

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	225192.24									
(c) Total Receipts (from Line 19)	31920.73	239981.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	257112.97	428948.51								
7. Total Disbursements (from Line 31)	37781.17	209616.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	219331.80	219331.80								
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. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16651.70	125950.10
(ii) Unitemized	15267.67	114018.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31919.37	239968.45
(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)	31919.37	239968.45
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.36	13.42
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))	31920.73	239981.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31920.73	239981.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1781.17	8811.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1781.17	8811.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	196800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2005.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2005.00
29. Other Disbursements.....	0.00	2000.00
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))..	37781.17	209616.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37781.17	209616.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	31919.37	239968.45
34. Total Contribution Refunds (from Line 28(d))	0.00	2005.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31919.37	237963.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1781.17	8811.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1781.17	8811.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jeff Ahrendsen		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 3830 Wakefield Dr		Transaction ID: 10024-P34017
	City Colorado Springs	State CO	Zip Code 80906-4393
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Benefit Resources, Inc.	Occupation Agent	Payroll Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Terry Allard		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 11619 Brook Hill Ct		Transaction ID: 10024-P33873
	City Anchorage	State AK	Zip Code 99516-1970
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer The Wilson Agency, LLC	Occupation Agent	Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Kirk Andonian		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 4423 Point Fosdick Dr NW Ste 306		Transaction ID: 10024-P33682
	City Gig Harbor	State WA	Zip Code 98335-1794
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Berg Andonian	Occupation Agent	Payroll Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Catherine M. Antonie		Date of Receipt
	Mailing Address W190 S7238 Lochcrest Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Muskego	WI	53150
	FEC ID number of contributing federal political committee.		Transaction ID: 10024-P34107
		Amount of Each Receipt this Period	
		<input type="text"/> 50.00	
Name of Employer Planned Futures LLC		Occupation Employee Benefit Consultant	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	(\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St Ste 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Lubbock	TX	79424-0803
	FEC ID number of contributing federal political committee.		Transaction ID: 10025-P34208
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1150.00	(\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Brock Baker		Date of Receipt
	Mailing Address 4219 Hillsboro Pike Ste 213		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Nashville	TN	37215-3326
	FEC ID number of contributing federal political committee.		Transaction ID: 9977
		Amount of Each Receipt this Period	
		<input type="text"/> 300.00	
Name of Employer Baker Benefits Corporation		Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Kimberly L Ball		Date of Receipt
	Mailing Address 711 E Ashlan Ave		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fresno	CA	93704-3705
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of California		Occupation Agent	Transaction ID: 10024-P33924
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Kathryn A. Beals		Date of Receipt
	Mailing Address 5151 W River Rd		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wauunakee	WI	53597-9523
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Dean Health Plan		Occupation Agent	Transaction ID: 10025-P34476
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Bruce D. Benton		Date of Receipt
	Mailing Address 20161 Delita Dr		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Woodland Hills	CA	91364-3521
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Genesis SmithBenton Insurance & Finan		Occupation Agent	Transaction ID: 10025-P34337
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="805.00"/>	Amount of Each Receipt this Period <input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="305.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) David A Berman		Date of Receipt
	Mailing Address 8805 Sawleaf Rd		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indianapolis	IN	46260-1534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Neace Lukens Holding Company, Inc.		Occupation agent	Transaction ID: 10025-P34477
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="425.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="85.00"/>

B.	Full Name (Last, First, Middle Initial) Thomas Besselman		Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg A # 2B		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baton Rouge	LA	70808-6200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Besselman & Little Agency		Occupation Agent	Transaction ID: 10024-P33649
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1250.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$250.00 Monthly)	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Robert J Bishop		Date of Receipt
	Mailing Address 2785 E Desert Inn Rd Ste 260		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Las Vegas	NV	89121-3693
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer KIA Insurance		Occupation President	Transaction ID: 10024-P33681
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$100.00 Monthly)	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="435.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) David M. Block</p> <p>Mailing Address 80 Challedon Dr</p> <p>City State Zip Code Candler NC 28715-9417</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Insurance Specialties, Inc.</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10025-P34339</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) James C. Bosier</p> <p>Mailing Address 6410 N Butler Rd</p> <p>City State Zip Code Cedar Falls IA 50613-9317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Net Worth Advisors</p> <p>Occupation Account Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10024-P33865</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Scott T. Buie</p> <p>Mailing Address 2819 E 4215 S</p> <p>City State Zip Code Salt Lake City UT 84124-2900</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Buie Insurance Services</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10025-P34481</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Patrick Burns	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 5653 Maxwellton Rd	Transaction ID: 10024-P34106
	City State Zip Code Oakland CA 94618-2654	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: Burns Employee Benefits Insurance Ser Occupation: Managing Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) Joseph W. Buyalos	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 9051 Major Smith Ln	Transaction ID: 10024-P33586
	City State Zip Code Frederick MD 21704-7831	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: The Insurance Exchange, Inc. Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1425.00	

C.	Full Name (Last, First, Middle Initial) Kareim R. Cade	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 1544 Pebble Beach Dr	Transaction ID: 10025-P34466
	City State Zip Code Pontiac MI 48340-1367	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: Great Lakes Benefit Group Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 75
(check only one)

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

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

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

A.

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

Mailing Address 71 Quail Dr S

City Phoenixville State PA Zip Code 19460-1075

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

Name of Employer Radnor Benefits Group, Inc.
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33866
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Lorelei G. Castellani

Mailing Address PO Box 2100

City Branchville State NJ Zip Code 07826-2100

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

Name of Employer Benefit Guidance Systems
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P34110
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Alison M. Challacombe

Mailing Address 20575 Woodside Ct

City Bend State OR Zip Code 97702-9528

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

Name of Employer LifeWise Health Plan of Oregon
Occupation Marketing Coordinator Large Gr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33867
Amount of Each Receipt this Period 115.00
Payroll Deduction (\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Russell B. Childers

Mailing Address 402 Rawley Rd

City State Zip Code
Americus GA 31719-2150

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

Name of Employer Russ Childers, CLU Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 24 / 2010**
Transaction ID: 10025-P34467

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dorothy M. Cociu

Mailing Address PO Box 1941

City State Zip Code
Big Bear Lake CA 92315-1941

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

Name of Employer Advanced Benefit Consulting & Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 24 / 2010**
Transaction ID: 10024-P34078

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 145 Polaris Dr

City State Zip Code
Walkersville MD 21793-9123

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

Name of Employer Independent Benefit Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 24 / 2010**
Transaction ID: 10025-P34183

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **255.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Bob Copeland
 Mailing Address 700 Larkspur Landing Circle, Suite
 City State Zip Code
 Larkspur CA 94939
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 1 0
Transaction ID: 10024-P33675
 Amount of Each Receipt this Period
 170.00
 Payroll Deduction
 (\$170.00 Monthly)
 Name of Employer Occupation
 Copeland Insurance Services Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

B. Full Name (Last, First, Middle Initial)
 Steven G. Cosby
 Mailing Address 27 W Boscawen St
 City State Zip Code
 Winchester VA 22601-4740
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 1 0
Transaction ID: 10024-P33619
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)
 Name of Employer Occupation
 Cosby Insurance Group Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

C. Full Name (Last, First, Middle Initial)
 Reed Damron
 Mailing Address 4642 Riveredge Dr
 City State Zip Code
 Duluth GA 30096-2987
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 1 0
Transaction ID: 10024-P33612
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)
 Name of Employer Occupation
 HIRE Benefits, Inc. Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

SUBTOTAL of Receipts This Page (optional) ► 340.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 75
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) John A Davidson		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 25 Rolling Oaks Dr Ste 110		Transaction ID: 10024-P33678		
	City Thousand Oaks	State CA	Zip Code 91361-1003	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)		
	Name of Employer Davidson Insurance & financial Service	Occupation Insurance Agent	Aggregate Year-to-Date 340.00		

B.	Full Name (Last, First, Middle Initial) Sandra H. Davis		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address PO Box 243		Transaction ID: 10025-P34456		
	City Watson	State LA	Zip Code 70786-0243	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)		
	Name of Employer self	Occupation Office Manager	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Johnny Lee Dawkins		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address PO Box 53809		Transaction ID: 10024-P33629		
	City Fayetteville	State NC	Zip Code 28305-3809	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)		
	Name of Employer Ebenconcepts	Occupation President	Aggregate Year-to-Date 425.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 75

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dennis J. Deegan

Mailing Address 8749 Gettysburg Dr

City State Zip Code
Twinsburg OH 44087-1552

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

Name of Employer Occupation
Medical Mutual Services Stop Loss Sales Executive

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: 10025-P34484

Amount of Each Receipt this Period
15.00

Payroll Deduction
(\$15.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Rush David Dixon

Mailing Address 1375 Piccard Dr

City State Zip Code
Rockville MD 20850-4311

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

Name of Employer Occupation
Early Cassidy and Schilling VP of Employee Benefits

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: 10024-P33723

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Steve H. Dodder

Mailing Address PO Box 2069

City State Zip Code
Monument CO 80132-2069

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

Name of Employer Occupation
Assurant Health Regional Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: 10025-P34235

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City Harahan State LA Zip Code 70123-5230

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

Name of Employer Ebersole & Associates, Inc.
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33605
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Michael A. Embry

Mailing Address 26240 Wacker Dr

City New Baltimore State MI Zip Code 48051-3306

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

Name of Employer Comerica Insurance Services, Inc.
Occupation VP - Group Benefits Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P34033
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City Aurora State OH Zip Code 44202-8438

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

Name of Employer L.M. Erlenbach, Inc.
Occupation Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34461
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 340.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John G. Fagen

Mailing Address PO Box 19

City State Zip Code
Demotte IN 46310-0019

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

Name of Employer: Financial Arts Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10024-P33779
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City State Zip Code
Lincoln NE 68506-5168

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

Name of Employer: UNICO Financial Services, Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10025-P34457
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City State Zip Code
Wichita Falls TX 76301-3317

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

Name of Employer: Financial Partners Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10025-P34165
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) William S. Gall	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 26 Briarwood Ln	Transaction ID: 10025-P34473
	City State Zip Code New Hartford NY 13413-2451	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75.00 Monthly)
Name of Employer Northwestern Mutual Financial Network	Occupation Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) James S. Garbina	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 16510 Summit Dr	Transaction ID: 10025-P34488
	City State Zip Code Omaha NE 68136-4038	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Harry A. Koch Co.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Charles T. Gartlan	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 19 Tarworth Ter	Transaction ID: 10024-P33843
	City State Zip Code Manchester NJ 08759-6671	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)
Name of Employer Emerson, Reid & Co.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michele Gasparre		Date of Receipt
	Mailing Address 8 Hanks Lane		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brenster	NY	10509
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Michaels & Associates		Occupation EVP	Transaction ID: 10024-P33774
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Jeffrey Wm. Gennaro		Date of Receipt
	Mailing Address 523 W Vista Ave		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Phoenix	AZ	85021-7257
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Capitol Insurance Brokers, Inc.		Occupation agent	Transaction ID: 10024-P34005
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Julie Reno George		Date of Receipt
	Mailing Address 1691 Westbrook Plaza Dr		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winston Salem	NC	27103-2993
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer JBA Benefits, LLC		Occupation Agent	Transaction ID: 10024-P33657
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="405.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
			Payroll Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="205.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) James David Gibson		Date of Receipt
	Mailing Address 93 Hollenbeck Rd		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Irmo	SC	29063-8076
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Gibson & Associates, Inc.		Occupation Agent	Transaction ID: 10024-P33671
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michael Gibson		Date of Receipt
	Mailing Address 308 Beulah Ln		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Irmo	SC	29063-9573
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Gibson & Associates		Occupation Agent	Transaction ID: 10024-P34037
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Richard R Girdler		Date of Receipt
	Mailing Address 400 Sims Ln		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Franklin	TN	37069-1890
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Cowan Benefit Services		Occupation Agent	Transaction ID: 10024-P34073
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Patrice Goldfarb		Date of Receipt
	Mailing Address 442 Teaneck Rd		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ridgefield Park	NJ	07660-1516
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Employee Benefits Advisors Group		Occupation Agent	Transaction ID: 10024-P33846
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="60.00"/>	
		<input type="text" value="300.00"/>	Payroll Deduction (\$60.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michael D. Gray		Date of Receipt
	Mailing Address 7305 Pioneers Blvd		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lincoln	NE	68506-7519
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Harry A. Koch Company		Occupation Agent	Transaction ID: 10025-P34465
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>	
		<input type="text" value="625.00"/>	Payroll Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Patricia A Griffey		Date of Receipt
	Mailing Address 56294 Primrose Cir		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Elkhart	IN	46516-1509
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Page 1 Benefits, Inc.		Occupation Agent	Transaction ID: 10024-P33845
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>	
		<input type="text" value="425.00"/>	Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Robert A Grundman</p> <p>Mailing Address 7412 Karl Dr</p> <p>City State Zip Code Lincoln NE 68516-4368</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Senior Benefit Strategies Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10025-P34434</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Payroll Deduction (\$40.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Craig Gussin</p> <p>Mailing Address 843 Summersong Ct</p> <p>City State Zip Code Encinitas CA 92024-5447</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Auerbach & Gussin Insurance and Finan Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10024-P33752</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Antonio Gutierrez</p> <p>Mailing Address 12833 Riverdance Dr</p> <p>City State Zip Code Raleigh NC 27613-7093</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10024-P34044</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
---	--

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Teresa Gutierrez		Date of Receipt
	Mailing Address 12833 Riverdance Dr		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Raleigh	NC	27613-7093
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P34046
Name of Employer IBS/White Bear Group		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Anthony W. Halby		Date of Receipt
	Mailing Address 202 Providence Mine Rd Ste 107		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nevada City	CA	95959-2945
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33721
Name of Employer Halby Insurance Agency		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="465.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Michael E Harris		Date of Receipt
	Mailing Address 208 Harwell Drive		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbia	SC	29225-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 9964
Name of Employer BlueCross BlueShield of South Carolina		Occupation Director of Sales & Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="150.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="265.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Christopher S. Harrison		Date of Receipt
	Mailing Address 415 Thorncliff Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Fayetteville	NC	28303-5221
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33850
Name of Employer Ebenconcepts Company		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2050.00	<input type="text"/> 410.00
			Payroll Deduction (\$410.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Gerald G Hartman		Date of Receipt
	Mailing Address 3822 Gemini Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Boise	ID	83709-4834
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33851
Name of Employer Insurance Network America Inc		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Sheila H Hartman		Date of Receipt
	Mailing Address 20315 Howard Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Woodland Hills	CA	91364-5668
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33852
Name of Employer Financial Independence Company		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 170.00
			Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 630.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Hedy S Hebert

Mailing Address 4816 Woodberry Ln

City Benton State LA Zip Code 71006-9361

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

Name of Employer Benefit Consulting Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 24 / 2010

Transaction ID: 10024-P34054

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2010

Transaction ID: 10025-P34249

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Thomas L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City Sonoma State CA Zip Code 95476-5454

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 24 / 2010

Transaction ID: 10024-P33637

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 215.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5406 Gall Blvd

City State Zip Code
Zephyrhills FL 33542-3957

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

Name of Employer Occupation
The Canadian Drugstore Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P34137

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Peter G Herkey

Mailing Address 10824 Plainview Ave

City State Zip Code
Tujunga CA 91042-1634

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

Name of Employer Occupation
PGH Insurance Marketing Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: 9961

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Richard L Hill

Mailing Address 4435 O St

City State Zip Code
Lincoln NE 68510-1842

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

Name of Employer Occupation
UNICO Financial Services, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34203

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **480.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1155 Greenridge Ter

City State Zip Code
Brookfield WI 53045-4558

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

Name of Employer National CooperativeRx Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P34060
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 30 Lumpkin St Ste D

City State Zip Code
Lawrenceville GA 30045-8410

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

Name of Employer Multiple Benefits Corporation Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33659
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 2094 Weeping Willow Ln

City State Zip Code
Mount Joy PA 17552-8849

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

Name of Employer Hostetler Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33716
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Health Alliance Plan Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10024-P33593
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City State Zip Code
Marion MA 02738-1294

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

Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Vice President, Employee Benef

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10024-P33872
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David S Johnson

Mailing Address 1482 Baron Ct

City State Zip Code
Stone Mountain GA 30087-3037

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

Name of Employer David S. Johnson Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10024-P34019
Amount of Each Receipt this Period: 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 215.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Roger B. Jorgensen
Mailing Address 8220 Commonwealth Dr Ste 204
City State Zip Code
Eden Prairie MN 55344-5387
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Alliance Benefit Group Vice President, Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt: 05 / 24 / 2010
Transaction ID: 10024-P33848
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
George R Keeling
Mailing Address 1875 N Highway 385
City State Zip Code
Levelland TX 79336-9493
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
George R. Keeling Insurance Agency Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt: 05 / 24 / 2010
Transaction ID: 10025-P34442
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Tamara P Kennedy
Mailing Address 9414 E Sera Brisa
City State Zip Code
Scottsdale AZ 85255-6054
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Rogers Benefit Group, Inc. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt: 05 / 24 / 2010
Transaction ID: 10024-P33667
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 255.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City State Zip Code
Yakima WA 98908-2382

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

Name of Employer Occupation
Conover Insurance, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33827

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Linda Rose Koehler

Mailing Address 516 Shelley St

City State Zip Code
Livermore CA 94550-2368

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

Name of Employer Occupation
Herzog Insurance Agency Health Insurance Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34425

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Susanne Kolterman

Mailing Address PO Box 426

City State Zip Code
Seward NE 68434-0426

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

Name of Employer Occupation
Kolterman Agency, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34505

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Daniel C LaBroad	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 710 Farmers Market Way	Transaction ID: 10024-P33979
	City State Zip Code Dallas TX 75201-8451	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Occupation Ovation Health & Life Services, Inc. Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) David Lansing	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 425 2nd St SE Ste 1150	Transaction ID: 10024-P33633
	City State Zip Code Cedar Rapids IA 52401-1818	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Occupation Benefit Solutions, Inc. Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Karen B. Leonard	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 8 Shakespeare Rd	Transaction ID: 10024-P34117
	City State Zip Code Hackettstown NJ 07840-4707	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Occupation Leonard Financial Group, LLC Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 425.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Brian W. Liechty
Mailing Address 120 E Washington St
City Plymouth State IN Zip Code 46563-1744
FEC ID number of contributing federal political committee. **C**
Name of Employer KL Benefits Occupation Benefits Spec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33744
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Juan R. Lopez
Mailing Address 27 Banstead
City Trabuco Canyon State CA Zip Code 92679-3740
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33983
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Scott Lopez
Mailing Address 717 Lucerne Dr
City New Iberia State LA Zip Code 70563-8979
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Resource Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P34140
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 75

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Douglas Lubenow

Mailing Address 3 Fulton Dr

City State Zip Code
Mount Laurel NJ 08054-4510

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

Name of Employer Occupation
Lubenow Agency Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34251

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1090.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33746

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Matthew L. Masone

Mailing Address 367 Sheffield Rd

City State Zip Code
Severna Park MD 21146-1647

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

Name of Employer Occupation
Lincoln Financial Group Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 685.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33969

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3207 Cottingham Ct

City Greensboro State NC Zip Code 27410-8362

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

Name of Employer EbenConcepts Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 24 / 2010

Transaction ID: 10024-P33985

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Barbara A. McClaskey

Mailing Address 10804 Granite Drive

City Redding State CA Zip Code 96001

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

Name of Employer Barbara A. McClaskey Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 24 / 2010

Transaction ID: 10024-P34036

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City South Jordan State UT Zip Code 84095-2229

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

Name of Employer McDermott Company & Associates Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2010

Transaction ID: 10024-P33834

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 9905 S Maplewood Ave		Transaction ID: 10009
	City Tulsa	State OK	Zip Code 74137-5534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 9905 S Maplewood Ave		Transaction ID: 10025-P34398
	City Tulsa	State OK	Zip Code 74137-5534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer BenEx Insurance Agency	Occupation Vice President	Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Ward McKalson		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 22365 Ferdinand Ct		Transaction ID: 10024-P33974
	City Salinas	State CA	Zip Code 93908-1106
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Leavitt Central Coast Insurance Servi	Occupation Agent	Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Daniel W. McMahon	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 123 E 2nd Ave	Transaction ID: 10024-P33624
	City State Zip Code Spokane WA 99202-1525	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
	Name of Employer: Western States Jones & Mitchell Occupation: Benefits Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Travis S. Middleton	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 20610 Castle Bend Dr	Transaction ID: 10024-P33977
	City State Zip Code Katy TX 77450-4909	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)
	Name of Employer: TradeMark Insurance Agency LLC Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dennis F. Mobley	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 459 Pimlico Pl	Transaction ID: 10025-P34316
	City State Zip Code Jackson MS 39211-4030	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)
	Name of Employer: Mobley Insurance Agency, LLC Occupation: Office Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Sandra V Mobley		Date of Receipt
	Mailing Address 5454 I 55 N Ste B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Jackson	MS	39211-4027
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Sandra Mobley Agency LLC		Occupation Agent	Transaction ID: 10025-P34170
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Gary Monteith		Date of Receipt
	Mailing Address 736 Johnson Ferry Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Marietta	GA	30068-4379
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Purchasing Alliance Solutions, Inc.		Occupation Broker Sales Vice President	Transaction ID: 10024-P33751
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 415.00	Amount of Each Receipt this Period <input type="text"/> 10.00
			Payroll Deduction (\$10.00 Monthly)

C.	Full Name (Last, First, Middle Initial) David R. Moore		Date of Receipt
	Mailing Address 605 Truitt Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Elon	NC	27244-9262
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer David R. Moore, CLU & Associates		Occupation Agent	Transaction ID: 10025-P34422
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 425.00	Amount of Each Receipt this Period <input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Glen W. Mulready	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 2708 W 66th Pl	Transaction ID: 10024-P33660
	City State Zip Code Tulsa OK 74132-1301	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
	Name of Employer Benefit Plan Strategies Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Ray M. Musser	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 404 N 2nd Ave Ste B	Transaction ID: 10024-P33776
	City State Zip Code Upland CA 91786-4793	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer Ray Musser & Assoc. Insurance Services Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) John J. Nelson	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 32110 Agoura Rd	Transaction ID: 10024-P33720
	City State Zip Code Westlake Village CA 91361-4026	Amount of Each Receipt this Period 416.70
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$416.70 Monthly)
	Name of Employer Warner Pacific Insurance Services Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.10	

SUBTOTAL of Receipts This Page (optional)	531.70
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City State Zip Code
Baton Rouge LA 70806-5131

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

Name of Employer Occupation
The Nolan Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10025-P34430
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 16278 Jefferson St

City State Zip Code
Omaha NE 68135-6360

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

Name of Employer Occupation
OCI Insurance & Financial Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: 9960
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 47 Laurel Hill Dr

City State Zip Code
Niantic CT 06357-1536

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

Name of Employer Occupation
Parker Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt: 05 / 24 / 2010
Transaction ID: 10025-P34401
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Jesse A. Patton		Date of Receipt
	Mailing Address 701 Grand Ave		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Des Moines	IA	50265-3625
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Associations Marketing Group, Inc.		Occupation CEO/President	Transaction ID: 10024-P33802
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1875.00"/>	Amount of Each Receipt this Period <input type="text" value="350.00"/>
			Payroll Deduction (\$350.00 Monthly)

B.	Full Name (Last, First, Middle Initial) David R. Perry		Date of Receipt
	Mailing Address 2003 Charvais Dr		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lake Charles	LA	70601-5605
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Perry Agency, Inc.		Occupation President	Transaction ID: 10024-P33966
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Susan R. Pittman		Date of Receipt
	Mailing Address 32418 51st Ave SW		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Federal Way	WA	98023-1936
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Insure NW Inc.		Occupation Agent	Transaction ID: 10025-P34225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="460.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John G. Prue
Mailing Address 12713 S Edinburgh St
City Olathe State KS Zip Code 66062-1300
FEC ID number of contributing federal political committee. **C**
Name of Employer Humana, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34303
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Connie Puett
Mailing Address 5160 N Eyrie Way
City Boise State ID Zip Code 83703-4287
FEC ID number of contributing federal political committee. **C**
Name of Employer PacificSource Health Plans Occupation Marketing & Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33806
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kathy M. Rainwater
Mailing Address 3809 Silverwood Dr
City Tyler State TX Zip Code 75701-9336
FEC ID number of contributing federal political committee. **C**
Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34408
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 43 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Susan Maley Rash
 Mailing Address 2519 Kettlewell Ct
 City Midlothian State VA Zip Code 23113-6726
 Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33807
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)
 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 550.00

B. Full Name (Last, First, Middle Initial)
 Jon C Rauser
 Mailing Address 949 Lamplighter Ln
 City Grafton State WI Zip Code 53024-9314
 Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33808
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Rauser Agency, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 1215.00

C. Full Name (Last, First, Middle Initial)
 Jordan R Redman
 Mailing Address 43 Daning Lights Lane
 City Athol State ID Zip Code 83801
 Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34173
 Amount of Each Receipt this Period 10.00
 Payroll Deduction (\$10.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Redman Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 360.00

SUBTOTAL of Receipts This Page (optional) ► **345.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City State Zip Code
Thornton CO 80241-2925

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

Name of Employer Occupation
Romer, Reents & Associates, Inc. Producer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33955

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Patrick Reuszer

Mailing Address 312 Elm Sreet

City State Zip Code
Cincinnati OH 45202

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

Name of Employer Occupation
Assurant Employee Benfits Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33705

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
R Dane Rianhard

Mailing Address 1 N Charles St

City State Zip Code
Baltimore MD 21201-3740

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

Name of Employer Occupation
FranklinMorris Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P34144

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Shan Ricketts</p> <p>Mailing Address 3900 Halisport Dr NW</p> <p>City State Zip Code Kennesaw GA 30152-4077</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Purchasing Alliance Solutions, Inc.</p> <p>Occupation Executive Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10024-P33898</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mark Riley</p> <p>Mailing Address PO Box 1635</p> <p>City State Zip Code Irmo SC 29063-1635</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Benefit Services, LLC</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10024-P33580</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Elizabeth E Rios-Carl</p> <p>Mailing Address 6841 Pino Real Dr</p> <p>City State Zip Code El Paso TX 79912-2803</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Goodman Financial Group</p> <p>Occupation VP - Employee Benefits</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 24 / 2010</p> <p>Transaction ID: 10025-P34305</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Payroll Deduction (\$50.00 Monthly)</p>
--	--

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

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

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

FOR LINE NUMBER: PAGE 46 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33596

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Sharon L. Robbins

Mailing Address PO Box 530

City State Zip Code
Asheville NC 28802-0530

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

Name of Employer Insurance Service of Asheville
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34265

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joseph K. Roberts

Mailing Address 4000 S 36th St

City State Zip Code
Lincoln NE 68506-4809

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

Name of Employer Midlands Financial Benefits
Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34392

Amount of Each Receipt this Period
150.00

Payroll Deduction
(\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer Occupation
Palm Canyon Insurance Agency Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
05 / 24 / 2010

Transaction ID: 10025-P34412

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mark Rose

Mailing Address 1545 NE 76th St

City State Zip Code
Seattle WA 98115-4373

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

Name of Employer Occupation
Baldwin Resource Group Vice President Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
05 / 24 / 2010

Transaction ID: 10024-P33959

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Charles P. Rosen

Mailing Address 849 Somera Ct

City State Zip Code
Simi Valley CA 93065-5546

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

Name of Employer Occupation
CPR Insurance & Financial Services President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
05 / 24 / 2010

Transaction ID: 10024-P33960

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 255.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 15 Kennedy Dr

City State Zip Code
Budd Lake NJ 07828-1438

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

Name of Employer John J. Slattery Associates
Occupation Director of Broker Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

Transaction ID: 10024-P33812

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City State Zip Code
Woodbury MN 55125-9592

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

Name of Employer Sailer Benefit Services, Inc.
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

Transaction ID: 10024-P33817

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Stephen J. 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 Landmark Insurance & Financial Group
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

Transaction ID: 10024-P33702

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **255.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City State Zip Code
Dacula GA 30019-3290

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

Name of Employer
E2E Benefits Services, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33818

Amount of Each Receipt this Period
150.00

Payroll Deduction
(\$150.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City State Zip Code
Marietta GA 30064-2474

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

Name of Employer
Schiebel & Associates, LLC
dba Shopbe

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33820

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer
Plans For Health, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33912

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **355.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer: Mengel, Surdyke, Murphy and Finke
Occupation: Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt: MM / DD / YYYY
05 / 04 / 2010

Transaction ID: 9968

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer: Mengel, Surdyke, Murphy and Finke
Occupation: Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt: MM / DD / YYYY
05 / 07 / 2010

Transaction ID: 9967

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer: Mengel, Surdyke, Murphy and Finke
Occupation: Benefits Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt: MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 10004

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
Mengel, Surdyke, Murphy and Finke Benefits Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 10005

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City State Zip Code
Silver Spring MD 20901-2348

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

Name of Employer Occupation
Insurance Benefits & Advisors Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 555.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34213

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

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

Mailing Address 3311 NE 115th St

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer Occupation
Biggs Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33915

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Steven Selinsky
Mailing Address 28638 Oak Point Dr
City Farmington Hills State MI Zip Code 48331-2706
FEC ID number of contributing federal political committee. **C**
Name of Employer Warner Pacific Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33916
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David M. Sherrill
Mailing Address 2844 Regal Ln
City Oviedo State FL Zip Code 32765-7573
FEC ID number of contributing federal political committee. **C**
Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Vice President/Life & LTC Mana
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33961
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bob G Shupe
Mailing Address 5904 Hitching Post Ln
City Nashville State TN Zip Code 37211-6934
FEC ID number of contributing federal political committee. **C**
Name of Employer ESP, Inc Occupation President, CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33950
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Desmond X. Slattery		Date of Receipt
	Mailing Address 1800 State Route 34		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wall	NJ	07719-9168
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer John J. Slattery Associates, Inc.		Occupation Agent	Transaction ID: 10024-P33728
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Deirdre Slattery Fallon		Date of Receipt
	Mailing Address PO Box 256		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Spring Lake	NJ	07762-0256
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer John J. Slattery Associates, Inc.		Occupation Agent	Transaction ID: 10024-P33643
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Gregory S. Smith		Date of Receipt
	Mailing Address 4017 W Hollow Trace Dr		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Peoria	IL	61615-2418
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Group Marketing Services Inc.		Occupation Agent	Transaction ID: 10024-P33919
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MD Sam Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code
Los Angeles CA 90046-3284

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

Name of Employer Occupation
GENESIS/Smith-Benton President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33935

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

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

Mailing Address 169 Hawthorne Dr

City State Zip Code
Kensington CT 06037-4074

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

Name of Employer Occupation
AmeriBen Alliance, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33937

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Sherry Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10025-P34268

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 55 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James Randall Southard
Mailing Address 7848 Nc Highway 68 N
City Stokesdale State NC Zip Code 27357-9326
FEC ID number of contributing federal political committee. **C**
Name of Employer Wells Fargo Insurance Services of NC Occupation Partner
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33921
Amount of Each Receipt this Period 65.00
Payroll Deduction (\$65.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jim Spahr
Mailing Address 1457 Capri Ave
City Petaluma State CA Zip Code 94954-1458
FEC ID number of contributing federal political committee. **C**
Name of Employer Jackie & Jim Spahr Insurance Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33922
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard Blake Spell
Mailing Address 7873 Bufflehead Ct
City Greensboro State NC Zip Code 27455-8376
FEC ID number of contributing federal political committee. **C**
Name of Employer United Healthcare Occupation Account Executive
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33938
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 56 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jackie L. Spragins
Mailing Address 2009 Speedway Ave
City State Zip Code
Wichita Falls TX 76301-6067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allred-Thompson-Mason-Daugherty Insur Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34379
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Delvin L. Stahl
Mailing Address PO Box 388
City State Zip Code
Sutton NE 68979-0388
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Plus, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34292
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kenneth J. Statz
Mailing Address PO Box 41068
City State Zip Code
Brecksville OH 44141-0068
FEC ID number of contributing federal political committee. **C**
Name of Employer Statz & Associates Occupation agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33778
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 175.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 57 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James R Stenger
Mailing Address 381 victoria drive
City Bridgewater State NJ Zip Code 12909
FEC ID number of contributing federal political committee. **C**
Name of Employer NAS Financial Services Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34367
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Marilyn A. Stenger
Mailing Address 77 Ridgeview Ln
City Mount Arlington State NJ Zip Code 07856-2321
FEC ID number of contributing federal political committee. **C**
Name of Employer MVS Consulting Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1550.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34368
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Rodney Stuart
Mailing Address 9755 Randall Dr
City Indianapolis State IN Zip Code 46280-2951
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Innovations, LLP Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34358
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 305.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) James L. Sugden		Date of Receipt
	Mailing Address 628 Wild Ridge Cir		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lafayette	CO	80026-2583
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Employee Benefit Solutions, Inc.		Occupation Agent	Transaction ID: 10025-P34370
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) James F. Summers		Date of Receipt
	Mailing Address 15316 Pine St		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Omaha	NE	68144-5117
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Senior Market Sales, Inc.		Occupation Agent	Transaction ID: 10025-P34371
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	Amount of Each Receipt this Period <input type="text" value="125.00"/>
			Payroll Deduction (\$125.00 Monthly)

C.	Full Name (Last, First, Middle Initial) William L Sutherland		Date of Receipt
	Mailing Address 19126 Kristen Way		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	San Antonio	TX	78258-3618
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wortham Insurance & Risk Management		Occupation Agent	Transaction ID: 10024-P33861
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="310.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Ryan R. Swinton
Mailing Address 9931 N 151st St
City Waverly State NE Zip Code 68462-1611
FEC ID number of contributing federal political committee. **C**
Name of Employer Midlands Financial Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33946
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
F. Todd Taylor
Mailing Address 11 Millstone Rd
City Richmond State VA Zip Code 23228-5407
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Society of Virginia Insurance Occupation Account Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33923
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Marsha Tellesbo
Mailing Address 22887 NE 127th Way
City Redmond State WA Zip Code 98053-5657
FEC ID number of contributing federal political committee. **C**
Name of Employer Tellesbo & Company Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33904
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 255.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Janet Trautwein		Date of Receipt
	Mailing Address 7212 Redlac Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clifton	VA	20124-1948
	FEC ID number of contributing federal political committee.		Transaction ID: 10025-P34372
Name of Employer NAHU		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 170.00
		<input type="text"/> 850.00	Payroll Deduction (\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) C. Louanne Trebing		Date of Receipt
	Mailing Address 1806 Patton Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Garland	TX	75042-8205
	FEC ID number of contributing federal political committee.		Transaction ID: 10025-P34373
Name of Employer Trebing Insurance Services		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Charles G. Wagner		Date of Receipt
	Mailing Address PO Box 9		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Burwell	NE	68823-0009
	FEC ID number of contributing federal political committee.		Transaction ID: 10025-P34282
Name of Employer Town and Country Insurance Agency, In		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 425.00	Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 305.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 61 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Rand R. Wall

Mailing Address 1004 Sugardale Ct

City State Zip Code
Sugar Land TX 77498-2760

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

Name of Employer Lone Star Health Plans, Ltd. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34362
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jessica F Waltman

Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201-2573

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

Name of Employer NAHU Occupation VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34258
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
M. Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34291
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33795
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Charles A Webb
Mailing Address 15 S Jefferson St
City Roanoke State VA Zip Code 24011-1303
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefits Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33724
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dan Webb
Mailing Address 5251 Office Park Dr
City Bakersfield State CA Zip Code 93309-0404
FEC ID number of contributing federal political committee. **C**
Name of Employer The Webb Insurance Group Occupation Marketing Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1060.00
Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34200
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 340.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 75
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Charles L. Westmoreland

Mailing Address PO Box 925

City State Zip Code
Jackson MS 39205-0925

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

Name of Employer American Public Life Insurance Company
Occupation Director of Agency Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33585

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Trei Wild

Mailing Address 2745 Dallas Pkwy

City State Zip Code
Plano TX 75093-8731

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

Name of Employer Assurant Employee Benefits
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33760

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Michael R Williams

Mailing Address 302 S 36th St Ste 105

City State Zip Code
Omaha NE 68131-3845

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

Name of Employer Williams Deras & Associates
Occupation Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 10024-P33636

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 64 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Paula L Wilson
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00
 Date of Receipt 05 / 24 / 2010
Transaction ID: 10025-P34353
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Steven L. Wilson
 Mailing Address 808 Penny Ln
 City Lexington State KY Zip Code 40509-1964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P33889
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Thomas R. Wilson
 Mailing Address 1400 Amber Joy
 City Wichita Falls State TX Zip Code 76310-9323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Benefits Consultant/Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00
 Date of Receipt 05 / 24 / 2010
Transaction ID: 10024-P34108
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Barbara Wright		Date of Receipt
	Mailing Address 318 Calash Run		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Fort Wayne	IN	46845-2104
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33994
Name of Employer Intrahealthsolutions, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Dennis E. Wright		Date of Receipt
	Mailing Address 318 Calash Run		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Fort Wayne	IN	46845-2104
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33800
Name of Employer IntraHealth Solutions, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Robert A Ziff		Date of Receipt
	Mailing Address 568 Valleyview Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Langhorne	PA	19047-2221
	FEC ID number of contributing federal political committee. C		Transaction ID: 10024-P33766
Name of Employer Avanti Benefits Corp		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 100.00
			Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 270.00
TOTAL This Period (last page this line number only)	<input type="text"/> 16651.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 10044 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="442.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: 10045 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant CC Fees	<input type="text" value="1250.25"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 10046 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="87.97"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1781.17"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1781.17"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: 9957 Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DRIVE	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 5.5	<input type="text" value="1000.00"/>
	Candidate Name JOHN H. ADLER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: 9950 Date of Disbursement
	Mailing Address P.O. Box 8508	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 5.13	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL A. ARCURI	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLUNT VICTORY COMMITTEE	Transaction ID: 9995 Date of Disbursement
	Mailing Address PO BOX 365	<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 5.23	<input type="text" value="1000.00"/>
	Candidate Name BLUNT VICTORY COMMITTEE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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

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

A. Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS <hr/> Mailing Address P.O. Box 8277 <hr/> City The Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement Coffee 5.19 Candidate Name KEVIN BRADY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9992 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR CONGRESS <hr/> Mailing Address Box 137 <hr/> City Spokane State WA Zip Code 99210 <hr/> Purpose of Disbursement Lunch 5.27 Candidate Name CATHY MCMORRIS RODGERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9988 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE <hr/> Mailing Address PO Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 <hr/> Purpose of Disbursement Gold Event 6.14 Candidate Name GLENN CARLYLE III NYE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9966 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: 9993 Date of Disbursement
	Mailing Address 200 NORTH PHILLIPS AVENUE STE L101	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City SIOUX FALLS State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 5.26	<input type="text" value="2000.00"/>
	Candidate Name JOHN THUNE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: 9982 Date of Disbursement
	Mailing Address PO BOX 233	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="14"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City NASHUA State NH Zip Code 03061	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name KELLY A AYOTTE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON	Transaction ID: 10006 Date of Disbursement
	Mailing Address P.O. Box 860096	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="25"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 5.25	<input type="text" value="1000.00"/>
	Candidate Name SAM JOHNSON	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 75

<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

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

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

A.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: 10008 Date of Disbursement 05 / 25 / 2010
	Mailing Address PO Box 701	Amount of Each Disbursement this Period 1000.00
	City Gainesville State GA Zip Code 30503	
	Purpose of Disbursement Runoff Contribution	011 Category/ Type
	Candidate Name JOHN THOMAS JR GRAVES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN DAVIDSON FOR CONGRESS	Transaction ID: 9999 Date of Disbursement 05 / 17 / 2010
	Mailing Address 1710 N MOORPARK ROAD SUITE 18	Amount of Each Disbursement this Period 4000.00
	City THOUSAND OAKS State CA Zip Code 91360	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name JOHN DAVIDSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JUDY BIGGERT FOR CONGRESS	Transaction ID: 9998 Date of Disbursement 05 / 27 / 2010
	Mailing Address P.O. Box 637	Amount of Each Disbursement this Period 1000.00
	City Hinsdale State IL Zip Code 60522	
	Purpose of Disbursement Breakfast 5.27	011 Category/ Type
	Candidate Name JUDY BIGGERT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS	Transaction ID: 9986 Date of Disbursement
	Mailing Address PO Box 20123	<input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Riverside State CA Zip Code 92516	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 5.17- Riverside, CA	<input type="text" value="3000.00"/>
	Candidate Name KENNETH S MR. CALVERT	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS	Transaction ID: 9994 Date of Disbursement
	Mailing Address PO Box 12667	<input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement Lunch 5.27	<input type="text" value="1000.00"/>
	Candidate Name KEVIN MCCARTHY	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: 9985 Date of Disbursement
	Mailing Address PO Box 540098	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 5.18	<input type="text" value="1000.00"/>
	Candidate Name LEE TERRY	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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

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

<p>A. Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Contribution In-District</p> <p>Candidate Name LEE TERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 02</p>	<p>Transaction ID: 10007</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Dinner 5.4</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p>	<p>Transaction ID: 9956</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Dinner 5.4</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p>	<p>Transaction ID: 9955</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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

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

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: 9943 Date of Disbursement
	Mailing Address P O Box 288	<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MERIDIAN State ID Zip Code 83642	Amount of Each Disbursement this Period
	Purpose of Disbursement Event 5.10	<input type="text" value="2500.00"/>
	Candidate Name WALTER CLIFFORD MINNICK	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01	

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: 9948 Date of Disbursement
	Mailing Address 175 S. WEST TEMPLE, SUITE 650	<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 5.11	<input type="text" value="2500.00"/>
	Candidate Name ORRINPAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: 9951 Date of Disbursement
	Mailing Address PO BOX 3176	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Kick-Off 5.14	<input type="text" value="1000.00"/>
	Candidate Name FRANK JR PALLONE	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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

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

<p>A. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Dinner 5.12</p> <p>Candidate Name PETER ROSKAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9949</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.</p> <p>Mailing Address P.O. BOX 40233</p> <p>City FORT WAYNE State IN Zip Code 46804</p> <p>Purpose of Disbursement Breakfast 5.6</p> <p>Candidate Name MARK E SOUDER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9959</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS</p> <p>Mailing Address 3030 HARRISON AVENUE</p> <p>City CINCINNATI State OH Zip Code 45211</p> <p>Purpose of Disbursement Lunch 5.5</p> <p>Candidate Name STEVE CHABOT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9958</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

PAGE 75 / 75

<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

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

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

A.

Full Name (Last, First, Middle Initial)
TIM MURPHY FOR CONGRESS

Transaction ID: 9983

Date of Disbursement

Mailing Address PO Box 24551

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

City State Zip Code
Pittsburgh PA 15234

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Dinner 5.12

011
Category/
Type

Candidate Name
TIM MURPHY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

36000.00
