06/20/2006 16:48

Image# 26940207684

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				IIIQII AII A	201101120	, a Oomini				Office U	Jse Only	
1.	NAME OF COMMITTEE (in full)			IAILING LABEL OR PRINT 🗑	- E:	xample:If typ ver the lines	ing, type					
	National Association of Hea	alth Under	write	rs PAC (HUPAC	C)				1 1	1 1 1		
1 ,			1 1		1 1 1	1 1 1				1 1 1 1		1
		ı P. C	D. Box	x 7135								
AD	DRESS (number and street)											
	Check if different than previously	L⊥⊥ ı Wa	shing	ton				1 1	DC I	1	20044 1	ı 7135
	reported. (ACC)		I_					JL				-
2.	FEC IDENTIFICATION NU	MBER	*		CITY 🛋			ST	ATE.	l	ZIPCO	DE 🙏
	C00283135			3.	IS THIS REPOR	Т	NEW (N)	OR		AMENDED (A))	
4.	TYPE OF REPORT (Choose One)		Mor Rep	ort F	eb 20 (M2	2)	May 20) (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due	On:	1ar 20 (M	3) X	Jun 20	(M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			A	pr 20 (M4	ł)	Jul 20	(M7)		Oct 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q1)	(c)	12-Day		Primary (1	12P)		Ger	neral (12G)		Runoff (12R)
	Quarterly Report(Q2)		PRE -Election Report for the:	П	Convention	on (12C)	П	Spe	cial (12G)		
	Quarterly Report(· /						, –		-		
	January 31 Quarterly Report(YE)		Elec	ction on		L.				in the State o	of Land
	July 31 Mid-Year Report(Non-elect Year Only) (MY)		(d)	30-Day Post -Election Report for the:		General (30G)		Rur	noff (30R)		Special (30S)
	Termination Repo	ort		·	ation on			1 [in the	
				Elec	ction on				-		State o	
5.	Covering Period) 5	0 1	2006		throug	h	0 5	3 1	200	6	
l ce	ertify that I have examined this	s Report a	and to	the best of my l	knowledge	e and belief i	t is true, c	orrect an	id comp	olete.		
Тур	oe or Print Name of Treasure	r <u>W</u>	ade S	5. Williams								
Sig	nature of Treasurer Ele <u>ctr</u>	ronically F	iled b	y Wade S. W	/illiams			Dat	e	06 2	0	2006
NO	TE : Submission of false, err	oneous, c	or inco	omplete informat	tion may s	ubject the p	erson sigr	ning this I	Report	to the penaltie	s of 2 U.	S.C 437g.
	Office Use										C FOR Rev. 02/20	

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name National Association of Health Underwriters PAC (HUPAC) D [®] D " D 0.5 0 1 2006 0.5 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 31951.44 [°]2006 January 1 (b) Cash on Hand at 13209.08 Begining of Reporting Period 19051.34 139580.60 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 32260.42 171532.04 6(a) and 6(c) for Column B) 20375.24 159646.86 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 11885.18 11885.18 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

м м 0 5 01

2006

To:

м м 0 5 ^D 3 1

2006

	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 (i) Itemized (use Schedule A)	9536.00	64306.00		
	(ii) Unitemized	9485.34	75204.70		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	19021.34	139510.70		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19021.34	139510.70		
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
3.	All Loans Received	0.00	0.00		
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
Ο.	to Federal candidates and Other Political Committees	0.00	0.00		
7.	Other Federal Receipts (Dividends, Interest, etc.)	30.00	69.90		
8.					
	(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		
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19051.34	139580.60		
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	19051.34	139580.60		

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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	1805.24	42951.86
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	1805.24	42951.86
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	17500.00	113000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	70.00	695.00
	Than Political Committees	70.00	000.00
	(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))	70.00	695.00
9.	Other Disbursements	1000.00	3000.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.0
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20375.24	159646.80
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	22275.24	450040.00
	from Line 31)	20375.24	159646.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19021.34	139510.70
34. Total Contribution Refunds (from Line 28(d))	70.00	695.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18951.34	138815.70
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1805.24	42951.86
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1805.24	42951.86

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/53 (check only one)
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any pers	on for the purpose of soliciting contributions
01	NAME OF COMMITTEE (In Full) National Association of Health Underwrite			Solicit Contributions from Such Committee.
A .	Strategies In Employee Benefits Inc.	State TX C Description Surance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	575.00	
B.	B. WILLIAM BUDDY ANDERSON Mailing Address 498 Palm Springs Drive Suite			Date of Receipt M
	City Alternanta Caringa	State FL	Zip Code	Transaction ID: 14229326
	Altamonte Springs FEC ID number of contributing federal political committee.	C	32701-7805	Amount of Each Receipt this Period 30.00
	Renefit Port ' '	Occupation Marketing	n g Representative	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE			Date of Receipt
	Mailing Address 7606 University Avenue S		7in Code	05 01 2006
	City Lubbock	State TX	Zip Code 79423-2128	Transaction ID: 14229329 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Ashmore Agency Inc	Occupation nsurance	e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			210.00
Т	OTAL This Period (last page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 53 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{}{}$	NAME OF COMMITTEE (In Full) National Association of Health Underwri			
A .	Full Name (Last, First, Middle Initial) ANN BELL Mailing Address 1661 Shoreline Drive Suite 100 City State Boise ID FEC ID number of contributing federal political committee. Name of Employer Higgins & Rutledge Insurance Inc. Occupation Insurance		e Agent	Date of Receipt M M
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	
3.	Full Name (Last, First, Middle Initial) DAVID BERMAN Mailing Address 6510 N. Shadeland Aver City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Neace Luken's Holding Company Inc. Receipt For: Primary General Other (specify)	State IN C Occupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) B D CALVIN Mailing Address PO Box 101422 City Anchorage FEC ID number of contributing federal political committee. Name of Employer Calco Inc. Receipt For: Primary General Other (specify)	State AK C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		·····	160.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)

PAGE 8 / 53 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) RUSSELL CHILDERS Date of Receipt Mailing Address PO Box 1547 05 2006 01 City State Zip Code Transaction ID: 14229405 GA 31709-1547 **Americus** Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Russ Childers CLU Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: Primary General 235.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** EUGENE EBERSOLE Date of Receipt Mailing Address 405 Gretna Blvd, Suite 103A 0 5 01 2006 City State Zip Code Transaction ID: 14229468 Gretna LA 70053-4900 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Ebersole & Associates In-Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) C. THOMAS EVANS Date of Receipt Mailing Address 7261 Mercy Rd. 2006 05 0 1 Citv State Zip Code Transaction ID: 14229485 Omaha NE 68164-9684 Amount of Each Receipt this Period FEC ID number of contributing 80.00 C federal political committee. Name of Employer BlueCross Blue Shield of Occupation Insurance Agent Nebraska Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
A .	CIMS Strategic Distribution Division	State CA C Occupation Director (Zip Code 95670-6121 of Strategic Distribution Year-to-Date ▼ 690.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) LINDA FRIEDRICH Mailing Address PO Box 30275	0 0		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Lincoln FEC ID number of contributing federal political committee.	State NE	Zip Code 68503-0275	Transaction ID: 14229500 Amount of Each Receipt this Period 50.00
	UNICO Financial Services Inc.	Occupation Insurance Aggregate		
D .	Full Name (Last, First, Middle Initial) PATRICE GOLDFARB Mailing Address 442 Teaneck Rd.	0		Date of Receipt 0 5 0 1 2 0 0 6
	City Ridgefield Park FEC ID number of contributing federal political committee.	State NJ	Zip Code 07660-1516	Transaction ID: 14229512 Amount of Each Receipt this Period 50.00
	The Employée Benefits Adv- isors Group	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)			155.00
T	OTAL This Period (last page this line number only	<i>'</i>)	>	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) MICHAEL GRAY Mailing Address 233 South 13th Street Suite 1500 City Lincoln FEC ID number of contributing federal political committee.	State NE	Zip Code 68508-2017	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer The Harry A. Koch Company Receipt For: Primary Other (specify) ▼	Occupation Insurance Aggregate		
3.	Full Name (Last, First, Middle Initial) ROBERT GRUNDMAN Mailing Address 7412 Karl Drive			Date of Receipt M M
	City Lincoln	State NE	Zip Code 68516-4368	Transaction ID: 14229528
	FEC ID number of contributing federal political committee.	C	00310-4300	Amount of Each Receipt this Period 30.00
	Name of Employer Senior Benefit Strategies	Occupation		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 220.00	
_	Full Name (Last, First, Middle Initial) LISA HELLMAN			Date of Receipt
<i>.</i>	Mailing Address 376 Overlook Point Drive	!		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14229551
	Dahlonega	GA	30533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Benefit Designs	Occupation		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional)			300.00
т.	OTAL This Period (last page this line number on	v)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/53
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) Timothy Hendricks			Date of Receipt
	Mailing Address 1605 S Eucalyptus Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14229555
	Broken Arrow	OK	74012-5906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Business Planning Group	Occupation Insurance		
	Of OK Receipt For:		Year-to-Date ▼	-
	Primary General		050.00	1
	Other (specify) ▼		350.00	
3.	Full Name (Last, First, Middle Initial) DONNA HILL			Date of Receipt
	Mailing Address PO Box 724		05 / 01 / 4 2006	
	City	State	Zip Code	Transaction ID: 14229574
	Snellville	GA	30078-0724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer DDH Associates LLC	Occupation		
			surance Agent	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		400.00	
.	Full Name (Last, First, Middle Initial) RICHARD HILL			Date of Receipt
	Mailing Address 4435 O Street P.O. Box 30275			05 01 7 2006
	City	State	Zip Code	Transaction ID: 14229576
	Lincoln	NE	68510-1842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer UNICO Financial Services	Occupation		7
	Inc.	Insurance		\dashv
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	, [
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			260.00
	. 5 (1 %)			
T	OTAL This Period (last page this line number only	y)	>	

COUEDINE A (EEC Form 2V)]		FOR LINE NUMBER: PAGE 12/53			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
_							
or	ny information copied from such Reports and State for commercial purposes, other than using the r	name and add	r not be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	National Association of Health Underwr	iters PAC (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) MARYLOU HUDMAN			Date of Receipt			
	Mailing Address 5330 Bent Tree Forest I	05 01 7 2006					
	City	State	Zip Code	Transaction ID: 14229591			
	Dallas	TX	75248-3471	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer A Benefit Source	Occupation Insurance		7			
	Receipt For:	Aggregate	Year-to-Date ▼	7			
	Primary General			7			
	Other (specify) ▼		240.00				
				1			
В.	Full Name (Last, First, Middle Initial) LISA ILLS			Date of Receipt			
	Mailing Address 2401 E Mercer Lane	M M / D D / Y Y Y Y					
	0"		7' 0 1	05 01 2006			
	City	State	Zip Code	Transaction ID: 14229599			
	Phoenix	AZ	85028	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		10.00			
	federal political committee.						
	Name of Employer Glass Financial Group	Occupation	1	7			
	Glass Financial Group	Employee	e Benefit Consultant				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	215.00	1			
	Other (specify)	0 0	210.00]			
	Full Name (Last, First, Middle Initial) LARRY KACZMAREK			Date of Receipt			
٠.	Mailing Address 6711 Berry Rd			M M / D D / Y Y Y Y			
				05 01 2006			
	City	State	Zip Code	Transaction ID: 14229624			
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer	Occupation	1	┪			
	Name of Employer Kaczmarek Insurance Services Inc.	Insurance					
	Receipt For:		Year-to-Date ▼	7			
	Primary General	33 -9-10		1			
	Other (specify) ▼		635.00				
				*			
_	IIDTOTAL of Decision Title D /			160.00			
Ls	UBTOTAL of Receipts This Page (optional)						
1				1			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NU (check only on X 11a 13		PAGE 13/53 11c
Ar or	y information copied from such Reports and Statement for commercial purposes, other than using the name a	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose solicit contributio	of solicit	ing contributions such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwriters	PAC (I	HUPAC)			
A.	Ravenna Co FEC ID number of contributing federal political committee. Name of Employer Kaczmarek Ins. Services Agency Inc. Receipt For: Primary General Other (specify)	ccupation		Date of Recommend of States of State	0 1 n ID: 14	2006
3.	Omaha PEC ID number of contributing federal political committee. Name of Employer The Harry A. Koch Company Occurrence Ins	ccupation	Zip Code 68145-0279	Date of Recommendation of Section 2	0 1 n ID: 14	229637 ceipt this Period 80.00
-	Elkorn N FEC ID number of contributing federal political committee. Name of Employer Diversified Benefits Group Inc	cupation esident		Date of Red M M M O 5 Transaction Amount of	0 1 n ID: 14	2 0 0 6 229681 ceipt this Period 100.00
s	UBTOTAL of Receipts This Page (optional))			280.00
T	OTAL This Period (last page this line number only)		>			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/53
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements may	rot be sold or used by any perso	
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underv	writers PAC (HUPAC)	
Full Name (Last, First, Middle Initial)			Data of Descript
A. DAVID MOORE Mailing Address PO Box 1006			Date of Receipt
			05 01 2006
City	State	Zip Code	Transaction ID: 14229693
Burlington	NC	27216-1006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer David R. Moore CLU & Ass-	Occupation	n	
ociates	Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	
care (opening) •	0 0		
Full Name (Last, First, Middle Initial) 3. WESLEY MOORE, III			Date of Receipt
Mailing Address P O Box 604		05 01 7 2006	
City	State	Zip Code	Transaction ID: 14229695
<u>Darlington</u>	SC	29540-0604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer W P Moore Agency	Occupation		
	Presiden	-	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)	0 0	520.00	
Full Name (Last, First, Middle Initial)	1		+
MICHAEL NORRIS			Date of Receipt
Mailing Address PO Box 999 295 E Palmer Street			05 01 2006
City	State	Zip Code	Transaction ID: 14229725
Franklin	NC	28744-0999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Wayah Insurance Agency	Occupation	n	
Wayah Insurance Agency	Account	Executive	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		235.00	1
Other (specify)	0 0		1
	1		180.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/53
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a
۸r	by information copied from such Reports and Stateme	nonte may	not be cold or used by any perce	
or	for commercial purposes, other than using the name	e and addr	ess of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwriters	s PAC (F	HUPAC)	
_	Full Name (Last, First, Middle Initial)			
٩.	JOHN PARKER Mailing Address 47 Laurel Hill Drive			Date of Receipt
				05 01 2006
		State	Zip Code	Transaction ID: 14229738
	Niantic C	CT	06357-1536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Parker Agency	occupation Principal		
	- · · · · · · · · · · · · · · · · · · ·	•	Year-to-Date ▼	
	Primary General			
	Other (specify) ▼		525.00	
3.	Full Name (Last, First, Middle Initial) DAVID PERRY			Date of Receipt
	Mailing Address 1634 Ryan Street			05 01 2006
	•	State	Zip Code	Transaction ID: 14229747
	<u>Lake Charles</u> <u>L</u>	LA	70601-5949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	The Perry Agency Inc	ccupation		7
		resident	Veen to Data =	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		570.00	
- C.	Full Name (Last, First, Middle Initial) Joseph Phifer			Date of Receipt
	Mailing Address 5495 Belt Line Road Suite	155		M M / D D / Y Y Y Y
	City	State	Zip Code	0 5 0 1 2 0 0 6 Transaction ID: 14229757
	•	TX	75254-7643	Amount of Each Receipt this Period
	EEC ID assembles of a contribution			
	federal political committee.	С		85.00
	SateGuard Health Enterpri	occupation		
	ses	nsurance	Agent Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	rear-10-Date V	
	Other (specify) ▼		245.00	
s	UBTOTAL of Receipts This Page (optional)			205.00
	. 5 ,		<u> </u>	
T	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JOSEPH ROBERTS Mailing Address 7101 South 82nd Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Midlands Financial Benefits Receipt For: Primary General		ed Representative e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼ Full Name (Last, First, Middle Initial)		1082.00	
3.	WILLIAM ROBINSON Mailing Address Mail: 100 S. Sunrise Wa Office: 1276 No Palm Ca City Palm Springs			Date of Receipt M M
	FEC ID number of contributing federal political committee. Name of Employer Palm Canyon Insurance Agency Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		80.00
D.	Full Name (Last, First, Middle Initial) STEPHEN SALAMON Mailing Address PO Box 4252 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Timonium FEC ID number of contributing federal political committee.	MD C	21094-4252	Amount of Each Receipt this Period 10.00
	Name of Employer Heritage Financial Consultants LLC Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
s	UBTOTAL of Receipts This Page (optional)			190.00
T	OTAL This Period (last page this line number on	v)		

0				FOR LINE NUMBER: PAGE 17 / 53
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δη	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any person	
or	for commercial purposes, other than using the r	name and add	fress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwr	itors DAC (HIIDAC)	
	National Association of Fleatin Onderwi	ileis i AO (HOI AO)	
	Full Name (Last, First, Middle Initial)			
A.	RYAN THORN			Date of Receipt
	Mailing Address 10342 South Springcres	st Lane		M M / D D / Y Y Y Y
				05 01 2006
	City	State	Zip Code	Transaction ID: 14229895
	South Jordan	UT	84095-4538	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer Ryan P. Thorn Insurance	Occupation		
	Planning Inc.	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
_				
ь	Full Name (Last, First, Middle Initial)			Data of Bassist
В.				Date of Receipt
	Mailing Address PO Box 1810	Diama Cuit		05 01 2006
	City 800 Old Rosewell Lakes	State	e Zip Code	
	•		•	Transaction ID: 14229902
	Roswell	GA	30077-1810	Amount of Each Receipt this Period
	FEC ID number of contributing	C		40.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Admin America	Insurance		
	Receipt For:	Aggregate	Year-to-Date V	7
	Primary General			1
	Other (specify) ▼	1	220.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	JANET TRAUTWEIN-STOKES			Date of Receipt
	Mailing Address 2000 N 14th Street			05 01 2006
	Cit.	01-1-	7:- Onda	
	City	State	Zip Code	Transaction ID: 14229911
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing	С		85.00
	federal political committee.	9		
	Name of Employer	Occupation	า	\dashv
	Name of Employer NAHU		· e VP, CEO	
	Receipt For:	-	Year-to-Date ▼	_
	Primary General	1.99.19	1 1 1 1 1 1 1 1	1
	Other (specify) ▼		290.00	
				*
	l			
0	UBTOTAL of Receipts This Page (optional)			145.00
\vdash	ODIGIAL OF FICCOIPES THIS Fage (Optional)			-

SCHEDULE A (FEC Form 3X)

PAGE 18 / 53 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) MARILYN VAN SANT Date of Receipt Mailing Address 271 Route 46 West Suite G206 05 2006 01 Zip Code City State Transaction ID: 14229919 Fairfield 07004-2475 NJ Amount of Each Receipt this Period FEC ID number of contributing 85.00 C federal political committee. Name of Employer Stratford Financial Group Occupation Insurance Agent Aggregate Year-to-Date ▼ Receipt For: Primary General 490.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT VERNON Date of Receipt Mailing Address PO Box 18251 0 5 01 2006 City Zip Code State Transaction ID: 14229921 Roanoke V٨ 24014-3004 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer DRR Consulting Inc. Occupation President Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) C. CHARLES WAGNER Date of Receipt Mailing Address PO Box 9 05 2006 0 1 Citv State Zip Code Transaction ID: 14229925 Burwell NE 68823-0009 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Town and Country Insurance Occupation President Agency Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional)

SI	CHEDULE A (FEC Form 3X)	Γ		FOR LINE NUMBER: PAGE 19 / 53
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the name	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrite	ers PAC (F	HUPAC)	
۹.	Full Name (Last, First, Middle Initial) C.L. WESTMORELAND			Date of Receipt
	Mailing Address PO Box 925			05 01 2006
	City	State	Zip Code	Transaction ID: 14229934
	Jackson	MS	39205-0925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Amorican Dublió Lifo Incu		f Agency Development Year-to-Date ▼ 425.00	
3.	Full Name (Last, First, Middle Initial) PAULA WILSON			Date of Receipt
	Mailing Address PO Box 892740			05 01 YYYYY 2006
	City	State	Zip Code	Transaction ID: 14229951
	Temecula	CA	92589-2740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Paula I Wilcon Inc	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) SUSAN MCGINNIS			Date of Receipt
Mailing Address 8516 East 101st, Suite H				05 10 YYYYY 2006
	City	State	Zip Code	Transaction ID: 14577169
	Tulsa	OK	74133-7035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	PonEv Ingurando Aganov	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		235.00	
s	UBTOTAL of Receipts This Page (optional)			140.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 53 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\vdash	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Holly V. Hanson			Date of Receipt
	Mailing Address 503 N. Main St. Ste 10	7LL		05 15 2006
	City	State	Zip Code	Transaction ID: 14577218
	Pueblo	CO	81003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Benefits Broker	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
В.	Full Name (Last, First, Middle Initial) Kenneth G. Kuhni			Date of Receipt
	Mailing Address 1139 South Orem Blvd.			05 15 2006
	City	State	Zip Code	Transaction ID: 14577221
	Orem	UT	84058-6976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer First West Benefit Soluti- ons	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	450.00	
<u> </u>	Full Name (Last, First, Middle Initial) LAURIE J KIRKLAND			Date of Receipt
	Mailing Address PO Box 10088			05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14577222
	Yakima	WA	98909-1088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Conover Insurance Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
s	UBTOTAL of Receipts This Page (optional)			420.00

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 21 / 53
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) James R. Mozingo			Date of Receipt
	Mailing Address 921 South McPherson (Church Roa	nd	05 16 2006
	City	State	Zip Code	Transaction ID: 14659202
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Independent Insurance Gro-	Occupation President		
	up Inc. Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	500.00	
В.	Full Name (Last, First, Middle Initial) Marsha Tellesbo			Date of Receipt
	Mailing Address 1001 4th Avenue Suite	3200		M M / D D / Y Y Y Y
		05 16 2006		
	City	State	Zip Code	Transaction ID: 14659204
	Seattle	WA	98154-1003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of European	Lowers		_
	Name of Employer Tellesbo & Company	Occupation		
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate	r rear-to-date V	1
	Other (specify)		325.00	
		0 0	0 0 0 0 0 0 0	'
C.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt
	Mailing Address PO Box 38248			05 18 2006
	City	State	Zip Code	Transaction ID: 14673008
	Greensboro	NC	27438-8248	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer EbenConcepts Company	Occupation		
		Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	440.00]
	Other (specify)		110.00	1
_				800.00
Ls	UBTOTAL of Receipts This Page (optional)		······	
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 22/53		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c 12	
Δ	infarmation and transmissis December and Ch			13 14	15 16 17	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Association of Health Underwi					
\angle						
Α.	Full Name (Last, First, Middle Initial) Julia A Teplis			Date of Receipt		
	Mailing Address 3970 Sentry Crossing N	 JE		M M / D D	/ Y 	
				05 18	2006	
	City	State	Zip Code	Transaction ID: 14	4673009	
	<u>Marietta</u>	GA	30068-2562	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer Teplis Financial Services	Occupation				
	·	Insurance				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		300.00			
				1		
В.	Full Name (Last, First, Middle Initial) TRACY Q BRADFORD			Date of Receipt		
	Mailing Address 119 South Main Street,	Suite 560		0 5 3 0		
	City	State	Zip Code	Transaction ID: 1	5077103	
	Memphis	TN	38103		Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1			
	federal political committee.	C			100.00	
	Name of Employer	Occupation	า			
	Name of Employer Synaxis Polk & Sullivan Insurance	Insurance				
	Receipt For:		Year-to-Date ▼			
	Primary General		600.00	1		
	Other (specify)	0 0	600.00			
_	Full Name (Last, First, Middle Initial)			+		
C.	ROBERT BISHOP			Date of Receipt		
	Mailing Address 2785 East Desert Inn R	d., #134		M M / D D D 3 0		
	City	State	Zip Code	Transaction ID: 15		
	Las Vegas	NV	89121-3623	Amount of Each Re		
	FEC ID number of contributing			7 1111001111 011 20011 111	· · · · · · · · · · · · · · · · · · ·	
	federal political committee.	C			84.00	
	Name of Employer	Occupation	า	┪		
	KIA Insurance	Insurance	e Agent			
			Year-to-Date ▼			
Primary General			336.00	1		
	Other (specify) ▼		333.03	J.		
Г						
s	UBTOTAL of Receipts This Page (optional)		_		484.00	
Ť			······································	-		
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 53
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) DALE W MALONEY			Date of Receipt
	Mailing Address 5495 Belt Line Road, Sui	te 155		05 30 7 2006
	City	State	Zip Code	Transaction ID: 15077114
	Maitland	FL	32751-5784	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Benefits Division Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	595.00	
 3.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS			Date of Receipt
	Mailing Address 2255 Glades Road, Suite	420A		05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15077123
	Boca Raton	FL	33431-7379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer John Hancock	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		825.00	
	Other (specify) ▼		623.00	
Э.	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt
	Mailing Address 41 Notre Dame Lane			05 30 7 2006
	City	State	Zip Code	Transaction ID: 15077140
	Utica	NY	13502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Meridian Group of New Yor- k. Inc.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	400.00	
s	UBTOTAL of Receipts This Page (optional))	225.00
T	OTAL This Period (last page this line number on	ly)		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 53
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)	
۹.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt
	Mailing Address 9480 Deereco Road			05 7 30 7 2006
	City	State	Zip Code	Transaction ID: 15077141
	Timonium	MD	21093-2102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Corporate Coverage LLC	Occupation		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
3.	Full Name (Last, First, Middle Initial) EDWARD ROLING			Date of Receipt
	Mailing Address 343 Six Forks Road			05 30 7 2006
	City	State	Zip Code	Transaction ID: 15077143
	Raleigh	NC	27609-7800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Delta Dental of North Car-	Occupation		7
	olina Inc.	Insurance	e Agent e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	: rear-to-Date V	
	Other (specify) ▼	0 0	250.00	
) .	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt
	Mailing Address PO Box 424420			05 30 7 2006
	City	State	Zip Code	Transaction ID: 15077147
	Lawrenceville	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer E2E Benefits Services In-	Occupation		
	C.	Insurance	e Agent e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	: rear-to-Date V	
	Other (specify) ▼		625.00	
s	UBTOTAL of Receipts This Page (optional)			210.00
Т	OTAL This Period (last page this line number onl	v)		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche or each category o Detailed Summary	f the (check diffy dife)
Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC (HUPAC)	
Full Name (Last, First, Middle Initial) A. JAIME D HERNANDEZ		Date of Receipt
Mailing Address 804 S. Bel Aire Drive		05 30 4 2006
City	State Zip Code	Transaction ID: 15077153
Burbank	CA 91501-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Jardez Financial & Insura-	Occupation	
nce Inc. Receipt For:	Insurance Agent Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		250.00
	0 0 0 0 0 0	0 0 0
Full Name (Last, First, Middle Initial) 3. ALFONSO SCHIEBEL		Date of Receipt
Mailing Address 200 Sandy Springs Pl.	# 300A	05 30 YYYYY 2006
City	State Zip Code	Transaction ID: 15077155
Atlanta	GA 30328-5918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.00
Name of Employer Ashford Advisors Inc.	Occupation Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2	285.00
Full Name (Last, First, Middle Initial) DAVID S JOHNSON		Date of Receipt
Mailing Address PO Box 871129		05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15077159
Stone Mountain	GA 30087-0029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	7	720.00
SUBTOTAL of Receipts This Page (optional)		168.00

SCHEDULE A (FEC Form 3X)		Han annual order deleter	FOR LINE NUMBER: PAGE 26 / 53
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Health Underw	riters PAC ((HUPAC)	
Full Name (Last, First, Middle Initial) DAVID CLULEY			Date of Receipt
Mailing Address 801 Broadway NW, Ste	e. 201		05 30 7 2006
City	State	Zip Code	Transaction ID: 15077161
Grand Rapids	MI	49504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer PPOM	Occupation Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	300.00	1
Other (specify) ▼		000.00	
Full Name (Last, First, Middle Initial) 3. JON C RAUSER			Date of Receipt
Mailing Address 400 East Wisconsin Ave., Suite #20			M M / D D / Y Y Y Y
			05 30 2006
City	State	Zip Code	Transaction ID: 15077163
Milwaukee	WI	53202-4499	Amount of Each Receipt this Period
FEC ID number of contributing	C		170.00
federal political committee.			
Name of Employer	Occupation	n	7
The Rauser Agency Inc.	Insuranc	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	850.00	
Other (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) TRAVIS MIDDLETON			Date of Receipt
Mailing Address 20501 Katy Suite 219			M M / D D / Y Y Y Y
-		71.0.1	05 30 2006
City	State	Zip Code	Transaction ID: 15077166
Katy	TX	77450-4909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer TradeMark Insurance Agency	Occupation Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1 1	400.00	
Other (specify) ▼		400.00	
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 53
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwrit	ers PAC (HUPAC)	_
۹.	Full Name (Last, First, Middle Initial) JOAN L GALLETTA			Date of Receipt
	Mailing Address 3342 Kori Road			05 7 30 7 2006
	City	State	Zip Code	Transaction ID: 15077190
	Jacksonville	FL	32257	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer JP Perry Insurance, Inc.	Occupation		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		595.00	
			0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) MAURICE LYONS			Date of Receipt
	Mailing Address 301 Madison Avenue, 4th	n Floor		05 30 7 2006
	City	State	Zip Code	Transaction ID: 15077197
	New York	NY	10017-8103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer The Medical Link Inc.	Occupation		
	Receipt For:	President	e Year-to-Date ▼	-
	Primary General	133.13		
	Other (specify) ▼	0 0	485.00	
).	Full Name (Last, First, Middle Initial) MARK KENNEDY			Date of Receipt
	Mailing Address 1173 Brittmoore Road			05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15077202
	Houston	TX	77043-5003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Benefit Concepts Inc.	Occupation		
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	
	Other (specify) ▼		100.00	
s	UBTOTAL of Receipts This Page (optional)			195.00
т	OTAL This Period (last page this line number onl	v)		
•		J / ······	······	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)	
Full Name (Last, First, Middle Initial) WALTER T HALE Mailing Address 211 East Church Street City State Morrilton AR FEC ID number of contributing federal political committee. Name of Employer Hawkins Insurance Agency Receipt For: Primary General				Date of Receipt M M M / 30 / 2006 Transaction ID: 15077207 Amount of Each Receipt this Period 30.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) CHERYL LOMBARDI Mailing Address 1331 North California Blvd, Ste 30			Zip Code	Date of Receipt M M
	City Walnut Creek FEC ID number of contributing federal political committee.	State CA	94596-4536	Transaction ID: 15077211 Amount of Each Receipt this Period 80.00
	Name of Employer Claremont Insurance Services Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		
 C.	Full Name (Last, First, Middle Initial) DONALD B THOMPSON Mailing Address 9700 Ormsby Station Rd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	City Louisville FEC ID number of contributing federal political committee.	State KY	Zip Code 40223-4207	Transaction ID: 15077217 Amount of Each Receipt this Period 150.00
	Name of Employer Thompson Associates Inc.	Occupation	e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional)			260.00
Т	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 29 / 53				
	·		Use separate schedule(s) or each category of the	(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions				
or		name and add	aress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)	'L DAO /	LILIDAO)					
\angle	National Association of Health Underw	riters PAC (HUPAC)					
A.	Full Name (Last, First, Middle Initial) SUE LARSEN			Date of Receipt				
	Mailing Address 4995 Torero Rd.			05 30 YYYYY 2006				
	City	State	Zip Code	Transaction ID: 15077224				
	Santa Barbara	CA	93111-1925	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		75.00				
	Name of Employer Larsen Insurance	Occupation Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General	33 -3		1				
	Other (specify) ▼	1	325.00					
В.	Full Name (Last, First, Middle Initial) SUSAN MALEY RASH			Date of Receipt				
	Mailing Address 2108 West Laburnum A	Ave., Suite 3	310	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 15077225				
	Richmond	VA	23227-4300	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		50.00				
	Name of Employer	Occupation	1					
	BB&T Benefit Consultants of Virginia	Vice Pres	sident					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		250.00	1				
	Other (specify)	0 0	200.00	J				
— С.	Full Name (Last, First, Middle Initial)			Data of Descript				
٥.	CHARLES TROGDON Mailing Address 2950 E. Richmond			Date of Receipt				
	Walling Address 2930 E. Filchinona			05 30 2006				
	City	State	Zip Code	Transaction ID: 15077230				
	Fresno	CA	93720	Amount of Each Receipt this Period				
	FEC ID number of contributing			30.00				
	federal political committee.	C		30.00				
Name of Employer Gallagher Benefit Services		Occupation Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify)		350.00					
_								
				155.00				
S	UBTOTAL of Receipts This Page (optional)			135.00				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 53
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	TI LIVIIZED TILCEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ers PAC (HUPAC)	
Α.				Date of Receipt
	Mailing Address PO Box 805	05 30 2006		
	City	State	Zip Code	Transaction ID: 15077235
	West Chester	OH	45071-0805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer JRM & Associates Agency Inc	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		045'00'	1
	Other (specify) ▼		245.00	
В.	Full Name (Last, First, Middle Initial) GERARD GERSHONOWITZ			Date of Receipt
	Mailing Address 980 Broadway, Suite 608	05 30 YYYYY 2006		
	City	State	Zip Code	Transaction ID: 15077236
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Morrell Consulting Group	Occupation	า	7
	Morrell Consulting Group Inc.	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		075.00	1
	Other (specify)		375.00	
<u> </u>	Full Name (Last, First, Middle Initial) ANTHONY LAGASCA			Date of Receipt
	Mailing Address 409 N Pacific Coast High	nway #481		05 30 YYYYY 2006
	City	State	Zip Code	Transaction ID: 15077240
	Redondo Beach	CA	90277-2870	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer ADL Financial & Insurance	7		
	ADL Financial & Insurance Agency	President	<u>t</u>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		305.00	1
	Other (specify) ▼	0 0	303.00	1
	UPTOTAL ACPUACION THE P			190.00
	UBTOTAL of Receipts This Page (optional)		<u> </u>	

SCHEDIII E A (EEC Form 2V)]		FOR LINE NUMBER: PAGE 31 / 53				
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12				
			Detailed Summary Page					
				13 14 15 16 17				
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	National Association of Health Underwr	iters PAC (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) ROBERT C TRETTER			Date of Receipt				
	Mailing Address 13016 Delmar Street			05 30 7 2006				
	City	State	Zip Code	Transaction ID: 15077247				
	Leawood	KS	66209	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Thomas McGee L.C.	Occupation Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify) ▼		230.00					
				A .				
В.	Full Name (Last, First, Middle Initial) RANDY JOPPIE			Date of Receipt				
	Mailing Address 6868 Blue Hummingbird	M M / D D / Y Y Y Y						
		05 30 2006						
	City	State	Zip Code	Transaction ID: 15077251				
	Belding	MI	48809	Amount of Each Receipt this Period				
	FEC ID number of contributing			100.00				
	federal political committee.	C		100.00				
	Name of Employer Collins & Associates Corp-	Occupation	1					
	oration	Director of	of Employee Benefits					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		500.00	1				
	Other (specify) ▼	0 0	500.00					
	Full Name (Last, First, Middle Initial)			_				
C.	FRANCIS A RUGGIERO			Date of Receipt				
	Mailing Address 15 Kennedy Drive			05 30 2006				
	City	State	Zip Code	Transaction ID: 15077265				
	Budd Lake	NJ	07828	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer The Ruggiero Group LLC	7						
		Insurance		_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	' '	240.00					
	Other (specify) ▼		210.00	1				
_								
				200.00				
S	UBTOTAL of Receipts This Page (optional)			. 200.00				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Health Underwriters	s PAC (HUPAC)	
Α.	Camarillo FEC ID number of contributing federal political committee. Name of Employer Donald M. Jones Ins. Services	State CA ccupation surance		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Longmont FEC ID number of contributing federal political committee. Name of Employer Milestone Insurance Agency	State CO Ccupation wner	Zip Code 80501-5534	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Woodland Hills FEC ID number of contributing federal political committee. Name of Employer Financial Independence Company	State CA Ccupation		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	215.00
т	OTAL This Period (last page this line number only)		>	

S	CHEDULE A (FEC Form 3X)		Use separate sc		INE NU		₹:	PAG	E 33/	53			
IT	EMIZED RECEIPTS		or each category	of the	(check only one)								
• •	LIVIIZED RECEIP 13		Detailed Summa	X 1	1a	11b	Ш	11c	12	_	_		
				, , ,	1	3	14		15	16		17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used dress of any political	d by any person committee to s	for the	purpos ntribution	e of so	licitir m sı	ng cont uch cor	tributior mmittee	IS :.		
	NAME OF COMMITTEE (In Full)												
$ \rangle$	National Association of Health Underwri	iters PAC (HUPAC)										
Α.	Full Name (Last, First, Middle Initial) ZAVEN KAZAZIAN				Da	te of Re	eceipt						
	Mailing Address 35 N Lake Avenue, #720	0				5 ^M		0	/ Y	200			
	City	State	Zip Code		Tra	nsactio	n ID:	150	77338	8			
	Pasadena	CA	91101-1856			ount of					1		
	FEC ID number of contributing federal political committee.	С								85.			
	Name of Employer Garner Insurance Services	Occupation											
	Receipt For:	-	Year-to-Date ▼		1								
	Primary General	7 .gg. 0ga.c											
	Other (specify)			380.00									
В.	Full Name (Last, First, Middle Initial) THOMAS L VOITER				Da	te of Re	eceipt						
	Mailing Address 100 Amaryllis Drive						05 30 7 2006						
	City	State	Zip Code		Tra	nsactio	n ID:	150	77343	3			
	Lafayette	LA	70503-3215			ount of					1		
	•			U	7				o.pt time		_		
	FEC ID number of contributing federal political committee.	С			80.00						00		
	Name of Employer Physician's Mutual Insura-	Occupation	n										
	nce	Insurance	e Agent										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General	1 1	1 1 1 1 1	1 1 1									
	Other (specify) ▼	0 0		400.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) STEVEN H DODDER				Da	te of Re	eceipt						
	Mailing Address PO Box 2069					5 ^M	^D 3	0	/ Y	200			
	City	State	Zip Code		Tra	nsactio	n ID:	150	77350	0			
	Monument	CO	80132-2069			ount of					t		
	FEC ID number of contributing federal political committee.									50.	00		
	Name of Employer Time Insurance/Assurant Health	Occupation Regional	Sales Director										
	Receipt For:		e Year-to-Date ▼		1								
	Primary General	39. 294.0	= •										
	Other (specify)			250.00									
	Curer (specify)		0 0 0 0	0 0 0									
												_	
ء ا	UBTOTAL of Receipts This Page (optional)									215.	00	.	
\vdash	SET STAL OF TOOCIPIO THIS T age (optional)					-	-						

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 34 / 53				
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12				
			Detailed Summary Page					
				13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	National Association of Health Underwri	ters PAC (I	HUPAC)					
Α.	Full Name (Last, First, Middle Initial) BRADFORD BLAIN			Date of Receipt				
	Mailing Address PO Box 4510			05 30 2006				
	City	State	Zip Code	Transaction ID: 15077364				
	Lexington	KY	40544-4510	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Al Torstrick Insurance Ag- ency, Inc.	Occupation Insurance						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		200 00	1				
	Other (specify)		220.00					
В.	Full Name (Last, First, Middle Initial) JOHN KIEBLER			Date of Receipt				
	Mailing Address 4168 Clearwater Way	M M / D D / Y Y Y Y						
			05 30 2006					
	City	State	Zip Code	Transaction ID: 15077365				
	Lexington	KY	40515	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer	Occupation	1	-				
	Name of Employer CHA Health	Insurance						
	Receipt For:		Year-to-Date ▼					
	Primary General	Aggregate	Teal-to-Date ♥					
	Other (specify)		220.00					
	Carier (openity)	1 1		1				
<u> </u>	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO			Date of Receipt				
	Mailing Address 357 Sanford Drive			M M / D D / Y Y Y Y				
	Con Carnola Brive			05 30 2006				
	City	State	Zip Code	Transaction ID: 15077381				
	Morganton	NC	28655	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer	Occupation	1	\dashv				
	Flexible Benefit Manageme-	e Agent						
	nt Receipt For:		Year-to-Date ▼	-				
	Primary General	, iggi ogale	. 541 10 5410 ¥	- I				
	Other (specify)		250.00					
	(Specify) \\			1				
_	UDTOTAL (D. 11. TU. D. 11. T.			110.00				
LS	UBTOTAL of Receipts This Page (optional)		······	1,0,00				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE N		PAGE 35 / 53
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only o	ne) 11b 14	11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpos solicit contribut	e of soliciting	ng contributions uch committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (I	HUPAC)			
A .	Full Name (Last, First, Middle Initial) STEVE PAOLUCCI Mailing Address 2305 W. Berry Avenue			Date of R	eceipt 3 0	2006
	City	State	Zip Code	Transacti	on ID: 150	77386
	Littleton	CO	80120-1177			eipt this Period
	FEC ID number of contributing federal political committee.	C				30.00
	Name of Employer Paolucci Financial Servic- es Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate				
3.	Full Name (Last, First, Middle Initial) GREG A YODER Mailing Address 1055 Minnesota Avenue City	State	Zip Code	Date of R		2006
	San Jose	CA	95125-2451			eipt this Period
	FEC ID number of contributing federal political committee.	C				100.00
	Name of Employer Ray Silva Insurance Associates Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate				
) .	Full Name (Last, First, Middle Initial) TERESA DEBRUIN			Date of R	eceipt	
	Mailing Address 5880 Live Oak Parkway			0.5	30	2006
	City	State	Zip Code		on ID: 150	
	Norcross	GA	30093	Amount o	f Each Rece	eipt this Period
DoPruin Ponofif Continue		C				30.00
		Occupation				
	Inc./ AA LaR Insuranc		e Agent Year-to-Date ▼	\dashv		
	Receipt For: Primary General Other (specify) ▼	Aggregate	250.00			
S	UBTOTAL of Receipts This Page (optional)		·····			160.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 / 53
	•		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwin	riters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DANIEL MCMAHON			Date of Receipt
	Mailing Address 123 East 2nd Avenue			05 30 2006
	City	State	Zip Code	Transaction ID: 15077395
	Spokane	WA	99202-1504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Jones & Mitchell Insurance	Occupation Benefits I		
	Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify)		290.00	
В.	Full Name (Last, First, Middle Initial) GREG SEIFERT			Date of Receipt
	Mailing Address 916 Main Street			05 30 YYYYY 2006
	City	State	Zip Code	Transaction ID: 15077399
	Vancouver	WA	98666-0189	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		50.00
	Name of Family an	10		_
	Name of Employer Biggs Insurance Services	Occupation Insurance		
	Receipt For:	-	Year-to-Date V	
	Primary General	Aggregate	Total to Date V	1
	Other (specify) ▼		450.00	
				1
<u>С</u> .	Full Name (Last, First, Middle Initial) DENNIS WRIGHT			Date of Receipt
	Mailing Address 111 East Ludwig Rd., Suite 108			M M / D D / Y Y Y Y
	Cit.	7in Oada	05 30 2006	
	City Ft. Wayne	State IN	Zip Code 46825-4240	Transaction ID: 15077409
	•	IIN	40020-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer IntraHealth Solutions In-		1	
	c. Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		505.00	
_				
s	UBTOTAL of Receipts This Page (optional)			185.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 53
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Health Underw			
Full Name (Last, First, Middle Initial) CHARLES T GARTLAN Mailing Address PO Box 1268 City Toms River	State NJ	Zip Code 08754	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer BenefitPort LLC Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		40.00
Full Name (Last, First, Middle Initial) H MCDERMOTT Mailing Address 883 West Baxter Drive	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15077422
South Jordan FEC ID number of contributing federal political committee. Name of Employer McDermott Company & Assoc-	Occupation Insurance		Amount of Each Receipt this Period 85.00
iates Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) RUSH DAVID DIXON Mailing Address 1375 Piccard Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15077424
Rockville FEC ID number of contributing federal political committee.	C	20850-4311	Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilli- ng Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n nployee Benefits e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			225.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 53									
	EMIZED RECEIPTS		or each category of the	(check only one)									
• • • • • • • • • • • • • • • • • • • •	LIVIIZED RECEIP 13		X 11a 11b 11c 12										
				13 14 15 16 17									
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.									
\setminus	NAME OF COMMITTEE (In Full)												
\rangle	National Association of Health Underwrit	ters PAC (HUPAC)										
Α.				Date of Receipt									
	Mailing Address PO Box 38248			05 30 7 2006									
	City	State	Zip Code	Transaction ID: 15077442									
	Greensboro	NC	27438-8248	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		85.00									
	Name of Employer EbenConcepts Company	Occupation Insurance											
	Receipt For:		e Year-to-Date ▼										
	Primary General			1									
	Other (specify) ▼	0 0	525.00]									
В.	Full Name (Last, First, Middle Initial) CHRISTOPHER HARRISON			Date of Receipt									
	Mailing Address 921-C South McPherson	05 30 YYYYY 2006											
	City	State	Zip Code	Transaction ID: 15077444									
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		100.00									
	Name of Employer	Occupation	 n	-									
	Ebenconcepts Company	Insuranc											
	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General			1									
	Other (specify) ▼	0 0	500.00										
<u> </u>	Full Name (Last, First, Middle Initial) JOHN L WARWICK			Date of Receipt									
	Mailing Address PO Box 272			05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 15077454									
	Chico	CA	95927-0272	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		85.00									
	Name of Employer John Warwick Insurance	Occupation Insurance		7									
	Receipt For:		e Year-to-Date ▼	_									
	Primary General	199.194.1		1									
	Other (specify) ▼		500.00										
	LIDTOTAL of Descripts This Description			270.00									
L	UBTOTAL of Receipts This Page (optional)												

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 53
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIVIIZED MESEN 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and Statemen	te may not be sold or used by any perso	
or	for commercial purposes, other than using the name a	nd address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	National Association of Health Underwriters F	PAC (HUPAC)	
\angle			
Α.	Full Name (Last, First, Middle Initial) PATRICIA MILLER		Date of Receipt
	Mailing Address PO Box 8357		M M / D D / Y Y Y Y
			05 30 2006
	City	•	Transaction ID: 15077458
	Tyler TX	75711-8357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		20.00
	federal political committee.		
	Name of Employer Hibbs-Hallmark & Company	upation	7
	IIIoc	irance Agent	
		regate Year-to-Date ▼	
	Primary General Other (specify)	325.00	
	Other (speedily)		
	Full Name (Last, First, Middle Initial)		
В.	PAUL SMITH		Date of Receipt
	Mailing Address 169 Hawthorne Drive		05 30 Y Y Y Y Y Y Y Y
	City Sta	ate Zip Code	
	Berlin C7		Transaction ID: 15077461
	FFC ID somebase of contribution	00407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		85.00
	11 (5)	,,,	
	AmeriRen Alliance II C	upation	
	AmeriBen Alliance LLC Insu	rance Agent	
	AmeriBen Alliance LLC Insu	rrance Agent regate Year-to-Date ▼	
	AmeriBen Alliance LLC Insu Receipt For: Agg	rance Agent	
	AmeriBen Alliance LLC Insu Receipt For: Agg Primary General	rrance Agent regate Year-to-Date ▼	
_	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	rrance Agent regate Year-to-Date ▼	Date of Descript
	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ALINE ROBERTS	rrance Agent regate Year-to-Date ▼ 430.00	Date of Receipt
 C.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	rrance Agent regate Year-to-Date ▼ 430.00	Date of Receipt 0 5
 C.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ALINE ROBERTS	rrance Agent regate Year-to-Date ▼ 430.00	M M / D D / Y Y Y Y
 c.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite	rrance Agent regate Year-to-Date ▼ 430.00 114 ate Zip Code	05 30 7 2006
 c.	AmeriBen Alliance LLC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Sta Newbury Park CA FEC ID number of contributing	rrance Agent regate Year-to-Date ▼ 430.00 114 ate Zip Code	Transaction ID: 15077469 Amount of Each Receipt this Period
c.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Sta	rrance Agent regate Year-to-Date ▼ 430.00 114 ate Zip Code	0 5 3 0 2 0 0 6 Transaction ID: 15077469
 C.	AmeriBen Alliance LLC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Newbury Park FEC ID number of contributing federal political committee. City	rrance Agent regate Year-to-Date ▼ 430.00 114 ate Zip Code	Transaction ID: 15077469 Amount of Each Receipt this Period
c.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City State Newbury Park FEC ID number of contributing federal political committee. Name of Employer Insurance Dimensions	rrance Agent regate Year-to-Date ▼ 430.00 114 ate Zip Code A 91320-6189	Transaction ID: 15077469 Amount of Each Receipt this Period
C.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Standard Stand	rrance Agent regate Year-to-Date ▼ 430.00 114 ate Zip Code A 91320-6189	Transaction ID: 15077469 Amount of Each Receipt this Period
c.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Standard Stand	regate Year-to-Date ▼ 430.00 430.00 114 ate Zip Code A 91320-6189 Upation Irrance Agent regate Year-to-Date ▼	Transaction ID: 15077469 Amount of Each Receipt this Period
c.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Standard Stand	regate Year-to-Date ▼ 430.00 4114 Ate Zip Code A 91320-6189 Upation Irrance Agent	Transaction ID: 15077469 Amount of Each Receipt this Period
c.	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Standard Stand	regate Year-to-Date ▼ 430.00 430.00 114 ate Zip Code A 91320-6189 Upation Irrance Agent regate Year-to-Date ▼	Transaction ID: 15077469 Amount of Each Receipt this Period
	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City State Newbury Park FEC ID number of contributing federal political committee. Name of Employer Insurance Dimensions Receipt For: Primary General Other (specify) Occurrence Agg	arrance Agent regate Year-to-Date ▼ 430.00 430.00 430.00 430.00 430.00 430.00 430.00 400.00	Transaction ID: 15077469 Amount of Each Receipt this Period
	AmeriBen Alliance LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Road, Suite City Standard Stand	arrance Agent regate Year-to-Date ▼ 430.00 430.00 430.00 430.00 430.00 430.00 430.00 400.00	Transaction ID: 15077469 Amount of Each Receipt this Period 85.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 53 (check only one) X
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JEFFREY GENNARO			Date of Receipt
	Mailing Address PO Box 10315			05 30 2006
	City Phoenix	State AZ	Zip Code 87064	Transaction ID: 15077492 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Capitol Insurance Brokers Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		
В.	Full Name (Last, First, Middle Initial) JAMES STENGER Mailing Address 268 South Street			Date of Receipt
		Ctata	7:n Codo	05 30 2006
	City Morristown	State NJ	Zip Code 07960	Transaction ID: 15077505 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer NAS Financial Services	Occupation Principal	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.00	
<u> </u>	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt
	Mailing Address PO Box 30100			05 30 7 2006
	City	State	Zip Code	Transaction ID: 15077509
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer The Rainmakers Group Inc.	Occupation		
	Receipt For:	Insurance Aggregate	e Year-to-Date ▼	+
	Primary General Other (specify) ▼		435.00	
s	UBTOTAL of Receipts This Page (optional)			255.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 53									
	-		Use separate schedule(s) or each category of the	(check only one)									
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12									
				13 14 15 16 17									
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.									
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)												
\rangle	National Association of Health Underwrit	ers PAC (I	HUPAC)										
۹.	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt									
	Mailing Address 2175 NW 86th St., Suite	14		05 30 YYYYY 2006									
	City	State	Zip Code	Transaction ID: 15077538									
	Des Moines	IA	50325-5557	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		225.00									
	Name of Employer Associations Marketing Gr- oup Inc.	Occupation CEO/Pres	sident										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1485.00										
3.	Full Name (Last, First, Middle Initial) RONALD M LEVINE	Date of Receipt											
	Mailing Address 4037 Jordan Lake Drive			05 30 7 2006									
	City	State	Zip Code	Transaction ID: 15077548									
	Marietta	GA	30062	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		30.00									
	Name of Employer ARINSO International	Occupation Vice Pres	ident of Sales, SE										
	Receipt For:		Year-to-Date ▼	7									
	Primary General Other (specify) ▼		210.00										
).	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Receipt									
	Mailing Address 7101 S. 82nd Street			05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 15077577									
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		80.00									
	Name of Employer Midlands Financial Benefi-	Occupation Insurance											
	ts Receipt For:		Year-to-Date ▼										
	Primary General Other (specify)		400.00										
s	UBTOTAL of Receipts This Page (optional)			335.00									

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 42/53										
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)										
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12										
				13 14 15 16 17										
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions										
\	NAME OF COMMITTEE (In Full)	arric aria add	ress or any political committee to	Solicit contributions from such committee.										
	National Association of Health Underwr	itoro BAC (LIIDAC)											
	National Association of Health Origerwi	ileis PAC (nurac)											
<u>/</u>	Full Name (Last, First, Middle Initial)			T										
A.	KERRY D ALDRIDGE			Date of Receipt										
	Mailing Address 1501 N Limestone, Suite	e 100		05 30 Y Y Y Y Y Y Y										
	City	State	Zip Code											
	Lexington	KY	40505-3200	Transaction ID: 15077580										
		IXI	40303-3200	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		80.00										
	Name of Employer CKBS Insurance Group	Occupation												
	· .	Insurance	e Agent Year-to-Date ▼	_										
	Receipt For: Primary General	Aggregate	rear-to-Date ▼	1										
	Other (specify)		400.00											
				1										
_	Full Name (Last, First, Middle Initial)			Parts of Parts in										
В.	BRIAN LIECHTY Mailing Address 11911 11th Road			Date of Receipt										
	Mailing Address 11911 11th Road			05 30 2006										
	City	State	Zip Code	Transaction ID: 15077593										
	Plymouth	IN	46563-1744	Amount of Each Receipt this Period										
	FEC ID number of contributing			85.00										
	federal political committee.	C		85.00										
	Name of Employer	Occupation	1	\dashv										
	Name of Employer KL Benefits	Insurance												
	Receipt For:		Year-to-Date ▼											
	Primary General		405.00	1										
	Other (specify) ▼		485.00											
_	Full Name (Lock First Middle Initial)													
C.	Full Name (Last, First, Middle Initial) ROBERT BISHOP			Date of Receipt										
	Mailing Address 2785 East Desert Inn Ro	d., #134		M M / D D / Y Y Y Y										
	0"		7: 0 1	05 01 2006										
	City	State NV	Zip Code	Transaction ID: 15122666										
	Las Vegas	INV	89121-3623	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		84.00										
	Name of Employer KIA Insurance	Occupation												
		Insurance	-	_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		252.00											
	Carlot (opcony)			1										
Г	<u>_</u>													
s	UBTOTAL of Receipts This Page (optional)			249.00										
\vdash														

SCHEDULE A (FEC Form 3X)			Llas assessata askadula(a)	FOR LINE NUMBER: PAGE 43 / 53							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
			· ·	13 14 15 16 17							
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions							
<u>Ş.</u>	NAME OF COMMITTEE (In Full)	arro arro acc	nooc or any political committee to	Control Contro							
$ \rangle$	National Association of Health Underwr	iters PAC (HUPAC)								
			,								
_	Full Name (Last, First, Middle Initial)			Data of Danairi							
Α.		1 "000		Date of Receipt							
	Mailing Address 9700 Ormsby Station R	a., #200		05 01 2006							
	City	State	Zip Code	Transaction ID: 15122667							
	Louisville	KY	40223-4207	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		300.00							
	Name of Employer	Occupation	1	+							
	Thompson Associates Inc.	Insurance									
	Receipt For:		Year-to-Date ▼								
	Primary General		000.00	1							
	Other (specify) ▼		600.00								
В.	Full Name (Last, First, Middle Initial) RUSH DAVID DIXON			Date of Receipt							
	Mailing Address 1375 Piccard Drive			M M / D D / Y Y Y Y							
				05 03 2006							
	City	State	Zip Code	Transaction ID: 15134857							
	Rockville	MD	20850-4311	Amount of Each Receipt this Period							
	FEC ID number of contributing	С		100.00							
	federal political committee.										
	Name of Employer Early Cassidy and Schilli-	Occupation									
	<u>ng</u>		ployee Benefits								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		400.00								
	Other (specify)	-	0 0 0 0 0 0 0	1							
	Full Name (Last, First, Middle Initial)										
C.	Michael A EMBRY			Date of Receipt							
	Mailing Address 20700 Civic Center Dr.,	Suite 250		05 03 2006							
	City	State	Zip Code	Transaction ID: 15134858							
	Southfield	MI	48076-4133	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		85.00							
	Name of Employer	Occupation	1	_							
	Comerica Insurance Servic-		up Benefits Division								
	es Inc. Receipt For:		Year-to-Date ▼								
	Primary General	33 3		1							
	Other (specify)		355.00								
_											
				485.00							
S	UBTOTAL of Receipts This Page (optional))	403.00							
1											

Receipt For:

Primary

Other (specify)

General

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

PAGE 44 / 53 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) JESSE A PATTON Date of Receipt Mailing Address 2175 NW 86th St., Suite 14 03 05 2006 City State Zip Code Transaction ID: 15134875 **Des Moines** IΑ 50325-5557 Amount of Each Receipt this Period FEC ID number of contributing 225.00 C federal political committee. Name of Employer Associations Marketing Gr-Occupation CEO/President oup Inc. Aggregate Year-to-Date ▼ Receipt For: General Primary 1260.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBERT A ZIFF Date of Receipt Mailing Address 17 North Delmorr Avenue 05 03 2006 City State Zip Code Transaction ID: 15134885 Morrisville PA 19067-6278 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Avanti Benefits Corp Occupation President

SUBTOTAL of Receipts This Page (optional)	•	305.00
TOTAL This Period (last page this line number only)	<u> </u>	9536.00

Aggregate Year-to-Date ▼

320.00

S	CHEDULE B (FEC Form 3X)	Use seper	rate schedule(s)			OR LINE NUMBER: PAGE 45/					53			
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the summary Page		(check on X 21b 27	ly one) 22 28a	23 28b	24 28c	Н	25 29	26 30b			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5			
\rangle	NAME OF COMMITTEE (In Full) National Association of Health Underwriters													
۹.	Full Name (Last, First, Middle Initial) Merchant Services					Transaction ID: 15141243 Date of Disbursement								
	Mailing Address 7300 Chapman Hwy		05 0 1 7 2 0 6 9											
	City S Knoxville		Amou	int of Each	n Disburse	-		-						
	Purpose of Disbursement Credit Card Processing Fee Candidate Name				001 tegory/	L.			•	701.1	16			
		ment For: Primary Other (spec	General		Гуре Туре	Credi	t Card P	rocessin	g Fe	Э				
3.	Full Name (Last, First, Middle Initial) Bank of America					Date	of Disburs				_			
	Mailing Address 7810 Old Branch Avenue		0 ^M 5	M / D	15 /	ž	0 ŏ 6	Y						
	City S Clinton		Amou	int of Each	n Disburse	ement		-						
	Purpose of Disbursement Account Analysis Fee Candidate Name			001 tegory/ Type		65.0	13							
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General			Accou	unt Analy	ysis Fee						
Э.	Full Name (Last, First, Middle Initial) Marco					Date	of Disburs							
	Mailing Address 2640 Commerce Dr					0 ^M 5	M / D	17 /	ž	0 Ď 6	Y			
		State PA	Zip Code 17110-9368			Amou	int of Eacl	n Disburse	ement		-			
	Purpose of Disbursement HUPAC Badge Ribbons Candidate Name			Ca	006 tegory/ Type	L.			•	70.0	00			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General ▼		194	HUP#	AC Badg	e Ribbon	IS					
S	UBTOTAL of Disbursements This Page (optional)				▶					336.1	9			
T	OTAL This Period (last page this line number only)				•									

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S	CHEDULE B (FEC Form 3X)	Use sep		LINE NUMBER: PAGE 46 / 53																	
IT	EMIZED DISBURSEMENTS	for each	category of the	1 –	<u>`</u>		ly one)	_	1 1		¬ —			_							
		Detailed	Summary Page			21b	22	Ш	23	24	. -	25	ŀ	4	26						
_	16 11 11 11 11 11					27	28a		28b	28	_	29			30b						
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam																				
Λ	NAME OF COMMITTEE (In Full)																				
	National Association of Health Underwriters PAC (HUPAC)																				
_	Full Name (Last, First, Middle Initial)					Transaction ID: 15141246															
Α.	American Express							Date of Disbursement													
							0 ^M 5	М	/ D	^D /	Υ	ž 0 č	6	1							
	Mailing Address PO Box 53852			0.5			2	_	2 U C	.0	_										
	City	State	Zip Code				Amou	ınt o	f Each	Disbur	seme	nt this	s Pe	erio	d						
	Phoenix	AZ	85072-3852					-	-		_			-							
	Purpose of Disbursement Credit Card Processing Fee			0	01				-			118	5.20	3							
	Candidate Name			Cat	egor ype	ry/															
	Senate President	ement For: Primary Other (spe	General ▼				Credi	t Ca	ard Pro	ocessi	ng F	ee									
	State: District:																				
В.	Full Name (Last, First, Middle Initial) ABC Herrington Sign & Display						Date	of D	isburse					,							
	Mailing Address 2900 Justin Drive, Suite B								$\begin{array}{c ccccccccccccccccccccccccccccccccccc$												
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