

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

Office Use Only

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

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

☐Check if different
than previously
reported. (ACC)

Washington

DC

20044

7135

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2006

through

05

31

2006

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

Type or Print Name of Treasurer

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

06

20

2006

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		31951.44
(b) Cash on Hand at Beginning of Reporting Period	13209.08	
(c) Total Receipts (from Line 19)	19051.34	139580.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32260.42	171532.04
7. Total Disbursements (from Line 31)	20375.24	159646.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11885.18	11885.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

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	9536.00	64306.00
(i) Itemized (use Schedule A)		
(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
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	19021.34	139510.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	30.00	69.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19051.34	139580.60
20. 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)		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	113000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	70.00	695.00
(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
29. Other Disbursements.....	1000.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20375.24	159646.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 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
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18951.34	138815.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1805.24	42951.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1805.24	42951.86

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

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

FOR LINE NUMBER: PAGE 6 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code
 Tyler TX 75711-7648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategies In Employee Be-
nefits Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229320

Amount of Each Receipt this Period

80.00

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

WILLIAM BUDDY ANDERSON

Mailing Address 498 Palm Springs Drive Suite 210

City State Zip Code
 Altamonte Springs FL 32701-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Port

Occupation
Marketing Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229326

Amount of Each Receipt this Period

30.00

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

ELIZABETH ASHMORE

Mailing Address 7606 University Avenue Suite B

City State Zip Code
 Lubbock TX 79423-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashmore Agency Inc

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229329

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 7 / 53

(check only one)

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

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ANN BELL

Mailing Address 1661 Shoreline Drive Suite 100

City	State	Zip Code
Boise	ID	83702-6746

FEC ID number of contributing
federal political committee.**C**Name of Employer
Higgins & Rutledge Insura-
nce Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	6

Transaction ID: 14229344

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City	State	Zip Code
Indianapolis	IN	46220

FEC ID number of contributing
federal political committee.**C**Name of Employer
Neace Lukens Holding Comp-
any Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	6

Transaction ID: 14229348

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. B D CALVIN

Mailing Address PO Box 101422

City	State	Zip Code
Anchorage	AK	99510-1422

FEC ID number of contributing
federal political committee.**C**Name of Employer
Calco Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	6

Transaction ID: 14229390

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

RUSSELL CHILDERS

Mailing Address PO Box 1547

City State Zip Code
 Americus GA 31709-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russ Childers CLU

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229405

Amount of Each Receipt this Period

30.00

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

EUGENE EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City State Zip Code
 Gretna LA 70053-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ebersole & Associates Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229468

Amount of Each Receipt this Period

70.00

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

THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code
 Omaha NE 68164-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
BlueCross Blue Shield of
Nebraska

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229485

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID FEAR

Mailing Address 11160 Sun Center Drive Suite A

City

Rancho Cordova

State

CA

Zip Code

95670-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIMS Strategic Distributi-
on Division

Occupation

Director of Strategic Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229491

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

LINDA FRIEDRICH

Mailing Address PO Box 30275

City

Lincoln

State

NE

Zip Code

68503-0275

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services
Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229500

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

PATRICE GOLDFARB

Mailing Address 442 Teaneck Rd.

City

Ridgefield Park

State

NJ

Zip Code

07660-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Employee Benefits Adv-
isors Group

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229512

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) MICHAEL GRAY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 14229521
City Lincoln State NE Zip Code 68508-2017	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1130.00	

B. Full Name (Last, First, Middle Initial) ROBERT GRUNDMAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 7412 Karl Drive		Transaction ID: 14229528
City Lincoln State NE Zip Code 68516-4368	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Senior Benefit Strategies	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) LISA HELLMAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 376 Overlook Point Drive		Transaction ID: 14229551
City Dahlonega State GA Zip Code 30533	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Designs	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Business Planning Group
Of OK

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229555

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DONNA HILL

Mailing Address PO Box 724

City State Zip Code
Snellville GA 30078-0724

FEC ID number of contributing
federal political committee.

C

Name of Employer
DDH Associates LLC

Occupation
Health Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229574

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
RICHARD HILL

Mailing Address 4435 O Street
P.O. Box 30275

City State Zip Code
Lincoln NE 68510-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICO Financial Services
Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229576

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 5330 Bent Tree Forest Drive Suite

City State Zip Code
Dallas TX 75248-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
A Benefit Source

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229591

Amount of Each Receipt this Period

50.00

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

LISA ILLS

Mailing Address 2401 E Mercer Lane

City State Zip Code
Phoenix AZ 85028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glass Financial Group

Occupation
Employee Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229599

Amount of Each Receipt this Period

10.00

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

LARRY KACZMAREK

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Insurance Servi-
ces Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229624

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address PO Box 345
P O Box 345

City State Zip Code
Ravenna OH 44266-1684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaczmarek Ins. Services
Agency Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229627

Amount of Each Receipt this Period

100.00

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

Mailing Address PO Box 45279

City State Zip Code
Omaha NE 68145-0279

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Harry A. Koch Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229637

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)
SHARON MCDERMOTT

Mailing Address 21425 Chancellor Road

City State Zip Code
Elkorn NE 68022-4677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Benefits Group
Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229681

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

DAVID MOORE

Mailing Address PO Box 1006

City State Zip Code
 Burlington NC 27216-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
David R. Moore CLU & Ass-
ociates

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229693

Amount of Each Receipt this Period

50.00

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

WESLEY MOORE, III

Mailing Address P O Box 604

City State Zip Code
 Darlington SC 29540-0604

FEC ID number of contributing
federal political committee.

C

Name of Employer
W P Moore Agency

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229695

Amount of Each Receipt this Period

100.00

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

MICHAEL NORRIS

Mailing Address PO Box 999
 295 E Palmer Street

City State Zip Code
 Franklin NC 28744-0999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayah Insurance Agency

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229725

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 15 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN PARKER

Mailing Address 47 Laurel Hill Drive

City	State	Zip Code
Niantic	CT	06357-1536

FEC ID number of contributing
federal political committee.**C**Name of Employer
Parker AgencyOccupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	6

Transaction ID: 14229738

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. DAVID PERRY

Mailing Address 1634 Ryan Street

City	State	Zip Code
Lake Charles	LA	70601-5949

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Perry Agency, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	6

Transaction ID: 14229747

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Joseph Phifer

Mailing Address 5495 Belt Line Road Suite 155

City	State	Zip Code
Dallas	TX	75254-7643

FEC ID number of contributing
federal political committee.**C**Name of Employer
SafeGuard Health Enterpri-
sesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	6

Transaction ID: 14229757

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOSEPH ROBERTS

Mailing Address 7101 South 82nd Street

City State Zip Code
 Lincoln NE 68516-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Registered Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1082.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229795

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. WILLIAM ROBINSON

Mailing Address Mail: 100 S. Sunrise Way PMB 364
 Office: 1276 No Palm Canyon Dr #2

City State Zip Code
 Palm Springs CA 92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm Canyon Insurance Age-
ncy

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229805

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. STEPHEN SALAMON

Mailing Address PO Box 4252

City State Zip Code
 Timonium MD 21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Financial Consul-
tants LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 14229815

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) RYAN THORN Mailing Address 10342 South Springcrest Lane City State Zip Code South Jordan UT 84095-4538 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 14229895 Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thorn Insurance Planning Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) DANIEL TOMPKINS, III Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite City State Zip Code Roswell GA 30077-1810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 14229902 Amount of Each Receipt this Period 40.00
Name of Employer Admin America Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) JANET TRAUTWEIN-STOKES Mailing Address 2000 N 14th Street City State Zip Code Arlington VA 22201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 14229911 Amount of Each Receipt this Period 85.00
Name of Employer NAHU Occupation Executive VP, CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00		

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) MARILYN VAN SANT Mailing Address 271 Route 46 West Suite G206 City State Zip Code Fairfield NJ 07004-2475 FEC ID number of contributing federal political committee. C Name of Employer Stratford Financial Group Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 14229919 Amount of Each Receipt this Period 85.00
B. Full Name (Last, First, Middle Initial) ROBERT VERNON Mailing Address PO Box 18251 City State Zip Code Roanoke VA 24014-3004 FEC ID number of contributing federal political committee. C Name of Employer DRR Consulting Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 14229921 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) CHARLES WAGNER Mailing Address PO Box 9 City State Zip Code Burwell NE 68823-0009 FEC ID number of contributing federal political committee. C Name of Employer Town and Country Insurance Agency Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 14229925 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 19 / 53

(check only one)

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

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) C.L. WESTMORELAND Mailing Address PO Box 925 City Jackson State MS Zip Code 39205-0925 FEC ID number of contributing federal political committee. C Name of Employer American Public Life Insurance Company Occupation Director of Agency Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 14229934 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	6	85.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		0	1		2	0	0	6																								
85.00																																	
B. Full Name (Last, First, Middle Initial) PAULA WILSON Mailing Address PO Box 892740 City Temecula State CA Zip Code 92589-2740 FEC ID number of contributing federal political committee. C Name of Employer Paula L. Wilson Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 14229951 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		0	1		2	0	0	6																								
25.00																																	
C. Full Name (Last, First, Middle Initial) SUSAN MCGINNIS Mailing Address 8516 East 101st, Suite H City Tulsa State OK Zip Code 74133-7035 FEC ID number of contributing federal political committee. C Name of Employer BenEx Insurance Agency Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 14577169 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	6	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		1	0		2	0	0	6																								
30.00																																	

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) Holly V. Hanson Mailing Address 503 N. Main St. Ste 107LL City State Zip Code Pueblo CO 81003 FEC ID number of contributing federal political committee. C Name of Employer Benefits Broker Occupation Insurance Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 14577218 Amount of Each Receipt this Period 120.00
B. Full Name (Last, First, Middle Initial) Kenneth G. Kuhni Mailing Address 1139 South Orem Blvd. City State Zip Code Orem UT 84058-6976 FEC ID number of contributing federal political committee. C Name of Employer First West Benefit Solutions Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 14577221 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) LAURIE J KIRKLAND Mailing Address PO Box 10088 City State Zip Code Yakima WA 98909-1088 FEC ID number of contributing federal political committee. C Name of Employer Conover Insurance Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 14577222 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. James R. Mozingo

Mailing Address 921 South McPherson Church Road

City State Zip Code
 Fayetteville NC 28303-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Insurance Gro-
up Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 14659202

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marsha Tellesbo

Mailing Address 1001 4th Avenue Suite 3200

City State Zip Code
 Seattle WA 98154-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tellesbo & Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 14659204

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MICHAEL E MATZNICK

Mailing Address PO Box 38248

City State Zip Code
 Greensboro NC 27438-8248

FEC ID number of contributing
federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: 14673008

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Julia A Teplis

Mailing Address 3970 Sentry Crossing NE

City State Zip Code
 Marietta GA 30068-2562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teplis Financial Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 6

Transaction ID: 14673009

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. TRACY Q BRADFORD

Mailing Address 119 South Main Street, Suite 560

City State Zip Code
 Memphis TN 38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Synaxis Polk & Sullivan
Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077103

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT BISHOP

Mailing Address 2785 East Desert Inn Rd., #134

City State Zip Code
 Las Vegas NV 89121-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIA Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077113

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

484.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DALE W MALONEY

Mailing Address 5495 Belt Line Road, Suite 155

City State Zip Code
Maitland FL 32751-5784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefits Division Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077114

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code
Boca Raton FL 33431-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hancock

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077123

Amount of Each Receipt this Period

45.00

C. Full Name (Last, First, Middle Initial)
ROSS W KRAFT

Mailing Address 41 Notre Dame Lane

City State Zip Code
Utica NY 13502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Group of New York, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077140

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code
 Timonium MD 21093-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Coverage LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077141

Amount of Each Receipt this Period

80.00

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

EDWARD ROLING

Mailing Address 343 Six Forks Road

City State Zip Code
 Raleigh NC 27609-7800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Dental of North Carolina Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077143

Amount of Each Receipt this Period

30.00

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

RAYMER M SALE, JR

Mailing Address PO Box 424420

City State Zip Code
 Lawrenceville GA 30042

FEC ID number of contributing
federal political committee.

C

Name of Employer
E2E Benefits Services Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077147

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code
 Burbank CA 91501-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jardez Financial & Insurance Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077153

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ALFONSO SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City State Zip Code
 Atlanta GA 30328-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashford Advisors Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077155

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

C. DAVID S JOHNSON

Mailing Address PO Box 871129

City State Zip Code
 Stone Mountain GA 30087-0029

FEC ID number of contributing
federal political committee.

C

Name of Employer
David S. Johnson Insurance

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077159

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

168.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

DAVID CLULEY

Mailing Address 801 Broadway NW, Ste. 201

City State Zip Code
 Grand Rapids MI 49504

FEC ID number of contributing federal political committee.

C

Name of Employer
PPOMOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077161

Amount of Each Receipt this Period

30.00

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

JON C RAUSER

Mailing Address 400 East Wisconsin Ave., Suite #20

City State Zip Code
 Milwaukee WI 53202-4499

FEC ID number of contributing federal political committee.

C

Name of Employer
The Rauser Agency Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077163

Amount of Each Receipt this Period

170.00

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

TRAVIS MIDDLETON

Mailing Address 20501 Katy Suite 219

City State Zip Code
 Katy TX 77450-4909

FEC ID number of contributing federal political committee.

C

Name of Employer
TradeMark Insurance AgencyOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077166

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOAN L GALLETTA

Mailing Address 3342 Kori Road

City State Zip Code
 Jacksonville FL 32257

FEC ID number of contributing
federal political committee.

C

Name of Employer
JP Perry Insurance, Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077190

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MAURICE LYONS

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
 New York NY 10017-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Link Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077197

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. MARK KENNEDY

Mailing Address 1173 Brittmoore Road

City State Zip Code
 Houston TX 77043-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Concepts Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077202

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
WALTER T HALE
Mailing Address 211 East Church Street

City State Zip Code
Morrliton AR 72110-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkins Insurance Agency

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077207

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
CHERYL LOMBARDI
Mailing Address 1331 North California Blvd, Ste 30

City State Zip Code
Walnut Creek CA 94596-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Claremont Insurance Servi-
ces

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077211

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)
DONALD B THOMPSON
Mailing Address 9700 Ormsby Station Rd., #200

City State Zip Code
Louisville KY 40223-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Associates Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077217

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SUE LARSEN

Mailing Address 4995 Torero Rd.

City State Zip Code
 Santa Barbara CA 93111-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larsen Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077224

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. SUSAN MALEY RASH

Mailing Address 2108 West Laburnum Ave., Suite 310

City State Zip Code
 Richmond VA 23227-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Benefit Consultants
of Virginia

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077225

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHARLES TROGDON

Mailing Address 2950 E. Richmond

City State Zip Code
 Fresno CA 93720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077230

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JOHN R MCCONNAUGHEY

Mailing Address PO Box 805

City

West Chester

State

OH

Zip Code

45071-0805

FEC ID number of contributing
federal political committee.

C

Name of Employer
JRM & Associates Agency
Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077235

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. GERARD GERSHONOWITZ

Mailing Address 980 Broadway, Suite 608

City

Thornwood

State

NY

Zip Code

10594-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morrell Consulting Group
Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077236

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. ANTHONY LAGASCA

Mailing Address 409 N Pacific Coast Highway #481

City

Redondo Beach

State

CA

Zip Code

90277-2870

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADL Financial & Insurance
Agency

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077240

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

ROBERT C TRETTER

Mailing Address 13016 Delmar Street

City State Zip Code
 Leawood KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas McGee L.C.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077247

Amount of Each Receipt this Period

50.00

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

RANDY JOPPIE

Mailing Address 6868 Blue Hummingbird Way

City State Zip Code
 Belding MI 48809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Collins & Associates Corp-
oration

Occupation
Director of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077251

Amount of Each Receipt this Period

100.00

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

FRANCIS A RUGGIERO

Mailing Address 15 Kennedy Drive

City State Zip Code
 Budd Lake NJ 07828

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ruggiero Group LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077265

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

DONALD JONES

Mailing Address 2435 E. Ventura Blvd. #F

City State Zip Code
 Camarillo CA 93010-6697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donald M. Jones Ins. Serv-
ices

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077276

Amount of Each Receipt this Period

85.00

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

CAROLYNNE MULDOON

Mailing Address 457 Main Street

City State Zip Code
 Longmont CO 80501-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milestone Insurance Agency

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077290

Amount of Each Receipt this Period

30.00

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

SHEILA HARTMAN

Mailing Address 21300 Victory Blvd., Suite 215

City State Zip Code
 Woodland Hills CA 91367-3669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Independence Co-
mpany

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077326

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

ZAVEN KAZAZIAN

Mailing Address 35 N Lake Avenue, #720

City

Pasadena

State

CA

Zip Code

91101-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garner Insurance Services

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077338

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City

Lafayette

State

LA

Zip Code

70503-3215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician's Mutual Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077343

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

STEVEN H DODDER

Mailing Address PO Box 2069

City

Monument

State

CO

Zip Code

80132-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Time Insurance/Assurant Health

Occupation

Regional Sales Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077350

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

BRADFORD BLAIN

Mailing Address PO Box 4510

City State Zip Code
 Lexington KY 40544-4510

FEC ID number of contributing
federal political committee.

C

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

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077364

Amount of Each Receipt this Period

30.00

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

JOHN KIEBLER

Mailing Address 4168 Clearwater Way

City State Zip Code
 Lexington KY 40515

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHA Health

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077365

Amount of Each Receipt this Period

30.00

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

CRISTY RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City State Zip Code
 Morganton NC 28655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flexible Benefit Manageme-
nt

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077381

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
STEVE PAOLUCCI
Mailing Address 2305 W. Berry Avenue

City State Zip Code
Littleton CO 80120-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paolucci Financial Services

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077386

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
GREG A YODER
Mailing Address 1055 Minnesota Avenue

City State Zip Code
San Jose CA 95125-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray Silva Insurance Associates Inc.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077388

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
TERESA DEBRUIN
Mailing Address 5880 Live Oak Parkway

City State Zip Code
Norcross GA 30093

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeBruin Benefit Services Inc./ AA LaR

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077392

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. DANIEL MCMAHON

Full Name (Last, First, Middle Initial)

Mailing Address 123 East 2nd Avenue

City State Zip Code
 Spokane WA 99202-1504

FEC ID number of contributing federal political committee.

C

Name of Employer
Jones & Mitchell InsuranceOccupation
Benefits Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077395

Amount of Each Receipt this Period

50.00

B. GREG SEIFERT

Full Name (Last, First, Middle Initial)

Mailing Address 916 Main Street

City State Zip Code
 Vancouver WA 98666-0189

FEC ID number of contributing federal political committee.

C

Name of Employer
Biggs Insurance ServicesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077399

Amount of Each Receipt this Period

50.00

C. DENNIS WRIGHT

Full Name (Last, First, Middle Initial)

Mailing Address 111 East Ludwig Rd., Suite 108

City State Zip Code
 Ft. Wayne IN 46825-4240

FEC ID number of contributing federal political committee.

C

Name of Employer
IntraHealth Solutions Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077409

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 37 / 53

(check only one)

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

National Association of Health Underwriters PAC (HUPAC)

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

CHARLES T GARTLAN

Mailing Address PO Box 1268

City	State	Zip Code
Toms River	NJ	08754

FEC ID number of contributing
federal political committee.

C

Name of Employer
BenefitPort LLCOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 15077415

Amount of Each Receipt this Period

40.00

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

H MCDERMOTT

Mailing Address 883 West Baxter Drive

City	State	Zip Code
South Jordan	UT	84095-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDermott Company & AssociatesOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 15077422

Amount of Each Receipt this Period

85.00

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

RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

City	State	Zip Code
Rockville	MD	20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and SchillingOccupation
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 15077424

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

MICHAEL E MATZNICK

Mailing Address PO Box 38248

City Greensboro State NC Zip Code 27438-8248

FEC ID number of contributing federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077442

Amount of Each Receipt this Period

85.00

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

CHRISTOPHER HARRISON

Mailing Address 921-C South McPherson Church Rd

City Fayetteville State NC Zip Code 28303-5368

FEC ID number of contributing federal political committee.

C

Name of Employer
EbenConcepts Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077444

Amount of Each Receipt this Period

100.00

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

JOHN L WARWICK

Mailing Address PO Box 272

City Chico State CA Zip Code 95927-0272

FEC ID number of contributing federal political committee.

C

Name of Employer
John Warwick Insurance

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077454

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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

PATRICIA MILLER

Mailing Address PO Box 8357

City State Zip Code
 Tyler TX 75711-8357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hibbs-Hallmark & Company

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077458

Amount of Each Receipt this Period

20.00

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

PAUL SMITH

Mailing Address 169 Hawthorne Drive

City State Zip Code
 Berlin CT 06457

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriBen Alliance LLC

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077461

Amount of Each Receipt this Period

85.00

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

ALINE ROBERTS

Mailing Address 3537 Old Conejo Road, Suite 114

City State Zip Code
 Newbury Park CA 91320-6189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Dimensions

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077469

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 40 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. JEFFREY GENNARO

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10315

City	State	Zip Code
Phoenix	AZ	87064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Insurance Brokers
Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 15077492

Amount of Each Receipt this Period

85.00

B. JAMES STENGER

Full Name (Last, First, Middle Initial)

Mailing Address 268 South Street

City	State	Zip Code
Morristown	NJ	07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAS Financial ServicesOccupation
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 15077505

Amount of Each Receipt this Period

85.00

C. MEL A SCHLESINGER

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30100

City	State	Zip Code
Winston Salem	NC	27130-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rainmakers Group Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 15077509

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JESSE A PATTON

Mailing Address 2175 NW 86th St., Suite 14

City State Zip Code
Des Moines IA 50325-5557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup Inc.

Occupation
CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077538

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. RONALD M LEVINE

Mailing Address 4037 Jordan Lake Drive

City State Zip Code
Marietta GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARINSO International

Occupation
Vice President of Sales, SE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077548

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JAMES D SCHULZ

Mailing Address 7101 S. 82nd Street

City State Zip Code
Lincoln NE 68516-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Financial Benefi-
ts

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15077577

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) KERRY D ALDRIDGE Mailing Address 1501 N Limestone, Suite 100 City Lexington State KY Zip Code 40505-3200 FEC ID number of contributing federal political committee. C Name of Employer CKBS Insurance Group Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: 15077580 Amount of Each Receipt this Period 80.00
B. Full Name (Last, First, Middle Initial) BRIAN LIECHTY Mailing Address 11911 11th Road City Plymouth State IN Zip Code 46563-1744 FEC ID number of contributing federal political committee. C Name of Employer KL Benefits Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: 15077593 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) ROBERT BISHOP Mailing Address 2785 East Desert Inn Rd., #134 City Las Vegas State NV Zip Code 89121-3623 FEC ID number of contributing federal political committee. C Name of Employer KIA Insurance Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Transaction ID: 15122666 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 43 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
DONALD B THOMPSON

Mailing Address 9700 Ormsby Station Rd., #200

City	State	Zip Code
Louisville	KY	40223-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thompson Associates Inc.Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	6

Transaction ID: 15122667

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

City	State	Zip Code
Rockville	MD	20850-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Early Cassidy and Schilli-
ngOccupation
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	6

Transaction ID: 15134857

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Michael A EMBRY

Mailing Address 20700 Civic Center Dr., Suite 250

City	State	Zip Code
Southfield	MI	48076-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comerica Insurance Servic-
es Inc.Occupation
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	6

Transaction ID: 15134858

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
JESSE A PATTON

Mailing Address 2175 NW 86th St., Suite 14

City State Zip Code
Des Moines IA 50325-5557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associations Marketing Gr-
oup Inc.

Occupation
CEO/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 15134875

Amount of Each Receipt this Period

225.00

B. Full Name (Last, First, Middle Initial)
ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avanti Benefits Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 15134885

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

9536.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15141243

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

701.16

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Account Analysis Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15141245

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

65.03

Account Analysis Fee

Full Name (Last, First, Middle Initial)

C. Marco

Mailing Address 2640 Commerce Dr

City Harrisburg State PA Zip Code 17110-9368

Purpose of Disbursement
HUPAC Badge Ribbons

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14668969

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

70.00

HUPAC Badge Ribbons

SUBTOTAL of Disbursements This Page (optional)

836.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 15141246

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

115.23

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. ABC Herrington Sign & Display

Mailing Address 2900 Justin Drive, Suite B

City
Urbandale

State
IA

Zip Code
50322

Purpose of Disbursement
Printing Expenses

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14741647

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

826.80

Printing Expenses

SUBTOTAL of Disbursements This Page (optional)

942.03

TOTAL This Period (last page this line number only)

1778.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Louie Gohmert For Congress Committee

Mailing Address PO Box 8060

City Tyler State TX Zip Code 75711

Purpose of Disbursement
Contribution

Candidate Name
Rep. Louie Gohmert

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14260876

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nancy L. Johnson

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14394755

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

Candidate Name
Rep. John A. Boehner

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14405324

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address 610 S Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
Contribution

Candidate Name
Mr. Gus Bilirakis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 9

Transaction ID: 14405319

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address 423 W Wesley Street

City
Wheaton

State
IL

Zip Code
60189

Purpose of Disbursement
Contribution

Candidate Name
Mr. Peter Roskam

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: 14405321

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Herseth For Congress

Mailing Address PO Box 2009

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 1

Transaction ID: 14532705

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe L. Barton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 6

Transaction ID: 14532543

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Sen. Max Baucus

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 14532512

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Paula Hollinger For Congress

Mailing Address P.O. Box 5861

City Baltimore State MD Zip Code 21282

Purpose of Disbursement
Contribution

Candidate Name
Paula Hollinger

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 3

Transaction ID: 14532580

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 1

Transaction ID: 14694540

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
Contribution

Candidate Name
Rep. Pete Sessions

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 14694543

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 1

Transaction ID: 14694547

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Cubin For Congress Inc

Mailing Address Post Office Box 4657
P O Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement
Contribution

Candidate Name
Rep. Barbara Cubin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 1

Transaction ID: 14694548

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ensign For Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Contribution

Candidate Name
Sen. John E. Ensign

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 2

Transaction ID: 14694541

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marsha Blackburn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 7

Transaction ID: 14741676

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Tom Kean For US Senate Inc

Mailing Address PO Box 225

City
Colonia

State
NJ

Zip Code
07067

Purpose of Disbursement
Contribution

Candidate Name
Mr. Thomas Kean

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 2

Transaction ID: 14741677

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 14745310

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

17500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 53

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Jim Gibbons

Mailing Address 475 S. Arlington, Suite 2C

City State Zip Code
Reno NV 89501

Purpose of Disbursement
James Gibbons, GOVERNOR NV

Candidate Name
James Gibbons

Office Sought: ☐ House
☐ Senate
☐ President

State: NV

District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14532087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

James Gibbons, GOVERNOR
NV

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00