

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2000 14TH ST
 Check if different than previously reported. (ACC)
ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER** 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 07 01 2008 through 07 31 2008

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 10 15 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		51869.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	35788.15									
(c) Total Receipts (from Line 19)	53615.04	203013.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89403.19	254883.16								
7. Total Disbursements (from Line 31)	24109.78	189589.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65293.41	65293.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	34641.52	103989.54
(i) Itemized (use Schedule A)	18961.84	96945.45
(ii) Unitemized	53603.36	200934.99
(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)	53603.36	200934.99
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	11.68	78.98
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))	53615.04	203013.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53615.04	203013.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	238.50	4641.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	238.50	4641.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	179000.00
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	485.00	2455.00
(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))	485.00	2455.00
29. Other Disbursements.....	386.28	3493.28
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))..	24109.78	189589.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24109.78	189589.75

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)	53603.36	200934.99
34. Total Contribution Refunds (from Line 28(d))	485.00	2455.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53118.36	198479.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	238.50	4641.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	238.50	4641.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 115

(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)

<p>A. Full Name (Last, First, Middle Initial) Suzetta E. Alberts</p> <p>Mailing Address 201W. Fort Street, Mail Code 7969</p> <p>City State Zip Code Detroit MI 48226</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Comerica Insurance Services Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 31 / 2008</p> <p>Transaction ID: 7721-P9187</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
<p>B. Full Name (Last, First, Middle Initial) Dulcinea M. Almazan</p> <p>Mailing Address 10700 Amber Ridge Dr</p> <p>City State Zip Code Las Vegas NV 89144-4448</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lovitt & Touche, Inc. Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 31 / 2008</p> <p>Transaction ID: 7721-P9308</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
<p>C. Full Name (Last, First, Middle Initial) Sharon Alt</p> <p>Mailing Address 6410 Southwest Blvd Ste 204</p> <p>City State Zip Code Fort Worth TX 76109-3920</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Alt Benefit Consultants, Inc. Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 07 / 31 / 2008</p> <p>Transaction ID: 7721-P8982</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>

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: (check only one)	PAGE 7 / 115
	<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) William Chester Anderson		Date of Receipt
	Mailing Address 205 Whippoorwill Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Altamonte Springs	FL	32701-7827
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Rogers Benefit Group		Occupation Marketing Representative	Transaction ID: 7772-P9488
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Mary Kathryn Anderson-Haught		Date of Receipt
	Mailing Address 512 Cambridge Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tyler	TX	75703-5264
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Strategies In Employee Benefits, Inc.		Occupation agent	Transaction ID: 7772-P9489
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			Payroll Deduction (\$10.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St # 6		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lubbock	TX	79424-3690
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Transaction ID: 7772-P9366
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="810.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
			Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL 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 8 / 115
(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)
Ginger T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City State Zip Code
Roanoke VA 24014-3004

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

Name of Employer Occupation
Lewis-Gale Medical Center Director of Provider Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9434

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Misty J. Baker

Mailing Address 502 Brookside Pass

City State Zip Code
Cedar Park TX 78613-4237

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

Name of Employer Occupation
Lonestar Benefit Solutions Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9005

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 5151 W River Rd

City State Zip Code
Waunakee WI 53597-9523

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

Name of Employer Occupation
Wisconsin Manufactures & Commerce Manager, Employee Benefit Sale

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9622

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 115
(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)
Darrald T Bean

Mailing Address 3922 Rampart St

City State Zip Code
Boise ID 83704-4557

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

Name of Employer
Bean Insurance

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: 7721-P8940

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ann C. Bell

Mailing Address 2171 S Pebblecreek Ln

City State Zip Code
Boise ID 83706-6123

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

Name of Employer
self employed

Occupation
agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: 7772-P9331

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bruce D. Benton

Mailing Address 20161 Delita Dr

City State Zip Code
Woodland Hills CA 91364-3521

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

Name of Employer
Genesis SmithBenton Insurance & Finan

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

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

Transaction ID: 7600

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 10 / 115

(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 D. Benton

Mailing Address 20161 Delita Dr

City State Zip Code
Woodland Hills CA 91364-3521

FEC ID number of contributing federal political committee. C

Name of Employer
Genesis SmithBenton Insurance & Finan

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
07 / 31 / 2008

Transaction ID: 7772-P9490

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
David A Berman

Mailing Address 8805 Sawleaf Rd

City State Zip Code
Indianapolis IN 46260-1534

FEC ID number of contributing federal political committee. C

Name of Employer
Neace Lukens Holding Company, Inc.

Occupation
agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
07 / 31 / 2008

Transaction ID: 7772-P9623

Amount of Each Receipt this Period
120.00

Payroll Deduction
(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City State Zip Code
Albuquerque NM 87111-3374

FEC ID number of contributing federal political committee. C

Name of Employer
Infinisource, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2008

Transaction ID: 7772-P9640

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 320.00

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 / 115

(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 J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City State Zip Code
Las Vegas NV 89121-3693

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

Name of Employer Occupation
KIA Insurance President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
590.38

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9081

Amount of Each Receipt this Period
168.68

Payroll Deduction
(\$84.34 Monthly)

B.

Full Name (Last, First, Middle Initial)
Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City State Zip Code
Lexington KY 40515-1157

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

Name of Employer Occupation
Al Torstrick Insurance Agency, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9134

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Russ Blakely

Mailing Address PO Box 11310

City State Zip Code
Chattanooga TN 37401-2310

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

Name of Employer Occupation
Russ Blakely & Associates Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9217

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	228.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David M. Block

Mailing Address 80 Challedon Dr

City State Zip Code
Candler NC 28715-9417

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

Name of Employer Insurance Specialties, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: 7772-P9492

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Michele B. Bloom

Mailing Address 2213A Walnut St

City State Zip Code
Harrisburg PA 17103-2427

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

Name of Employer Lillis, McKibben & Company
Occupation Plan Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt

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

Transaction ID: 7772-P9624

Amount of Each Receipt this Period
30.42

Payroll Deduction
(\$30.42 Monthly)

C. Full Name (Last, First, Middle Initial)
Tonya S Booth

Mailing Address 432 Halifax Dr

City State Zip Code
Coppell TX 75019-6264

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

Name of Employer Upshaw Insurance
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 7588

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **425.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 115
	<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 C. Bosier		Date of Receipt
	Mailing Address 6410 N Butler Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cedar Falls	IA	50613-9317
	FEC ID number of contributing federal political committee. C		Transaction ID: 7721-P8970
Name of Employer Net Worth Advisors		Occupation Account Manager	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="595.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Eleanor M. Brockhurst		Date of Receipt
	Mailing Address 5812 N 12th St Unit 4		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Phoenix	AZ	85014-2020
	FEC ID number of contributing federal political committee. C		Transaction ID: 7721-P8997
Name of Employer Brockhurst & Associates, Inc.		Occupation Agent	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="210.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Andrea Brody		Date of Receipt
	Mailing Address 6018 E Lowden Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cave Creek	AZ	85331-3004
	FEC ID number of contributing federal political committee. C		Transaction ID: 7772-P9499
Name of Employer United Healthcare Dental		Occupation Agent	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="210.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="230.00"/>
TOTAL 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 / 115

(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 S Brown

Mailing Address 56 Madison St

City State Zip Code
Gillette NJ 07933-1802

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

Name of Employer Occupation
Self Employed Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9059

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Thomas A. Bryon

Mailing Address 10504 Meadow Ln

City State Zip Code
Leawood KS 66206-2637

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

Name of Employer Occupation
Benefit Designs, Inc. Senior Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9184

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City State Zip Code
Anchorage AK 99503-4040

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

Name of Employer Occupation
The Wilson Agency, LLC Agent

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9395

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 115

(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)
Ric Byuer

Mailing Address 2740 Ski Ln

City State Zip Code
Madison WI 53713-3267

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

Name of Employer Occupation
EFlexgroup.com CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2008

Transaction ID: 7572

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Michael E. Carmean

Mailing Address 3075 Lee Road 248

City State Zip Code
Smiths AL 36877-3125

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

Name of Employer Occupation
Paragon Marketing Vice President, Group Sales & Marketi

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9495

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Donna Carnall

Mailing Address 413 Interamerica Blvd Ste 1

City State Zip Code
Laredo TX 78045-8285

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

Name of Employer Occupation
Self employed Agent

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9293

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Lorelei G. Castellani	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address PO Box 2100	Transaction ID: 7721-P9143
	City State Zip Code Branchville NJ 07826-2100	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Benefit Guidance Systems Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00	

B.	Full Name (Last, First, Middle Initial) Pete M. Chesney	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 938 N Callahan Ave	Transaction ID: 7684
	City State Zip Code Boise ID 83704-0627	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Security Insurance Services Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Russell B. Childers	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 402 Rawley Rd	Transaction ID: 7772-P9613
	City State Zip Code Americus GA 31719-2150	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Monthly)
	Name of Employer Russ Childers, CLU Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	615.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 115
(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)
Jonathan S. Clark
 Mailing Address 545 E 4500 S Ste E250
 City State Zip Code
Salt Lake City UT 84107-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Western Benefit Planners Agent
Insurance Se
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 8
Transaction ID: 7721-P9255
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David S. Cluley
 Mailing Address 2220 Glen Echo Dr SE
 City State Zip Code
Grand Rapids MI 49546-5521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
HealthPlus Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 8
Transaction ID: 7721-P9000
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard P. Coburn
 Mailing Address 19 Minor Ct
 City State Zip Code
San Rafael CA 94903-3716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Word & Brown Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 8
Transaction ID: 7721-P8987
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 115
	<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) Daniel E. Colacino		Date of Receipt
	Mailing Address 34 Carolanne Dr		<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 07 / 31 / 2008
	City	State	Zip Code
	Delmar	NY	12054-9710
	FEC ID number of contributing federal political committee. C		Transaction ID: 7721-P9233
Name of Employer Rose and Kiernan, Inc		Occupation Vice President	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 ▼ 595.00	<input type="text"/> 170.00
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Martha T. Collins		Date of Receipt
	Mailing Address 1430 Lemonwood Dr W		<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 07 / 31 / 2008
	City	State	Zip Code
	Upland	CA	91786-2539
	FEC ID number of contributing federal political committee. C		Transaction ID: 7721-P9121
Name of Employer Martin & Associates		Occupation Agent	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 ▼ 595.00	<input type="text"/> 170.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) George Scott Condos		Date of Receipt
	Mailing Address 8860 S Tenaya Way		<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 07 / 31 / 2008
	City	State	Zip Code
	Las Vegas	NV	89113-5502
	FEC ID number of contributing federal political committee. C		Transaction ID: 7772-P9497
Name of Employer Leavitt Insurance Agency		Occupation Charter Senior Financial Plann	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 ▼ 210.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 370.00
TOTAL 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 19 / 115
(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>A. Full Name (Last, First, Middle Initial) Susan T. Cook</p> <p>Mailing Address 280 Barrington Grange Dr</p> <p>City State Zip Code Sharpsburg GA 30277-3634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Kaiser Permanente Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2008</p> <p>Transaction ID: 7721-P9055</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Troy J. Cook</p> <p>Mailing Address 6600 Westown Pkwy # 250</p> <p>City State Zip Code West Des Moines IA 50266-7724</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Krist Insurance Services AGENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9326</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Carrie Cox</p> <p>Mailing Address 3621 Eastman Dr</p> <p>City State Zip Code Oklahoma City OK 73112-1439</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Oden Roberts Rohrman Insurance Group Benefits Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9641</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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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 20 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Johnny Lee Dawkins
Mailing Address PO Box 53809
City Fayetteville State NC Zip Code 28305-3809
FEC ID number of contributing federal political committee. **C**
Name of Employer Ebenconcepts Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9240
Amount of Each Receipt this Period 125.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Teresa F DeBruin
Mailing Address 5441 Edgerton Dr
City Norcross State GA Zip Code 30092-2185
FEC ID number of contributing federal political committee. **C**
Name of Employer DeBruin Benefit Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P8942
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David Deitch
Mailing Address 2785 E Desert Inn Rd Ste 260
City Las Vegas State NV Zip Code 89121-3693
FEC ID number of contributing federal political committee. **C**
Name of Employer KIA Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9167
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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 21 / 115
(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)
Stephanie Denz
Mailing Address 1808 Hickory Trace Dr
City Orange Park State FL Zip Code 32003-8387
FEC ID number of contributing federal political committee. **C**
Name of Employer Gallagher Benefit Services, Inc. Occupation Senior Benefit Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9237
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lisa S. DeRycke
Mailing Address 4154 E 38th St
City Tulsa State OK Zip Code 74135-2502
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Designs of Oklahoma, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9116
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rush David Dixon
Mailing Address 1375 Piccard Dr
City Rockville State MD Zip Code 20850-4311
FEC ID number of contributing federal political committee. **C**
Name of Employer Early Cassidy and Schilling Occupation VP of Employee Benefits
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9082
Amount of Each Receipt this Period 240.00
Payroll Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 330.00
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 / 115
(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)
Steve H. Dodder
 Mailing Address PO Box 2069
 City Monument State CO Zip Code 80132-2069
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9388
 Amount of Each Receipt this Period 120.00
 Payroll Deduction (\$60.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Assurant Health Occupation Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 420.00

B. Full Name (Last, First, Middle Initial)
Claudia S. Dodge
 Mailing Address 606 Wexwood Ct
 City Richmond State VA Zip Code 23236-4138
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9155
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer BB&T Benefit Consultants of Virginia Occupation Sales Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 210.00

C. Full Name (Last, First, Middle Initial)
Cynthia H. Doucet
 Mailing Address 206 Bon Mange Cir
 City Lafayette State LA Zip Code 70506-3748
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9475
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Global Financial Resources, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 210.00

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: (check only one)	PAGE 23 / 115
	<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) Joseph F. Dowd		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 106 S Princeton Ave		Transaction ID: 7721-P9248
	City Wenonah	State NJ	Zip Code 08090-1937
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kistler-Tiffany Benefits	Occupation Agent	Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Cynthia Downing		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 1214 W Tenaya Way		Transaction ID: 7597
	City Fresno	State CA	Zip Code 93711-2047
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer California AHU	Occupation President and CEO	Aggregate Year-to-Date 1000.00

C.	Full Name (Last, First, Middle Initial) Betty R. Doyle		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3304 Cedar Valley Rd		Transaction ID: 7772-P9594
	City Moore	State OK	Zip Code 73170-7929
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Doyle Insurance Source	Occupation Agent	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 115

(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)

Dana Drake

Mailing Address 706 N 19th St

City State Zip Code
Coeur D Alene ID 83814-5549

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

Name of Employer Occupation
Schedler Mack Insurance, Inc. Agent

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9595

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Keith M. Duhon

Mailing Address 208 Essex St

City State Zip Code
Lafayette LA 70506-6133

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

Name of Employer Occupation
The Family Insurance Center, Inc. Agent

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9606

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Meredith Beam Dye

Mailing Address 6529 Deane Hill Dr Apt 46

City State Zip Code
Knoxville TN 37919-6011

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

Name of Employer Occupation
Abacus Benefits Management, LLC Sales Representative

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9165

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Eugene Denny Ebersole		Date of Receipt
	Mailing Address 201 Evans Rd Bldg 3 Ste 103A		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Harahan	LA	70123-5230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ebersole & Associates, Inc.		Occupation Agent	Transaction ID: 7721-P9113
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="985.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$170.00 Monthly)	<input type="text" value="170.00"/>

B.	Full Name (Last, First, Middle Initial) Michael A. Embry		Date of Receipt
	Mailing Address 26240 Wacker Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New Baltimore	MI	48051-3306
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Comerica Insurance Services, Inc.		Occupation VP - Group Benefits Division	Transaction ID: 7721-P8978
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="510.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="170.00"/>

C.	Full Name (Last, First, Middle Initial) Linda M. Erlenbach		Date of Receipt
	Mailing Address 151 Belcourt Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Aurora	OH	44202-8438
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer L.M. Erlenbach, Inc.		Occupation Benefits Consultant	Transaction ID: 7772-P9609
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"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="60.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL 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 26 / 115
(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
Mailing Address 2113 Dakota Dr
City Noblesville State IN Zip Code 46062-9075
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Insurance Concepts, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9313
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David L. Fear
Mailing Address 8340 Conover Dr
City Citrus Heights State CA Zip Code 95610-0812
FEC ID number of contributing federal political committee. **C**
Name of Employer CIMS Strategic Distribution Division Occupation Director of Strategic Distribution
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9480
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Catherine Ficara
Mailing Address 26999 Central Park Blvd
City Southfield State MI Zip Code 48076-4174
FEC ID number of contributing federal political committee. **C**
Name of Employer Austin Financial Group, LLC Occupation agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9645
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 27 / 115
(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)
Dennis G. Fletcher

Mailing Address 2510 N Pines Rd Ste 205

City State Zip Code
Spokane WA 99206-7636

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

Name of Employer Occupation
The Fletcher Financial Group President

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9218

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 8109 Rancho Largo Ct NW

City State Zip Code
Albuquerque NM 87120-3492

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

Name of Employer Occupation
CBA Mgr., Sales/Retention Division

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 7590

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City State Zip Code
Peoria IL 61615-2088

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

Name of Employer Occupation
OSF HealthPlans Group Representative

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7772-P9393

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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 28 / 115
(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 M Frazer
Mailing Address 1751 Wyngate Cir
City Mount Pleasant State SC Zip Code 29466-8016
FEC ID number of contributing federal political committee. **C**
Name of Employer SeniorCareUSA,LLC Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9141
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Linda K. Friedrich
Mailing Address 3011 Crown Pointe Rd
City Lincoln State NE Zip Code 68506-5168
FEC ID number of contributing federal political committee. **C**
Name of Employer UNICO Financial Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9604
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kelly Don Fristoe
Mailing Address 807 8th St Ste 300
City Wichita Falls State TX Zip Code 76301-3317
FEC ID number of contributing federal political committee. **C**
Name of Employer Financial Partners Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9332
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 115
(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>A. Full Name (Last, First, Middle Initial) James S. Garbina</p> <p>Mailing Address 16510 Summit Dr</p> <p>City State Zip Code <u>Omaha</u> <u>NE</u> <u>68136-4038</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Harry A. Koch Co. Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 595.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9633</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Bruce L. Gardner</p> <p>Mailing Address 504 Bulian Ln</p> <p>City State Zip Code <u>Austin</u> <u>TX</u> <u>78746-5423</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Bruce Gardner Insurance & Investments Occupation: Registered Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 560.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9634</p> <p>Amount of Each Receipt this Period 160.00</p> <p>Payroll Deduction (\$80.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Joy K. Gardner</p> <p>Mailing Address 10605 Sterling Ridge Way</p> <p>City State Zip Code <u>Reno</u> <u>NV</u> <u>89521-5199</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Comstock Insurance Agencies, Inc. Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9635</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Donald W. Garlitz

Mailing Address 1082 S Slate Canyon Dr

City Provo State UT Zip Code 84606-6455

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

Name of Employer FirstWest Benefit Solutions Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9482
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
G. Russell Garner

Mailing Address 1308 Murraywood Dr

City Columbia State SC Zip Code 29212-1159

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

Name of Employer Self Employed Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9083
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles T. Gartlan

Mailing Address 1463 Whitty Rd

City Toms River State NJ Zip Code 08753-2714

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

Name of Employer BenefitPort Mid-Atlantic, LLC Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 705.00

Date of Receipt 07 / 03 / 2008
Transaction ID: 7570
Amount of Each Receipt this Period 425.00

SUBTOTAL of Receipts This Page (optional) ▶ 485.00

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 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles T. Gartlan
Mailing Address 1463 Whitty Rd
City Toms River State NJ Zip Code 08753-2714
FEC ID number of contributing federal political committee. **C**
Name of Employer BenefitPort Mid-Atlantic, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 790.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9215
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John Philip Garven
Mailing Address 11865 Blue Bayou Dr
City Huntley State IL Zip Code 60142-6764
FEC ID number of contributing federal political committee. **C**
Name of Employer Benico, LTD Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9266
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jeffrey Wm. Gennaro
Mailing Address 523 W Vista Ave
City Phoenix State AZ Zip Code 85021-7257
FEC ID number of contributing federal political committee. **C**
Name of Employer Capitol Insurance Brokers, Inc. Occupation agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00
Date of Receipt 07 / 03 / 2008
Transaction ID: 7581
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 32 / 115
(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)
Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City Phoenix State AZ Zip Code 85021-7257

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

Name of Employer: Capitol Insurance Brokers, Inc. Occupation: agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: 7721-P9117

Amount of Each Receipt this Period: 170.00

Payroll Deduction: (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Charles J. Giardina

Mailing Address 41 Seven Oaks Rd

City Marrero State LA Zip Code 70072-5059

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

Name of Employer: MetLife Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: 7772-P9599

Amount of Each Receipt this Period: 30.00

Payroll Deduction: (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City Ridgefield Park State NJ Zip Code 07660-1516

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

Name of Employer: The Employee Benefits Advisors Group Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: 7721-P9139

Amount of Each Receipt this Period: 120.00

Payroll Deduction: (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 320.00

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 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Carolyn L. Goodwin
Mailing Address 4959 Mill Run Rd
City Dallas State TX Zip Code 75244-6530
FEC ID number of contributing federal political committee. **C**
Name of Employer Goodwin Benefits Group, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9017
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Michael D. Gray
Mailing Address 7305 Pioneers Blvd
City Lincoln State NE Zip Code 68506-7519
FEC ID number of contributing federal political committee. **C**
Name of Employer The Harry A. Koch Company Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9612
Amount of Each Receipt this Period 200.00
Payroll Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jerrri J. Gregory
Mailing Address 925 Euclid Ave
City Des Moines State IA Zip Code 50313-4027
FEC ID number of contributing federal political committee. **C**
Name of Employer AFLAC Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9483
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 115
	<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) Patricia A Griffey		Date of Receipt
	Mailing Address 56294 Primrose Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Elkhart	IN	46516-1509
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P9158
		Amount of Each Receipt this Period	
		<input type="text"/> 120.00	
Name of Employer Page 1 Benefits, Inc.		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	(\$60.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Stephen A. Grim		Date of Receipt
	Mailing Address 2720 Mandolin Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Virginia Beach	VA	23451
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P9223
		Amount of Each Receipt this Period	
		<input type="text"/> 180.00	
Name of Employer Mid-Atlantic Agency, Inc.		Occupation President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 520.00	(\$95.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Robert A Grundman		Date of Receipt
	Mailing Address 7412 Karl Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Lincoln	NE	68516-4368
	FEC ID number of contributing federal political committee.		Transaction ID: 7772-P9580
		Amount of Each Receipt this Period	
		<input type="text"/> 80.00	
Name of Employer Senior Benefit Strategies		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 340.00	(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 380.00
TOTAL 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 35 / 115

(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 St

City State Zip Code
Greenville SC 29601-3117

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

Name of Employer Occupation
The Cason Group, Inc. Agent

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9023

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Cristy Russell Gupton

Mailing Address 2138 Goodman Lake Rd

City State Zip Code
Morganton NC 28655-7075

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

Name of Employer Occupation
Colonial Supplemental Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 815.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9239

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Antonio Gutierrez

Mailing Address 12833 Riverdance Dr.

City State Zip Code
Raleigh NC 27613

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

Name of Employer Occupation
Integrated Benefit Solutions, Inc. Broker

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9079

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 115
(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)
Teresa Gutierrez

Mailing Address 12833 River Dance Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer Integrated Benefit Solutions, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9201

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Matt Haas

Mailing Address 4747 N 1st St Ste 140

City Fresno State CA Zip Code 93726-0517

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

Name of Employer Professional Exchange Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 07 / 2008

Transaction ID: 7598

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City Nevada City State CA Zip Code 95959-2945

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

Name of Employer Halby Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9188

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Walter T. Hale

Mailing Address 211 E Church St

City State Zip Code
Morrliton AR 72110-3419

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

Name of Employer Hawkins Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9098

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City State Zip Code
Fayetteville NC 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2870.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9137

Amount of Each Receipt this Period 820.00

Payroll Deduction (\$410.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Gerald G Hartman

Mailing Address 3822 Gemini Cir

City State Zip Code
Boise ID 83709-4834

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

Name of Employer Insurance Network America Inc Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P8984

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 / 115

(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) William J. Hartman		Date of Receipt MM / DD / YYYY 07 / 03 / 2008		
	Mailing Address 215 Airport North Office Park		Transaction ID: 7578		
	City Fort Wayne	State IN	Zip Code 46825-6702	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Hartman Insurance Services	Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Roberta L. Hathaway		Date of Receipt MM / DD / YYYY 07 / 03 / 2008		
	Mailing Address 4720 Grenada Ct		Transaction ID: 7574		
	City Rocklin	State CA	Zip Code 95765-5208	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Kaiser Permanente	Occupation Sales Executive, Sacramento			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Richard S. Hawkins		Date of Receipt MM / DD / YYYY 07 / 03 / 2008		
	Mailing Address PO Box 4247		Transaction ID: 7575		
	City Riverside	State CA	Zip Code 92514-4247	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Richard Hawkins Insurance Services	Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1095.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lori Headley		Date of Receipt
	Mailing Address PO Box 14725		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Portland	OR	97293-0725
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Healthwise Insurance Plan- ning		Occupation Agent	Transaction ID: 7721-P9067
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>
		Payroll Deduction	
			(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Timothy Hendricks		Date of Receipt
	Mailing Address 1605 S Eucalyptus Ave		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Broken Arrow	OK	74012-5995
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Business Planning Group Of OK		Occupation Agent	Transaction ID: 7772-P9398
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="700.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="200.00"/>
		Payroll Deduction	
			(\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Joseph E. Henehan		Date of Receipt
	Mailing Address 685 Carnegie Dr Ste 205		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Bernardino	CA	92408-3550
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Henehan Company		Occupation Agent	Transaction ID: 7717-P8822
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="340.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="85.00"/>
		Payroll Deduction	
			(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="315.00"/>
TOTAL 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 40 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jon Hicks
Mailing Address 3620 Mountainside Dr
City Colorado Springs State CO Zip Code 80918-5528
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks Benefit Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9152
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Porter W. Hicks
Mailing Address 352 Ridgetop Rd.
City Fleetwood State NC Zip Code 28626
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks, Kohler & Associates Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9151
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard L Hill
Mailing Address 4435 O St
City Lincoln State NE Zip Code 68510-1842
FEC ID number of contributing federal political committee. **C**
Name of Employer UNICO Financial Services, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9362
Amount of Each Receipt this Period 120.00
Payroll Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 180.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City State Zip Code
Brookfield WI 53045-4558

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

Name of Employer Occupation
Diversified Insurance Services, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9180

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert V. Holland

Mailing Address PO Box 698

City State Zip Code
Centralia WA 98531-0698

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

Name of Employer Occupation
Centralia General Agencies Agent

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7772-P9370

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Gloria D. Hopper

Mailing Address 613 Sunnybrook Dr

City State Zip Code
Monroe NC 28110-2770

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

Name of Employer Occupation
Wachovia Insurance Services, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7772-P9583

Amount of Each Receipt this Period
80.00

Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 115

(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)
Kymberly J. Hopwood

Mailing Address 1955 Las Colinas Dr

City State Zip Code
Brentwood CA 94513-6601

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

Name of Employer Occupation
Dealey, Renton & Associates Account Executive

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9296

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Greg Horstman

Mailing Address N7940 County Rd E

City State Zip Code
Watertown WI 53094-9535

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

Name of Employer Occupation
WisconsinRx Agent

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P8944

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Occupation
Health Alliance Plan Agent

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9212

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 115

(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) A. Watts Huckabee		Date of Receipt
	Mailing Address 611 Forest Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rock Hill	SC	29730-3720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carolina's Insurance Group		Occupation AGENT	Transaction ID: 7721-P9202
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Lisa L. Ills		Date of Receipt
	Mailing Address 2401 E Mercer Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Phoenix	AZ	85028-2527
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Glass Financial Group		Occupation Employee Benefit Consultant	Transaction ID: 7721-P9118
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="70.00"/>
			Payroll Deduction (\$35.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Leah Anne Janway		Date of Receipt
	Mailing Address 2225 SW 96th St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Oklahoma City	OK	73159-6861
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Berryhill Insurance Agency, Inc.		Occupation Agent	Transaction ID: 7772-P9601
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

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 44 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Julia A. Jennings
Mailing Address 2 Lady Slipper Ln
City Marion State MA Zip Code 02738-1294
FEC ID number of contributing federal political committee. **C**
Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Vice President, Employee Benef
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P8998
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
R. Allan Jensen
Mailing Address 6060 S Kenton Way
City Englewood State CO Zip Code 80111-5728
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9498
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David S Johnson
Mailing Address 1482 Baron Ct
City Stone Mountain State GA Zip Code 30087-3037
FEC ID number of contributing federal political committee. **C**
Name of Employer David S. Johnson Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9035
Amount of Each Receipt this Period 200.00
Payroll Deduction (\$100.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 45 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Judy Anne Johnson
Mailing Address 5581 N Barrasca Ave
City Tucson State AZ Zip Code 85750-6495
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Arizona Occupation Account Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 241.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9132
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert D. Johnson
Mailing Address 2684 Heywood Ln
City Hayes State VA Zip Code 23072-4428
FEC ID number of contributing federal political committee. **C**
Name of Employer Corporate Insurance Concepts, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9261
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Suzanne K. Johnson
Mailing Address 6235 Morrison Blvd Ste 302
City Charlotte State NC Zip Code 28211-3508
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Employee Benefit Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9396
Amount of Each Receipt this Period 80.00
Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 170.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 115

(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)
Kenneth Jones

Mailing Address 13500 Shaker Blvd Apt 502

City State Zip Code
Cleveland OH 44120-1572

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

Name of Employer Occupation
GBA Solutions agent

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9138

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Keith Jordano

Mailing Address 12751 Orange Blvd

City State Zip Code
West Palm Beach FL 33412-1413

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

Name of Employer Occupation
Jordano Insurance Group, Inc. President/CEO

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

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P9045

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-9161

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

Name of Employer Occupation
Kaczmarek Insurance Services, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7772-P9597

Amount of Each Receipt this Period
200.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ►

260.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Thelma Darlene Kaczmarek
Mailing Address 6711 Berry Rd
City State Zip Code
Ravenna OH 44266-9161
FEC ID number of contributing federal political committee. **C**
Name of Employer: Kaczmarek Ins. Services Agency, Inc. Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9598
Amount of Each Receipt this Period: 200.00
Payroll Deduction: (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
George R Keeling
Mailing Address 1875 N Highway 385
City State Zip Code
Levelland TX 79336-9493
FEC ID number of contributing federal political committee. **C**
Name of Employer: George R. Keeling Insurance Agency Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9590
Amount of Each Receipt this Period: 170.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joseph A. Kelliher
Mailing Address 24 Sawyer Dr
City State Zip Code
Salem VA 24153-6810
FEC ID number of contributing federal political committee. **C**
Name of Employer: Benefits Group, Inc. Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9458
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 48 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Carolyn J. King
Mailing Address 6 Country Ln
City State Zip Code
Sussex NJ 07461-4630
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
New England Financial Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9191
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Laurie J Kirkland
Mailing Address 6601 Glacier Ct
City State Zip Code
Yakima WA 98908-2382
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Conover Insurance, Inc. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9124
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Barbara Jean Knox
Mailing Address 318 Calash Run
City State Zip Code
Fort Wayne IN 46845-2104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Intrahealthsolutions, Inc. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9571
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 115

(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 87111-6841

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

Name of Employer Occupation
Presbyterian Health Plan VP Medicare Programs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9057

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Eric Kohlsdorf

Mailing Address 3703 SW 28th Pl

City State Zip Code
Des Moines IA 50321-2030

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

Name of Employer Occupation
BSP Group Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2008

Transaction ID: 7577

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Ross W. Kraft

Mailing Address 21 Jordan Rd

City State Zip Code
New Hartford NY 13413-2311

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

Name of Employer Occupation
Meridian Group of New York, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.94

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9086

Amount of Each Receipt this Period

30.42

Payroll Deduction

(\$30.42 Monthly)

SUBTOTAL of Receipts This Page (optional)

565.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mary B. Kramer		Date of Receipt
	Mailing Address 2120 Nelsons Creek Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Omaha	NE	68116-5135
	FEC ID number of contributing federal political committee. C		Transaction ID: 7772-P9461
Name of Employer Holmes Murphy and Associates, Inc.		Occupation Vice President	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 ▼ 280.00	<input type="text"/> 80.00
		Payroll Deduction	
		(\$40.00 Monthly)	

B.	Full Name (Last, First, Middle Initial) James A. Lawless		Date of Receipt
	Mailing Address 435 Kingswood		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Lexington	KY	40502-1000
	FEC ID number of contributing federal political committee. C		Transaction ID: 7721-P8972
Name of Employer Lawless Insurance Agency		Occupation Owner/Agent	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 ▼ 210.00	<input type="text"/> 30.00
		Payroll Deduction	
		(\$30.00 Monthly)	

C.	Full Name (Last, First, Middle Initial) Scott A. Leavitt		Date of Receipt
	Mailing Address 12988 W Paint Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Boise	ID	83713-1947
	FEC ID number of contributing federal political committee. C		Transaction ID: 7772-P9561
Name of Employer Scott Leavitt Insurance & Financial S		Occupation Agent	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 ▼ 815.00	<input type="text"/> 145.00
		Payroll Deduction	
		(\$30.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 255.00
TOTAL 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: (check only one)	PAGE 51 / 115
	<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) Margaret LeClair		Date of Receipt																					
	Mailing Address 6701 Upper Afton Rd		<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>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	4		2	0	0	8														
	City State Zip Code Saint Paul MN 55125-2154		Transaction ID: 7790																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00																						
Name of Employer LeClair Corporation		Occupation President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00																						

B.	Full Name (Last, First, Middle Initial) Brian W. Liechty		Date of Receipt																					
	Mailing Address 120 E Washington 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>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		0	1		2	0	0	8														
	City State Zip Code Plymouth IN 46563-1744		Transaction ID: 7717-P8597																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00																						
Name of Employer KL Benefits		Occupation Benefits Spec																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 620.00																						
		Payroll Deduction (\$85.00 Monthly)																						

C.	Full Name (Last, First, Middle Initial) Charles N. Lineberger		Date of Receipt																					
	Mailing Address 2927 Berwick Ln		<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>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	1		2	0	0	8														
	City State Zip Code Gastonia NC 28054-6055		Transaction ID: 7772-P9462																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00																						
Name of Employer Benefit Partners, Inc.		Occupation President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00																						
		Payroll Deduction (\$30.00 Monthly)																						

SUBTOTAL of Receipts This Page (optional)	▶	480.00
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 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Chris Lokken
Mailing Address 2851 W Princeton Ave
City Eau Claire State WI Zip Code 54703-1343
FEC ID number of contributing federal political committee. **C**
Name of Employer Johnson Insurance Services Occupation Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9090
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Stephen Michael Louro
Mailing Address 225 Wireless Blvd Fl 2
City Hauppauge State NY Zip Code 11788-3914
FEC ID number of contributing federal political committee. **C**
Name of Employer Professional Group Plans Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 02 / 2008
Transaction ID: 7557
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Douglas Lubenow
Mailing Address 3 Fulton Dr
City Mount Laurel State NJ Zip Code 08054-4510
FEC ID number of contributing federal political committee. **C**
Name of Employer Lubenow Agency Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9399
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1060.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 115
(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 Tullis Luvisi
Mailing Address 2185 Avian Pl
City Jacksonville State FL Zip Code 32224-3011
FEC ID number of contributing federal political committee. **C**
Name of Employer James F. Tullis & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9183
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Maurice Lyons
Mailing Address 301 Madison Ave Fl 4
City New York State NY Zip Code 10017-8103
FEC ID number of contributing federal political committee. **C**
Name of Employer The Medical Link, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 765.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9197
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Thomas G. Magnus
Mailing Address PO Box 999
City El Granada State CA Zip Code 94018-0999
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross of California Occupation Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9299
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 54 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Victoria A. Major-Bell
Mailing Address 3602 Harwich Ct
City Lake Worth State FL Zip Code 33467-1532
FEC ID number of contributing federal political committee. **C**
Name of Employer VMB Solutions Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 07 / 07 / 2008
Transaction ID: 7592
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Victoria A. Major-Bell
Mailing Address 3602 Harwich Ct
City Lake Worth State FL Zip Code 33467-1532
FEC ID number of contributing federal political committee. **C**
Name of Employer VMB Solutions Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9566
Amount of Each Receipt this Period 10.00
Payroll Deduction (\$10.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard S. Manin
Mailing Address 33 Manchester St
City Galloway State NJ Zip Code 08205-3678
FEC ID number of contributing federal political committee. **C**
Name of Employer Richard S. Manin Insurance Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9177
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 115
	<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 C. Martin		Date of Receipt
	Mailing Address 6 Rasada Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Weaverville	NC	28787-9306
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ebenconcepts		Occupation Agent	Transaction ID: 7772-P9463
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="280.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$40.00 Monthly)	<input type="text" value="80.00"/>

B.	Full Name (Last, First, Middle Initial) Phyllis Martinsen		Date of Receipt
	Mailing Address 8331 W Cory Ct		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Boise	ID	83704-5725
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Byron Hyatt Erstad & Co		Occupation Agent	Transaction ID: 7721-P9234
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="575.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="60.00"/>

C.	Full Name (Last, First, Middle Initial) Matthew L. Masone		Date of Receipt
	Mailing Address 367 Sheffield Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Severna Park	MD	21146-1647
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lincoln Financial Group		Occupation Agent	Transaction ID: 7721-P9105
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="315.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$45.00 Monthly)	<input type="text" value="90.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="230.00"/>
TOTAL 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 56 / 115

(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) Donald L. Mathern		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7650 Cherrywood Dr		Transaction ID: 7721-P8968
	City Boise	State ID	Zip Code 83704-3541
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Insurance Specialists	Occupation Agent	Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michael E. Matznick		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3207 Cottingham Ct		Transaction ID: 7721-P8959
	City Greensboro	State NC	Zip Code 27410-8362
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00
	Name of Employer EbenConcepts Company	Occupation Agent	Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Tom W Mayer		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2720 Aldrich Ave S		Transaction ID: 7721-P9104
	City Minneapolis	State MN	Zip Code 55408-1316
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Direct Benefits, Inc.	Occupation Owner	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	230.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Chris McConathy		Date of Receipt
	Mailing Address 37 Azusa Ave		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ventura	CA	93004-3800
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer wellpoint		Occupation Director, Dental Sales	Transaction ID: 7721-P9205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="595.00"/>	Amount of Each Receipt this Period <input type="text" value="170.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) John R. McConaughy		Date of Receipt
	Mailing Address 6312 Anthony Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Liberty Twp	OH	45011-1303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer JRM & Associates Agency, Inc		Occupation Agent	Transaction ID: 7721-P9102
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) H. Luke McDermott		Date of Receipt
	Mailing Address 1044 Park Palisade Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	South Jordan	UT	84095-2229
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer McDermott Company & Associates		Occupation Agent	Transaction ID: 7721-P8991
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
			Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL 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 58 / 115
(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)
Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City Lincoln State NE Zip Code 68507-1234

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

Name of Employer Les McGerr & Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9153

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City Tulsa State OK Zip Code 74137-5534

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 23 / 2008

Transaction ID: 7699

Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City Spokane State WA Zip Code 99202-1525

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

Name of Employer Jones & Mitchell Insurance Occupation Benefits Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9004

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David W. Meister

Mailing Address 5203 N. Alhu Ct

City Peoria State IL Zip Code 61615

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

Name of Employer Managed Benefits Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9189

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Monte A. Merken

Mailing Address 24577 Indian Hill Ln

City West Hills State CA Zip Code 91307-3829

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

Name of Employer Petersen International Underwriters Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7772-P9466

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City Katy State TX Zip Code 77450-4909

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

Name of Employer TradeMark Insurance Agency LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9087

Amount of Each Receipt this Period 200.00

Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 260.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 115
	<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) Bradley V. Miles		Date of Receipt
	Mailing Address 11417 E 44th Ave		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Spokane Valley	WA	99206-9403
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Brad Miles Insurance		Occupation Agent	Transaction ID: 7721-P9077
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Jeffrey R. Miles		Date of Receipt
	Mailing Address 736 Amoroso PI		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Venice	CA	90291-3802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Miles Organization, Inc.		Occupation Agent	Transaction ID: 7721-P9014
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="595.00"/>	Amount of Each Receipt this Period <input type="text" value="170.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Stephanie Monette		Date of Receipt
	Mailing Address 1510 Meadow Wood Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Reno	NV	89502-8503
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Saint Mary's Health Plans		Occupation Agent	Transaction ID: 7772-P9394
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="260.00"/>
TOTAL 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 61 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David R. Moore

Mailing Address 605 Truitt Dr

City State Zip Code
Elon NC 27244-9262

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

Name of Employer: David R. Moore, CLU & Associates
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9568
Amount of Each Receipt this Period: 170.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Wesley P. Moore

Mailing Address PO Box 604

City State Zip Code
Darlington SC 29540-0604

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

Name of Employer: W P Moore Agency
Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9391
Amount of Each Receipt this Period: 220.00
Payroll Deduction: (\$110.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City State Zip Code
Boulder CO 80301-3520

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

Name of Employer: Colorado Employee Benefit Group, LLC
Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9176
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 115
(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)
Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City Upland State CA Zip Code 91786-4701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9097
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Michele H. Myers

Mailing Address 85 N Danny Thomas Blvd

City Memphis State TN Zip Code 38103-2321

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

Name of Employer BlueCross BlueShield of Tennessee Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9037
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Joshua D. Nace

Mailing Address 936 N 34th St Ste 208

City Seattle State WA Zip Code 98103-8869

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

Name of Employer Dental Health Services, Inc. Occupation Vice President Sales & Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9427
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

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

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

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

FOR LINE NUMBER: PAGE 63 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Joel Neil Newman
 Mailing Address 3305 115th Ave NE Apt 301
 City State Zip Code
 Bellevue WA 98004-7745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colonial Supplemental Ins. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P8953
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Trisha Norket
 Mailing Address 1401 Riverside Dr
 City State Zip Code
 Charlotte NC 28214-9651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wachovia Insurance Services Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P8939
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Michael A. Norris
 Mailing Address PO Box 2052
 City State Zip Code
 Franklin NC 28744-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayah Insurance Agency Occupation Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9472
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 64 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Frank R. Novy
Mailing Address 21238 Woodview Cir
City Strongsville State OH Zip Code 44149-9261
FEC ID number of contributing federal political committee. **C**
Name of Employer: Qualified Administrative Services, In Occupation: Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9084
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tiffany Otis-Albert
Mailing Address 18920 Stonewater Blvd
City Northville State MI Zip Code 48168-8560
FEC ID number of contributing federal political committee. **C**
Name of Employer: PPOM Occupation: Vice President Corporate Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P8952
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John C. Parker
Mailing Address 47 Laurel Hill Dr
City Niantic State CT Zip Code 06357-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer: Parker Agency Occupation: Principal
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 630.00
Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9553
Amount of Each Receipt this Period: 180.00
Payroll Deduction: (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) **240.00**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Jesse A. Patton
 Mailing Address 701 Grand Ave
 City State Zip Code
 West Des Moines IA 50265-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associations Marketing Group, Inc. Occupation CEO/President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2450.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9211
 Amount of Each Receipt this Period 700.00
 Payroll Deduction (\$350.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Alyce Pendell
 Mailing Address 3030 SE 12th St Unit 1077
 City State Zip Code
 Renton WA 98058-3887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sprague Israel Giles, Inc. Occupation Employee Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9272
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Ross W. Pendergraft
 Mailing Address 16622 Calahan St
 City State Zip Code
 North Hills CA 91343-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arroyo Insurance Services, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9159
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **760.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Clifford E. Perras

Mailing Address 1621 Cedar St

City State Zip Code
South Bend IN 46617-2533

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

Name of Employer Perras & Associates Occupation Agent

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

Date of Receipt

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

Transaction ID: 7772-P9359

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David R. Perry

Mailing Address 2003 Charvais Dr

City State Zip Code
Lake Charles LA 70601-5605

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

Name of Employer The Perry Agency, Inc. Occupation President

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

Date of Receipt

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

Transaction ID: 7772-P9554

Amount of Each Receipt this Period
120.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jackie Audrey Peterson

Mailing Address 816 Calle Myriam

City State Zip Code
Sparks NV 89436-0663

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

Name of Employer Self Employed Occupation Agent

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

Date of Receipt

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

Transaction ID: 7772-P9563

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Joe Pifer
Mailing Address 2323 N. Houston St.
City Dallas State TX Zip Code 75219
FEC ID number of contributing federal political committee. **C**
Name of Employer SafeGuard Dental & Vision Occupation Sr. Account Executive
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9447
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Randall K. Pifer
Mailing Address 940 Colorado Ave
City Grand Junction State CO Zip Code 81501-3519
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefits Consulting Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 07 / 07 / 2008
Transaction ID: 7585
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Joseph E. Pittman
Mailing Address 7430 Vinton St
City Omaha State NE Zip Code 68124-3452
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Association Management Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9147
Amount of Each Receipt this Period 70.00
Payroll Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 605.00
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 / 115
(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 R. Pittman
Mailing Address 32418 51st Ave SW

City State Zip Code
Federal Way WA 98023-1936

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

Name of Employer Occupation
Insure NW Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9381

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Angela Potts Bopp
Mailing Address 1205 Highway 2 Ste 202

City State Zip Code
Sandpoint ID 83864-2716

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

Name of Employer Occupation
Harris/Dean Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9418

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Terri B. Pritchard
Mailing Address 1399 Ashleybrook Ln Ste 110

City State Zip Code
Winston Salem NC 27103-2961

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

Name of Employer Occupation
Third Party Marketers Of America, Inc. Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9190

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John G. Prue
Mailing Address 12713 S Edinburgh St
City Olathe State KS Zip Code 66062-1300
FEC ID number of contributing federal political committee. **C**
Name of Employer Humana, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9449
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Colleen Mary Pruitt
Mailing Address 5805 75th St
City Lubbock State TX Zip Code 79424-1727
FEC ID number of contributing federal political committee. **C**
Name of Employer TACT Insurance Agency Occupation Agency Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9450
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Connie Puett
Mailing Address 5160 N Eyrie Way
City Boise State ID Zip Code 83703-4287
FEC ID number of contributing federal political committee. **C**
Name of Employer Primary Health Occupation Marketing & Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 217.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9172
Amount of Each Receipt this Period 31.00
Payroll Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 231.00
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: (check only one)	PAGE 70 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rebecca L. Purdy		Date of Receipt
	Mailing Address 8121 Desert Jewel Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Las Vegas	NV	89128-7741
	FEC ID number of contributing federal political committee.		Transaction ID: 7772-P9451
		Amount of Each Receipt this Period	<input type="text"/> 30.00
Name of Employer The Onyx Group		Occupation Agent	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey A. Ranf		Date of Receipt
	Mailing Address 2600 Denali St Ste 102		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Anchorage	AK	99503-2746
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P8994
		Amount of Each Receipt this Period	<input type="text"/> 70.00
Name of Employer Wallace Group Services		Occupation Partner	Payroll Deduction (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 245.00	

C.	Full Name (Last, First, Middle Initial) Susan Maley Rash		Date of Receipt
	Mailing Address 2519 Kettlewell Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Midlothian	VA	23113-6726
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P9048
		Amount of Each Receipt this Period	<input type="text"/> 170.00
Name of Employer BB&T Benefit Consultants of Virginia.		Occupation Vice President	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 595.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 270.00
TOTAL 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: (check only one)	PAGE 71 / 115
	<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 C Rauser		Date of Receipt
	Mailing Address 949 Lamplighter Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Grafton	WI	53024-9314
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Rauser Agency, Inc.		Occupation Agent	Transaction ID: 7721-P9033
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1190.00"/>	Amount of Each Receipt this Period <input type="text" value="340.00"/>
			Payroll Deduction (\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Dennis J. Recker		Date of Receipt
	Mailing Address 971 N Perry St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ottawa	OH	45875-1218
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Fawcett, Lammon, Recker & Associates		Occupation Registered Representative	Transaction ID: 7772-P9379
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jordan R Redman		Date of Receipt
	Mailing Address 7775 N Joanna Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Coeur D Alene	ID	83815-9851
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Redman Insurance		Occupation Agent	Transaction ID: 7721-P9179
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL 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 72 / 115
(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)
Joni Robin Reents
Mailing Address 12433 Bellaire Dr
City Thornton State CO Zip Code 80241-2925
FEC ID number of contributing federal political committee. **C**
Name of Employer Romer, Reents & Associates, Inc. Occupation Producer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9076
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lois Kohler Rhoades
Mailing Address 352 Ridgetop Rd
City Fleetwood State NC Zip Code 28626
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks, Kohler & Associates Occupation Partner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9333
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Shan Ricketts
Mailing Address 3900 Halisport Dr NW
City Kennesaw State GA Zip Code 30152-4077
FEC ID number of contributing federal political committee. **C**
Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 850.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9182
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) **230.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Glen E Riensche
Mailing Address 4316 S 48th St

City Lincoln State NE Zip Code 68516-1287

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

Name of Employer: Advanced Insurance Services
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9373
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Elizabeth E Rios-Carl
Mailing Address 6841 Pino Real Dr

City El Paso State TX Zip Code 79912-2803

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

Name of Employer: Goodman Financial Group
Occupation: VP - Employee Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9452
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michael A. Rivera
Mailing Address 12200 Northwest Fwy Ste 662

City Houston State TX Zip Code 77092-4927

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

Name of Employer: Northwest General Insurance
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9049
 Amount of Each Receipt this Period: 170.00
 Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 115

(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)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City State Zip Code
Lincoln NE 68506-4809

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

Name of Employer Occupation
Midlands Financial Benefits Registered Representative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9545

Amount of Each Receipt this Period

240.00

Payroll Deduction

(\$120.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer Occupation
Palm Canyon Insurance Agency Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7772-P9559

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Clayton W Rooy

Mailing Address 7914 Kenton Ave

City State Zip Code
Parma OH 44129-4320

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

Name of Employer Occupation
Insurance Strategy, Inc. Agent

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 7721-P9162

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

440.00

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 / 115
(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)
Charles P. Rosen

Mailing Address 849 Somera Ct

City State Zip Code
Simi Valley CA 93065-5546

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

Name of Employer
Acme Insurance & Financial Services, Inc.

Occupation
President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7721-P8960

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Julia Dahdah Ross

Mailing Address 2286 Sherbrooke Dr NE

City State Zip Code
Atlanta GA 30345-1933

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

Name of Employer
R. J. Benefit Specialists, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 7587

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City State Zip Code
Los Angeles CA 90024-4651

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

Name of Employer
R & R Insurance and Retirement Service

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 7772-P9557

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Francis A. Ruggiero
Mailing Address 15 Kennedy Dr
City Budd Lake State NJ Zip Code 07828-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer John J. Slattery Associates Occupation Director of Broker Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 595.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9008
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Stephen J. Salamon
Mailing Address PO Box 4252
City Timonium State MD Zip Code 21094-4252
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Financial Consultants, LLC Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 665.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9376
Amount of Each Receipt this Period 190.00
Payroll Deduction (\$10.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Alfonso C. Schiebel
Mailing Address 561 Ripplewater Dr SW
City Marietta State GA Zip Code 30064-2474
FEC ID number of contributing federal political committee. **C**
Name of Employer Schiebel & Associates, LLC dba Shopbe Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 320.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9269
Amount of Each Receipt this Period 70.00
Payroll Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) **430.00**
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: (check only one)	PAGE 77 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark A. Schlange		Date of Receipt
	Mailing Address 2604 Blackhawk Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Bellevue	NE	68123-3704
	FEC ID number of contributing federal political committee.		Transaction ID: 7772-P9519
		Amount of Each Receipt this Period	
		<input type="text"/> 60.00	
Name of Employer NP Dodge Insurance		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 320.00	
			(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Mel A. Schlesinger		Date of Receipt
	Mailing Address 380 Luzelle Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Winston Salem	NC	27103-6470
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P9064
		Amount of Each Receipt this Period	
		<input type="text"/> 170.00	
Name of Employer The Rainmakers Group, Inc.		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 720.00	
			(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Kenneth L. Schmidt		Date of Receipt
	Mailing Address 1332 Hunters Hollow Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 07 / 2008
	City	State	Zip Code
	Eureka	MO	63025-1051
	FEC ID number of contributing federal political committee.		Transaction ID: 7591
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Mengel, Surdyke, Murphy and Finke		Occupation Benefits Consultant	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 900.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 330.00
TOTAL 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 78 / 115
(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)
James J. Scholl

Mailing Address 8669 Ainsdale Ct

City Lone Tree State CO Zip Code 80124-3113

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

Name of Employer Scholl & Associates Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9192

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Dan Schwartzer

Mailing Address 4600 American Pkwy Ste 208

City Madison State WI Zip Code 53718-8334

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

Name of Employer WAHU Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9290

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Gregory J. Seifert

Mailing Address 3311 NE 115th St

City Vancouver State WA Zip Code 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9262

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 115
	<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 J. Setlik		Date of Receipt
	Mailing Address 17808 Harney St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Omaha	NE	68118-3500
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Community Mutual, Inc.		Occupation Agent	Transaction ID: 7772-P9530
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) Douglas W Sheffer		Date of Receipt
	Mailing Address 110 International Way		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Springfield	OR	97477-1034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PacificSource Health Plans		Occupation Agent	Transaction ID: 7721-P9216
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="30.00"/>

C.	Full Name (Last, First, Middle Initial) Kenneth A. Sherlin		Date of Receipt
	Mailing Address 8 1st St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Asheville	NC	28803-1414
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Design Group		Occupation Marketing Partner	Transaction ID: 7772-P9548
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL 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 80 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David M. Sherrill
Mailing Address 2844 Regal Ln
City Oviedo State FL Zip Code 32765-7573
FEC ID number of contributing federal political committee. **C**
Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Vice President/Life & LTC Mana
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9036
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Thomas E. Shores
Mailing Address 8596 W Bolsa St
City Boise State ID Zip Code 83709-5196
FEC ID number of contributing federal political committee. **C**
Name of Employer T.A. Shores Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 217.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9072
Amount of Each Receipt this Period 31.00
Payroll Deduction (\$31.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bob G Shupe
Mailing Address 5904 Hitching Post Ln
City Nashville State TN Zip Code 37211-6934
FEC ID number of contributing federal political committee. **C**
Name of Employer ESP, Inc Occupation President, CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P8990
Amount of Each Receipt this Period 80.00
Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 141.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 115
(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)
Steven J. Sinkler

Mailing Address 10185 NW 102nd St

City State Zip Code
Clive IA 50325-6770

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

Name of Employer: Coventry Health Care of Iowa
Occupation: Director of Individual Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7772-P9533
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Desmond X. Slattery

Mailing Address 1800 State Route 34

City State Zip Code
Wall NJ 07719-9168

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

Name of Employer: John J. Slattery Associates Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9106
Amount of Each Receipt this Period: 170.00
Payroll Deduction: (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Deirdre Slattery Fallon

Mailing Address PO Box 256

City State Zip Code
Spring Lake NJ 07762-0256

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

Name of Employer: John J. Slattery Associates, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: 7721-P9214
Amount of Each Receipt this Period: 170.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 370.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 115
(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)
Kevin M. Smith

Mailing Address 605 Corporate Dr W

City Langhorne State PA Zip Code 19047-8013

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

Name of Employer AFLAC Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9253
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Myron D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City Los Angeles State CA Zip Code 90046-3284

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

Name of Employer GENESIS/Smith-Benton Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P8986
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Paul E. Smith

Mailing Address 169 Hawthorne Dr

City Kensington State CT Zip Code 06037-4074

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

Name of Employer AmeriBen Alliance, LLC Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9224
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 115
(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>A. Full Name (Last, First, Middle Initial) Teresa A. Smith</p> <p>Mailing Address 2828 Lily St</p> <p>City Anchorage State AK Zip Code 99508-4771</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Premera BlueCross BlueShield of Alaska Occupation: agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9436</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) James Randall Southard</p> <p>Mailing Address 7848 Nc Highway 68 N</p> <p>City Stokesdale State NC Zip Code 27357-9326</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Professional Benefits Associates, LLC Occupation: Partner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 455.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7721-P8948</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Payroll Deduction (\$65.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Jackie L. Spragins</p> <p>Mailing Address 2009 Speedway Ave</p> <p>City Wichita Falls State TX Zip Code 76301-6067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allred-Thompson-Mason-Daugherty Insur Occupation: Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9535</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	190.00
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 / 115

(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)
Norman D. Springer

Mailing Address 1626 203rd St E

City State Zip Code
Westfield IN 46074-9687

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
American Community Mutual Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P9292

Amount of Each Receipt this Period 80.00

Payroll Deduction
(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Delvin L. Stahl

Mailing Address PO Box 388

City State Zip Code
Sutton NE 68979-0388

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Insurance Plus, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7772-P9438

Amount of Each Receipt this Period 80.00

Payroll Deduction
(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Peter J Stein

Mailing Address 1164 Silver Beech Rd

City State Zip Code
Herndon VA 20170-2328

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NAHU VP Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 7721-P8966

Amount of Each Receipt this Period 170.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 330.00

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 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James R Stenger
Mailing Address 77 Ridgeview Ln
City Mount Arlington State NJ Zip Code 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer NAS Financial Services Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4020.00
Date of Receipt 07 / 07 / 2008
Transaction ID: 7599
Amount of Each Receipt this Period 3000.00

B. Full Name (Last, First, Middle Initial)
James R Stenger
Mailing Address 77 Ridgeview Ln
City Mount Arlington State NJ Zip Code 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer NAS Financial Services Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4275.00
Date of Receipt 07 / 30 / 2008
Transaction ID: 7794
Amount of Each Receipt this Period 255.00

C. Full Name (Last, First, Middle Initial)
James R Stenger
Mailing Address 77 Ridgeview Ln
City Mount Arlington State NJ Zip Code 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer NAS Financial Services Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4445.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7718-P8927
Amount of Each Receipt this Period 340.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 3595.00
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: (check only one)	PAGE 86 / 115
	<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) Marilyn A. Stenger	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 77 Ridgeview Ln	Transaction ID: 7772-P9522
	City State Zip Code Mount Arlington NJ 07856-2321	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Self Employed	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

B.	Full Name (Last, First, Middle Initial) James R. Stephens	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1607 Lower Union Hill Rd	Transaction ID: 7772-P9355
	City State Zip Code Canton GA 30115-8435	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer WellCare Health Plans, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Rodney Stuart	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 9755 Randall Dr	Transaction ID: 7772-P9513
	City State Zip Code Indianapolis IN 46280-2944	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
Name of Employer Benefit Innovations LLP	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

SUBTOTAL of Receipts This Page (optional)	470.00
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 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James L. Sugden
Mailing Address 628 Wild Ridge Cir
City Lafayette State CO Zip Code 80026-2583
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9524
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James F. Summers
Mailing Address 15316 Pine St
City Omaha State NE Zip Code 68144-5117
FEC ID number of contributing federal political committee. **C**
Name of Employer Senior Market Sales, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9525
Amount of Each Receipt this Period 250.00
Payroll Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Harry P. Thal
Mailing Address PO Box 2137
City Kernville State CA Zip Code 93238-2137
FEC ID number of contributing federal political committee. **C**
Name of Employer Harry P. Thal Insurance Agency Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00
Date of Receipt 07 / 03 / 2008
Transaction ID: 7571
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 645.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 115

(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)

Nancy S. Thompson

Mailing Address 2609 NW Cascade St

City State Zip Code
Camas WA 98607-8008

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

Name of Employer Occupation
Biggs Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: 7579

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City State Zip Code
South Jordan UT 84095-4538

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

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

Transaction ID: 7586

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City State Zip Code
South Jordan UT 84095-4538

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 410.00

Date of Receipt

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

Transaction ID: 7772-P9368

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

525.00

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: (check only one)	PAGE 89 / 115
	<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 J Tierney		Date of Receipt
	Mailing Address 671 E Riverpark Ln		<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 07 / 31 / 2008
	City	State	Zip Code
	Boise	ID	83706-4066
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Tierney Consulting, Inc.		Occupation Agent	Transaction ID: 7721-P9196
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	Amount of Each Receipt this Period <input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Helen M. Todd		Date of Receipt
	Mailing Address 54 Belle Meadow Ln		<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 07 / 07 / 2008
	City	State	Zip Code
	Little Rock	AR	72210-3714
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer The Todd Agency, Inc.		Occupation Chief Financial Officer	Transaction ID: 7596
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 280.00	Amount of Each Receipt this Period <input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Helen M. Todd		Date of Receipt
	Mailing Address 54 Belle Meadow Ln		<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 07 / 31 / 2008
	City	State	Zip Code
	Little Rock	AR	72210-3714
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer The Todd Agency, Inc.		Occupation Chief Financial Officer	Transaction ID: 7721-P9302
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 310.00	Amount of Each Receipt this Period <input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
TOTAL 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 / 115
(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 David Todd
Mailing Address 7011 Lucea Rd
City Little Rock State AR Zip Code 72210-4146
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9263
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Richard H. Todd
Mailing Address 54 Belle Meadow Ln
City Little Rock State AR Zip Code 72210-3714
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9062
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dave Toeben
Mailing Address 1625 Division St
City Waite Park State MN Zip Code 56387-1811
FEC ID number of contributing federal political committee. **C**
Name of Employer Insight Insurance Services Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9249
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Daniel R. Tompkins	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7555 Brookstead Xing	Transaction ID: 7772-P9515
	City State Zip Code Duluth GA 30097-1953	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Monthly)
	Name of Employer Occupation Admin America Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Jennifer L. Toups	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 4521 Laurel St	Transaction ID: 7721-P9220
	City State Zip Code New Orleans LA 70115-1538	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Monthly)
	Name of Employer Occupation Business Insurance Group Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

C.	Full Name (Last, First, Middle Initial) Eric S. Townsend	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 8523 W Lockerbie Dr	Transaction ID: 7721-P9164
	City State Zip Code Indianapolis IN 46234-2638	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Occupation Mutual of Omaha Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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 92 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Janet Trautwein
Mailing Address 7212 Redlac Dr
City Clifton State VA Zip Code 20124-1948
FEC ID number of contributing federal political committee. **C**
Name of Employer NAHU Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9526
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
C. Louanne Trebing
Mailing Address 1806 Patton Dr
City Garland State TX Zip Code 75042-8205
FEC ID number of contributing federal political committee. **C**
Name of Employer Trebing Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9528
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles Trogon
Mailing Address 2950 E Richmond Ave
City Fresno State CA Zip Code 93720-4977
FEC ID number of contributing federal political committee. **C**
Name of Employer Gallagher Benefit Services Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9265
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 93 / 115
(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)
Bynum R. Tuttle
Mailing Address PO Box 1110
City State Zip Code
Denton NC 27239-1110
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Employee Benefit Designs Agent
Inc.
Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
365.00
Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2008
Transaction ID: 7580
Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dawn Michelle Urso
Mailing Address 1469 Deborah Dr
City State Zip Code
Spring Hill FL 34609-4604
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Alltrust Insurance agent
Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
265.00
Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2008
Transaction ID: 7721-P9096
Amount of Each Receipt this Period
85.00
Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert B. Vernon
Mailing Address 3702 Alton Rd SW
City State Zip Code
Roanoke VA 24014-3004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Southwind Health Partners President
Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
230.00
Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2008
Transaction ID: 7772-P9529
Amount of Each Receipt this Period
40.00
Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **490.00**
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 / 115
(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>A. Full Name (Last, First, Middle Initial) Charles G. Wagner</p> <p>Mailing Address PO Box 9</p> <p>City State Zip Code Burwell NE 68823-0009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Town and Country Insurance Agency, Inc. Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8</p> <p>Transaction ID: 7772-P9426</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Timothy P. Walsh</p> <p>Mailing Address 701 Oyster Catcher Dr</p> <p>City State Zip Code Hampstead NC 28443-8340</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Advanced Insurance Systems Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8</p> <p>Transaction ID: 7772-P9537</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Jessica F Waltman</p> <p>Mailing Address 2000 14th St N Ste 450</p> <p>City State Zip Code Arlington VA 22201-2573</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NAHU Occupation VP, Policy and State Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 795.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8</p> <p>Transaction ID: 7772-P9404</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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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 95 / 115
(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>A. Full Name (Last, First, Middle Initial) Hughes Waren</p> <p>Mailing Address 1109 Princeton Dr</p> <p>City State Zip Code Wilmington NC 28403-2528</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ebenconcepts, Inc. Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9437</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) John L. Warwick</p> <p>Mailing Address PO Box 272</p> <p>City State Zip Code Chico CA 95927-0272</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer John Warwick Insurance Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7721-P9166</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark A Waugh</p> <p>Mailing Address 125 Powell Rd</p> <p>City State Zip Code Newport NC 28570-3706</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ebenconcepts Occupation AGENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 7772-P9502</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 115

(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) Charles A Webb Mailing Address 15 S Jefferson St City State Zip Code Roanoke VA 24011-1303 FEC ID number of contributing federal political committee. C Name of Employer Benefits Group, Inc. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00	Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2008 Transaction ID: 7721-P9024 Amount of Each Receipt this Period 170.00 Payroll Deduction (\$85.00 Monthly)
B.	Full Name (Last, First, Middle Initial) Dan Webb Mailing Address 2108 24th St Ste 2 City State Zip Code Bakersfield CA 93301-3748 FEC ID number of contributing federal political committee. C Name of Employer The Webb Insurance Group Occupation Marketing Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00	Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2008 Transaction ID: 7721-P9093 Amount of Each Receipt this Period 170.00 Payroll Deduction (\$85.00 Monthly)
C.	Full Name (Last, First, Middle Initial) Jason Scott Weilage Mailing Address 3800 Flowering Grove Ct City State Zip Code Louisville KY 40241-3044 FEC ID number of contributing federal political committee. C Name of Employer Weilage Benefit Specialists, Inc. Occupation Vice President 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 07 / 31 / 2008 Transaction ID: 7772-P9517 Amount of Each Receipt this Period 30.00 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 97 / 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Charles L. Westmoreland
Mailing Address PO Box 925
City Jackson State MS Zip Code 39205-0925
FEC ID number of contributing federal political committee. **C**
Name of Employer American Public Life Insurance Company Occupation Director of Agency Development
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9321
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lisa Wetherton
Mailing Address 376 Overlook Point Drive
City Dahlonega State GA Zip Code 30533
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Design Strategies Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9146
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert H. White
Mailing Address 218 W 6th St
City Tulsa State OK Zip Code 74119-1004
FEC ID number of contributing federal political committee. **C**
Name of Employer CommunityCare HMO Plans of OK Occupation Marketing Representative
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9384
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 115
(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)
 Lon G. Wilson
 Mailing Address 4240 Tahoe Dr
 City Anchorage State AK Zip Code 99502-1460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9505
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Paula L Wilson
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7772-P9507
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Steven L. Wilson
 Mailing Address 808 Penny Ln
 City Lexington State KY Zip Code 40509-1964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketi- ng Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: 7721-P9244
 Amount of Each Receipt this Period 120.00
 Payroll Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 210.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 5940 Hartson	Transaction ID: 7772-P9509
	City State Zip Code Kyle TX 78640-8827	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Pro Insurance Services Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Shelly K Winson	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2491 W Binner Dr	Transaction ID: 7721-P9235
	City State Zip Code Chandler AZ 85224-4112	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Principal Financial Group Occupation Business Development Director, Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) DianaLou Wolff	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 106 Main St	Transaction ID: 7721-P9091
	City State Zip Code Kingston NY 12401-4410	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Benefit Counseling Associates Occupation Group & Health Benefit Special Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

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: (check only one)	PAGE 100 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Barbara Kay Wong		Date of Receipt
	Mailing Address 1311 L St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Anchorage	AK	99501-4266
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P8974
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Capital Management Benefits Corp.		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	(\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Dennis E. Wright		Date of Receipt
	Mailing Address 318 Calash Run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Fort Wayne	IN	46845-2104
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P9175
		Amount of Each Receipt this Period	
		<input type="text"/> 170.00	
Name of Employer IntraHealth Solutions, Inc.		Occupation President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 595.00	(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Luann S. Yarberry		Date of Receipt
	Mailing Address 4500 Bermuda Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Wichita Falls	TX	76308-2443
	FEC ID number of contributing federal political committee.		Transaction ID: 7721-P9027
		Amount of Each Receipt this Period	
		<input type="text"/> 30.00	
Name of Employer Allred-Thompson-Mason-Daugherty Ins.		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL 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 101 / 115	
	(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)

A.	Full Name (Last, First, Middle Initial) Robert A Ziff		Date of Receipt
	Mailing Address 568 Valleyview Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Langhorne	PA	19047-2221
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Avanti Benefits Corp	Occupation President	Transaction ID: 7721-P8977
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="200.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		Payroll Deduction (\$100.00 Monthly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="34641.52"/>

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 102 / 115

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

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement cc fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7758 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 101.71 Category/Type: 001

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement cc fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7761 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 4.50 Category/Type: 001

C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address 7810 Old Branch Avenue City Clinton State MD Zip Code 20735 Purpose of Disbursement fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7767 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 58.10 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶	164.31
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 115

<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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 7810 Old Branch Avenue</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 7766</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="16.46"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Regions Bank</p> <p>Mailing Address 6286 N College</p> <p>City Indianapolis State IN Zip Code 46220</p> <p>Purpose of Disbursement bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 7759</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="57.73"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 115

<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) BLUMENAUER FOR CONGRESS	Transaction ID: 7693 Date of Disbursement 07 / 23 / 2008
	Mailing Address 830 NE Holladay Suite 105	Amount of Each Disbursement this Period 1000.00
	City Portland State OR Zip Code 97232	
	Purpose of Disbursement Reception 7.23 Candidate Name EARL BLUMENAUER	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS	Transaction ID: 7708 Date of Disbursement 07 / 31 / 2008
	Mailing Address P.O. Box 15703	Amount of Each Disbursement this Period 1000.00
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Reception 7.31 Candidate Name F. A JR. BOYD	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: 7705 Date of Disbursement 07 / 24 / 2008
	Mailing Address P. O. Box 17813	Amount of Each Disbursement this Period -1000.00
	City Richmond State VA Zip Code 23226	
	Purpose of Disbursement Cantor Carnival 7.24 Candidate Name ERIC CANTOR	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 115

<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) CANTOR FOR CONGRESS	Transaction ID: 7690 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement Cantor Carnival 7.24	<input type="text" value="1000.00"/>
	Candidate Name ERIC CANTOR	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATHY MCMORRIS FOR CONGRESS	Transaction ID: 7662 Date of Disbursement
	Mailing Address Box 137	<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Spokane State WA Zip Code 99210	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 7.15	<input type="text" value="1000.00"/>
	Candidate Name CATHY MCMORRIS RODGERS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: 7692 Date of Disbursement
	Mailing Address P O BOX 811	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception 7.23	<input type="text" value="1000.00"/>
	Candidate Name THOMAS RICHARD HARKIN	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 115

<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) COMMITTEE TO RE-ELECT ED TOWNS Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Breakfast 7.17 Candidate Name EDOLPHUS TOWNS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7663 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement Reception 7.30 Candidate Name NYDIA M VELAZQUEZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7707 Date of Disbursement 07 / 30 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) DAVID DAVIS VICTORY FUND Mailing Address PO Box 781 City Johnson City State TN Zip Code 37605 Purpose of Disbursement Lunch 7.23 Candidate Name DAVID DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7664 Date of Disbursement 07 / 23 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS</p> <p>Mailing Address PO BOX 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement PA Weekend</p> <p>Candidate Name JOSEPH R PITTS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7603</p> <p>Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement Dinner 7.23</p> <p>Candidate Name SAMUEL R HON. JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7688</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Lunch 7/10</p> <p>Candidate Name JOHN SULLIVAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7620</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: 7604 Date of Disbursement 07 / 08 / 2008
	Mailing Address PO BOX 10246	Amount of Each Disbursement this Period 1000.00
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement Dinner 7.15 Candidate Name JON L KYL	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: 7650 Date of Disbursement 07 / 10 / 2008
	Mailing Address PO BOX 10246	Amount of Each Disbursement this Period -1000.00
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement Dinner 7.15 Candidate Name JON L KYL	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KNOLLENBERG FOR CONGRESS COMMITTEE	Transaction ID: 7710 Date of Disbursement 07 / 29 / 2008
	Mailing Address 31000 Telegraph Road, #110	Amount of Each Disbursement this Period 1000.00
	City Bingham Farms State MI Zip Code 48025	
	Purpose of Disbursement Lunch 7.29 Candidate Name JOSEPH K. KNOLLENBERG	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Lunch 7.30</p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7712 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.</p> <p>Mailing Address POB 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Reception 7.30</p> <p>Candidate Name WILLIAM J HON. JR. PASCRELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7711 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Breakfast 7.31</p> <p>Candidate Name PAUL D RYAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7694 Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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>A. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND</p> <p>Mailing Address P.O. Box 32025</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Dinner 7.15</p> <p>Candidate Name SENATE MAJORITY FUND</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>Transaction ID: 7651 Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) STEVE ROTHMAN FOR NEW JERSEY INC.</p> <p>Mailing Address P.O. Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement Breakfast 7.31</p> <p>Candidate Name STEVEN R ROTHMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7709 Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Lunch 7.15</p> <p>Candidate Name SUE MYRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7659 Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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>A. Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC</p> <p>Mailing Address 6850 AUSTIN CENTRE BLVD</p> <p>City AUSTIN State TX Zip Code 78731</p> <p>Purpose of Disbursement Reception 7.29</p> <p>Candidate Name JOHN CORNYN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7691 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS</p> <p>Mailing Address P. O. Box 622345</p> <p>City Oviedo State FL Zip Code 32762</p> <p>Purpose of Disbursement Reception 7.15</p> <p>Candidate Name TOM FEENEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7661 Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM</p> <p>Mailing Address 2814 Spring Road Ste. 103</p> <p>City Atlanta State GA Zip Code 30339</p> <p>Purpose of Disbursement Breakfast 7.24</p> <p>Candidate Name VOICE FOR FREEDOM</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>Transaction ID: 7689 Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM <hr/> Mailing Address 2814 Spring Road Ste. 103 <hr/> City Atlanta State GA Zip Code 30339 <hr/> Purpose of Disbursement Breakfast 7.24 Candidate Name VOICE FOR FREEDOM <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: 7704 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period -1000.00
B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 1500 <hr/> City Chico State CA Zip Code 95927 <hr/> Purpose of Disbursement Lunch 7.31 Candidate Name WALLY HERGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7695 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

23000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jack A. Kalosy	Transaction ID: 7556 Date of Disbursement 07 / 02 / 2008
	Mailing Address 11 Hollyhock Way	Amount of Each Disbursement this Period 365.00
	City Newton State NJ Zip Code 07860	
	Purpose of Disbursement contribution refunded Candidate Name Jack A. Kalosy	010 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) Michael Dietz	Transaction ID: 7760 Date of Disbursement 07 / 23 / 2008
	Mailing Address 4 Systems Dr	Amount of Each Disbursement this Period 120.00
	City Appleton State WI Zip Code 54914	
	Purpose of Disbursement contribution refunded Candidate Name Michael Dietz	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

485.00

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

485.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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) Berger Hirschberg Strategies <hr/> Mailing Address 1010 Vermont Avenue, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Rock the Vote-Convention '08 Candidate Name Berger Hirschberg Strategies <hr/> 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) ▼	Transaction ID: 7624 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 10000.00
B.	Full Name (Last, First, Middle Initial) Kindys Promotional Apparel <hr/> Mailing Address 3300 101st Street <hr/> City Urbandale State IA Zip Code 50322 <hr/> Purpose of Disbursement Convention Materials Candidate Name Kindys Promotional Apparel <hr/> 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) ▼	Transaction ID: 7715 Date of Disbursement 07 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 386.28
C.	Full Name (Last, First, Middle Initial) Berger Hirschberg Strategies <hr/> Mailing Address 1010 Vermont Avenue, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Rock The Vote Convention '08 Candidate Name Berger Hirschberg Strategies <hr/> 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) ▼	Transaction ID: 7982 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period -10000.00

SUBTOTAL of Disbursements This Page (optional) ▶	386.28
TOTAL This Period (last page this line number only) ▶	386.28