007
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.50
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 6210 Date of Disbursement 08 / 11 / 2007
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 105.28
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 229 Date of Disbursement 08 / 02 / 2007
	Mailing Address 7810 Old Branch Avenue	Amount of Each Disbursement this Period 822.76
	City Clinton State MD Zip Code 20735	
	Purpose of Disbursement bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>932.54</b>
<b>TOTAL</b> 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 129 / 133

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 7810 Old Branch Avenue <hr/> City Clinton State MD Zip Code 20735 <hr/> Purpose of Disbursement bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6208 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 7
	Amount of Each Disbursement this Period 56.84
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Newtork <hr/> Mailing Address P.O. Box 3016 <hr/> City New Albany State OH Zip Code 43054 <hr/> Purpose of Disbursement bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6180 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 8.82
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

65.66

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

998.20

**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 130 / 133

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS</p> <p>Mailing Address 23942 Lyons Ave #105</p> <p>City Santa Clarita State CA Zip Code 91321</p> <p>Purpose of Disbursement contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name HOWARD P BUCK MCKEON</p> <p>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) ▼</p> <p>State: CA District: 25</p>	<p><b>Transaction ID:</b> 6214 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	0		2	0	0	7													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO</p> <p>Mailing Address 6896 CASPER MOUNTAIN RD</p> <p>City CASPER State WY Zip Code 82601</p> <p>Purpose of Disbursement contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name JOHN A BARRASSO</p> <p>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) ▼</p> <p>State: WY District: 00</p>	<p><b>Transaction ID:</b> 6212 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	0		2	0	0	7													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name MAX BAUCUS</p> <p>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) ▼</p> <p>State: MT District: 00</p>	<p><b>Transaction ID:</b> 6219 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	7	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	0		2	0	0	7													
2000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">4000.00</td></tr></table>	4000.00
4000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ROY BLUNT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6181</p> <p>Date of Disbursement 08 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARY BONO COMMITTEE</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name MARY BONO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6215</p> <p>Date of Disbursement 08 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <p>Mailing Address PO BOX 8628</p> <p>City CRANSTON State RI Zip Code 02920</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6190</p> <p>Date of Disbursement 08 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: 6211 Date of Disbursement 08 / 20 / 2007
	Mailing Address P.O. Box 37091	
	City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name SUE MYRICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: 228 Date of Disbursement 08 / 02 / 2007
	Mailing Address 2021 E Dublin Granville Road	
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name PATRICK J TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS	Transaction ID: 6218 Date of Disbursement 08 / 26 / 2007
	Mailing Address 1420 Alafaya Trail #103	
	City Oviedo State FL Zip Code 32765	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement contribution Candidate Name TOM FEENEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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 133 / 133

<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)  
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 123 West High Avenue

City State Zip Code  
New Philadelphia OH 44663

Purpose of Disbursement  
contribution

Candidate Name  
ZACHARY T SPACE

Office Sought:  House  
 Senate  
 President  
State: OH District: 18

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 6213

Date of Disbursement

/  /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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