

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street) P. O. Box 7135  
 Check if different than previously reported. (ACC)  
Washington DC 20044-7135

2. **FEC IDENTIFICATION NUMBER** C00283135  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2006 through 07 31 2006

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

Type or Print Name of Treasurer Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 08 18 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		31951.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	14551.62									
(c) Total Receipts (from Line 19) .....	16796.35	181654.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31347.97	213605.73								
7. Total Disbursements (from Line 31) .....	19075.65	201333.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12272.32	12272.32								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9357.00	91740.00
(i) Itemized (use Schedule A) .....	7439.34	89844.38
(ii) Unitemized .....	16796.34	181584.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16796.34	181584.38
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.01	69.91
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)) .....	16796.35	181654.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16796.35	181654.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2575.65	46138.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2575.65	46138.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	146500.00
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	695.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	695.00
29. Other Disbursements.....	5000.00	8000.00
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))..	19075.65	201333.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19075.65	201333.41

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16796.34	181584.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16796.34	180889.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2575.65	46138.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2575.65	46138.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
SUZY ALBERTS

Mailing Address 20700 Civic Center Drive  
Ste 250

City State Zip Code  
Southfield MI 48076

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

Name of Employer Occupation  
Comerica Insurance Services Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914344

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City State Zip Code  
Tyler TX 75711-7648

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

Name of Employer Occupation  
Strategies In Employee Benefits Inc. Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
735.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914348

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM BUDDY ANDERSON

Mailing Address 498 Palm Springs Drive, Suite 270

City State Zip Code  
Altamonte Springs FL 32701-7805

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

Name of Employer Occupation  
Benefit Port Marketing Representative

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914349

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 7606 University Avenue, Suite B

City Lubbock State TX Zip Code 79423-2128

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

Name of Employer Ashmore Agency Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

Transaction ID: 15914350

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
ANN BELL

Mailing Address 1661 Shoreline Drive, Suite 100

City Boise State ID Zip Code 83702-6746

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

Name of Employer Higgins & Rutledge Insurance Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

Transaction ID: 15914355

Amount of Each Receipt this Period  
 15.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer Neace Lukens Holding Company Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

Transaction ID: 15914356

Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
B CALVIN

Mailing Address PO Box 101422

City Anchorage State AK Zip Code 99510-1422

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

Name of Employer Calco Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

**Transaction ID:** 15914371

Amount of Each Receipt this Period  
 85.00

**B.** Full Name (Last, First, Middle Initial)  
RUSSELL CHILDERS

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers CLU Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

**Transaction ID:** 15914376

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
GEORGE CONDOS

Mailing Address 7881 West Charleston Blvd. #140

City Las Vegas State NV Zip Code 89117

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

Name of Employer Leavitt Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

**Transaction ID:** 15914381

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA DOUCET</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address P. O. Box 91180		<b>Transaction ID: 15914393</b>	
City Lafayette	State LA	Amount of Each Receipt this Period 30.00	
Zip Code 70509-1180			
FEC ID number of contributing federal political committee. C			
Name of Employer Global Financial Resources Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. EUGENE EBERSOLE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address PO Box 2886		<b>Transaction ID: 15914398</b>	
City Gretna	State LA	Amount of Each Receipt this Period 70.00	
Zip Code 70054-2886			
FEC ID number of contributing federal political committee. C			
Name of Employer Ebersole & Associates Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) <b>C. THOMAS EVANS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 7261 Mercy Rd.		<b>Transaction ID: 15914403</b>	
City Omaha	State NE	Amount of Each Receipt this Period 80.00	
Zip Code 68164-9684			
FEC ID number of contributing federal political committee. C			
Name of Employer BlueCross Blue Shield of Nebraska	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. DAVID FEAR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 11160 Sun Center Drive, Suite A		<b>Transaction ID: 15914405</b>	
City Rancho Cordova	State CA	Zip Code 95670-6121	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIMS Strategic Distribution Division	Occupation Director of Strategic Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. LINDA FRIEDRICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address PO Box 30275		<b>Transaction ID: 15914408</b>	
City Lincoln	State NE	Zip Code 68503-0275	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNICO Financial Services Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. BRUCE GARDNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 1502 West Avenue		<b>Transaction ID: 15914411</b>	
City Austin	State TX	Zip Code 78701-1561	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bruce Gardner Insurance & Investments	Occupation Registered Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	185.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. PATRICE GOLDFARB</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 442 Teaneck Rd.		<b>Transaction ID: 15914417</b>	
City Ridgefield Park	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07660-1516		FEC ID number of contributing federal political committee. C	
Name of Employer The Employee Benefits Advisors Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GRAY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 233 South 13th Street Suite 1500		<b>Transaction ID: 15914420</b>	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68508-2017		FEC ID number of contributing federal political committee. C	
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1630.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ROBERT GRUNDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 7412 Karl Drive		<b>Transaction ID: 15914422</b>	
City Lincoln	State NE	Amount of Each Receipt this Period 30.00	
Zip Code 68516-4368		FEC ID number of contributing federal political committee. C	
Name of Employer Senior Benefit Strategies	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. LISA HELLMAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006
Mailing Address 4180 Providence Rd Suite 200		<b>Transaction ID: 15914429</b>
City State Zip Code Dahlenega GA 30533	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefit Designs	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Hendricks</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006
Mailing Address 1605 S Eucalyptus Ave		<b>Transaction ID: 15914430</b>
City State Zip Code Broken Arrow OK 74012-5906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Business Planning Group Of OK	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD HILL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006
Mailing Address 4435 O Street P.O. Box 30275		<b>Transaction ID: 15914435</b>
City State Zip Code Lincoln NE 68510-1842	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UNICO Financial Services Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 62						
	(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

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)  
DONNA HILL

Mailing Address PO Box 724

City State Zip Code  
Snellville GA 30078-0724

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

Name of Employer Occupation  
DDH Associates LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914436

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5330 Bent Tree Forest Drive, Suite

City State Zip Code  
Dallas TX 75248-3471

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

Name of Employer Occupation  
A Benefit Source Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914443

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
LISA ILLS

Mailing Address 4455 East Camelback Road, Suite D2

City State Zip Code  
Phoenix AZ 85018-2865

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

Name of Employer Occupation  
Glass Financial Group Employee Benefit Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914446

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Terry Ives</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address P O Box 3459		<b>Transaction ID: 15914447</b>	
City State Zip Code San Clemente CA 92674-3459	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Executive Financial Advisors Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>B. SUZANNE JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 6235 Morrison Boulevard, Suite 302		<b>Transaction ID: 15914450</b>	
City State Zip Code Charlotte NC 28211-3508	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>C. LARRY KACZMAREK</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 2633 State Route 59, Suite B		<b>Transaction ID: 15914456</b>	
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kaczmarek Insurance Services Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 2633 State Route 59, Suite B  
P O Box 345

City State Zip Code  
Ravenna OH 44266

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

Name of Employer  
Kaczmarek Ins. Services Agency Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914457

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 45279

City State Zip Code  
Omaha NE 68145-0279

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

Name of Employer  
The Harry A. Koch Company

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914459

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code  
Omaha NE 68130-1769

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

Name of Employer  
Holmes Murphy and Associates Inc.

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** 15914460

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. SHARON MCDERMOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address 21425 Chancellor Road		<b>Transaction ID: 15914475</b>
City Elkorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID MOORE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address PO Box 1006		<b>Transaction ID: 15914481</b>
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore CLU & Associates	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. WESLEY MOORE, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address P O Box 604		<b>Transaction ID: 15914482</b>
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. JOSHUA NACE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address 936 North 34th Street, Suite 208		<b>Transaction ID: 15914486</b>
City State Zip Code Seattle WA 98103-8869	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services Inc.	Occupation Vice President Sales & Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL NORRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address PO Box 999 295 E Palmer Street		<b>Transaction ID: 15914494</b>
City State Zip Code Franklin NC 28744-0999	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Wayah Insurance Agency	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN PARKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address 47 Laurel Hill Drive		<b>Transaction ID: 15914498</b>
City State Zip Code Niantic CT 06357-1536	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID PERRY

Mailing Address 1634 Ryan Street

City State Zip Code  
Lake Charles LA 70601-5949

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

Name of Employer Occupation  
The Perry Agency Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 15914501

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Phiifer

Mailing Address 5495 Belt Line Road, Suite 155

City State Zip Code  
Dallas TX 75254-7643

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

Name of Employer Occupation  
SafeGuard Health Enterprises Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 15914504

Amount of Each Receipt this Period  
85.00

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

Mailing Address 3601 Calvert, Ste. 1

City State Zip Code  
Lincoln NE 68506

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

Name of Employer Occupation  
Advanced Insurance Services Inc. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 15914512

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH RIOS-CARL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 124 West Castellano Drive, Suite 2		<b>Transaction ID: 15914514</b>	
City State Zip Code El Paso TX 79912-6139	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Goodman Financial Group	Occupation VP - Employee Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 7101 S. 82nd St., #B		<b>Transaction ID: 15914517</b>	
City State Zip Code Lincoln NE 68516-6574	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midlands Financial Benefits	Occupation Registered Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1282.00		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 100 S. Sunrise Way, PMB 364		<b>Transaction ID: 15914518</b>	
City State Zip Code Palm Springs CA 92262	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
EUGENE ROWE

Mailing Address 16000 Ventura Blvd, Suite 1103

City Encino State CA Zip Code 91436-2767

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

Name of Employer R & R Insurance and Retirement Service Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

Transaction ID: 15914522

Amount of Each Receipt this Period  
 30.00

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN SALAMON

Mailing Address PO Box 4252

City Timonium State MD Zip Code 21094-4252

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

Name of Employer Heritage Financial Consultants LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

Transaction ID: 15914525

Amount of Each Receipt this Period  
 10.00

**C.** Full Name (Last, First, Middle Initial)  
JACKIE SPRAGINS

Mailing Address PO Box 2073

City Wichita Falls State TX Zip Code 76307-2073

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

Name of Employer Spragins Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

Transaction ID: 15914542

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. RYAN THORN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 10342 South Springcrest Lane		<b>Transaction ID: 15914550</b>	
City State Zip Code South Jordan UT 84095-4538		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thorn Insurance Planning Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. ALICIA TIEFENTHALER</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address 110 West 7th Street, Suite 2520		<b>Transaction ID: 15914551</b>	
City State Zip Code Tulsa OK 74119-1104		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hillcrest Healthcare System		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>C. DANIEL TOMPKINS, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006	
Mailing Address PO Box 1810 800 Old Roswell Lakes Pkwy Suite 3		<b>Transaction ID: 15914552</b>	
City State Zip Code Roswell GA 30077-1810		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Admin America		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City State Zip Code  
Arlington VA 22201

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

Name of Employer NAHU Occupation Executive VP, CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 15914554

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
MARILYN VAN SANT

Mailing Address 271 Route 46 West, Suite G206

City State Zip Code  
Fairfield NJ 07004-2475

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

Name of Employer Stratford Financial Group Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 15914556

Amount of Each Receipt this Period  
85.00

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

Mailing Address PO Box 18251

City State Zip Code  
Roanoke VA 24014-3004

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

Name of Employer DRR Consulting Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2006

Transaction ID: 15914557

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 62
	<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)

Full Name (Last, First, Middle Initial) <b>A. CHARLES WAGNER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address PO Box 9		<b>Transaction ID: 15914559</b>	
City Burwell	State NE	Amount of Each Receipt this Period 50.00	
Zip Code 68823-0009		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Town and Country Insurance Agency Inc		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B. C.L. WESTMORELAND</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address PO Box 925		<b>Transaction ID: 15914562</b>	
City Jackson	State MS	Amount of Each Receipt this Period 85.00	
Zip Code 39205-0925		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00	
Name of Employer American Public Life Insurance Company		Occupation Director of Agency Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. PAULA WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address PO Box 892740		<b>Transaction ID: 15914567</b>	
City Temecula	State CA	Amount of Each Receipt this Period 25.00	
Zip Code 92589-2740		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Paula L. Wilson Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	160.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
Kirk Rouse

Mailing Address PO Box 71628

City Albany State GA Zip Code 31708-1628

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

Name of Employer Doherty Duggan & Rouse Insurors Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2006

**Transaction ID: 15983724**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 8516 East 101st, Suite H

City Tulsa State OK Zip Code 74133-7035

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2006

**Transaction ID: 15983734**

Amount of Each Receipt this Period  
 30.00

**C.** Full Name (Last, First, Middle Initial)  
WALTER T. HALE

Mailing Address 211 East Church Street

City Morrilton State AR Zip Code 72110-3419

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

Name of Employer Hawkins Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2006

**Transaction ID: 16026640**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 / 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT A ZIFF Mailing Address 17 North Delmorr Avenue City Morrisville State PA Zip Code 19067-6278 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2006 <b>Transaction ID: 16138168</b> Amount of Each Receipt this Period 100.00
Name of Employer: Avanti Benefits Corp Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Susan McGinnis Mailing Address 8516 East 101st, Suite H City Tulsa State OK Zip Code 74133-7035 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006 <b>Transaction ID: 16142695</b> 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 ▼ 325.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL A. RIVERA Mailing Address 12200 Northwest Freeway, Suite 662 City Houston State TX Zip Code 77092-4927 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006 <b>Transaction ID: 16179302</b> Amount of Each Receipt this Period 85.00
Name of Employer: Northwest General Insurance Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 20501 Katy Freeway, # 219

City State Zip Code  
Katy TX 77450-1935

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

Name of Employer TradeMark Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 16179303

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
SHARON ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City State Zip Code  
Fort Worth TX 76109-3920

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

Name of Employer Alt Benefit Consultants Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 16179304

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
SUE LARSEN

Mailing Address P.O. Box 6465

City State Zip Code  
Santa Barbara CA 93111-1925

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

Name of Employer Larsen Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 16179306

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
BRADFORD H. BLAIN

Mailing Address P O Box 4510

City Lexington State KY Zip Code 40544-4510

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

**Transaction ID:** 16179309

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN KIEBLER

Mailing Address 300 West Vine Street

City Lexington State KY Zip Code 40507-1621

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

Name of Employer CHA Health Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

**Transaction ID:** 16179310

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
TAMELA L. SOUTHAN

Mailing Address 8431 San Leandro Drive

City Dallas State TX Zip Code 75218-4320

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

Name of Employer CONEXIS Occupation Client Delivery New Business Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

**Transaction ID:** 16179314

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
BARBARA WONG

Mailing Address 1311 L Street

City Anchorage State AK Zip Code 99501

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

Name of Employer Capital Management Benefits Corp. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2006

Transaction ID: 16179320

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 268 South Street

City Morristown State NJ Zip Code 07960-6019

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 ▼ 670.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2006

Transaction ID: 16179329

Amount of Each Receipt this Period  
 170.00

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

Mailing Address 883 West Baxter Drive

City South Jordan State UT Zip Code 84095-8506

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

Name of Employer McDermott Company & Associates Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2006

Transaction ID: 16179334

Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	305.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DENNIS E. WRIGHT

Mailing Address 111 East Ludwig Road, Suite 108

City State Zip Code  
Fort Wayne IN 46825-4240

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

Name of Employer IntraHealth Solutions Inc.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 16179335

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY W. GENNARO

Mailing Address PO Box 10315

City State Zip Code  
Phoenix AZ 85064-0315

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

Name of Employer Capitol Insurance Brokers Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 16179336

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
EDWARD F BYRD

Mailing Address PO Box 50164

City State Zip Code  
Columbia SC 29250-0164

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

Name of Employer Norris-Byrd Group Benefits LLC  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: 16179343

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
TERRI Dumas ADAMS

Mailing Address PO Box 1290

City State Zip Code  
Prairieville LA 70769-1290

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

Name of Employer Benefit Strategies Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: 16181258

Amount of Each Receipt this Period  
40.00

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

Mailing Address 2785 East Desert Inn Rd., # 134

City State Zip Code  
Las Vegas NV 89121-3623

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

Name of Employer KIA Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: 16181268

Amount of Each Receipt this Period  
84.00

**C.** Full Name (Last, First, Middle Initial)  
TRACY Q BRADFORD

Mailing Address 119 South Main Street, Suite 560

City State Zip Code  
Memphis TN 38103

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

Name of Employer Synaxis Polk & Sullivan Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: 16181274

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	224.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. SYDNEY BRILEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 605 E Van Buren Street		<b>Transaction ID: 16181276</b>	
City State Zip Code Broken Arrow OK 74011-7261		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Employee Benefit Solutions Inc.		Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID S. CLULEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 2220 Glen Echo, SE		<b>Transaction ID: 16181283</b>	
City State Zip Code Grand Rapids MI 49546-5521		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PPOM		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>C. SUSAN T. COOK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		<b>Transaction ID: 16181288</b>	
City State Zip Code Atlanta GA 30305-1773		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 470.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway  
Suite 230

City Norcross State GA Zip Code 30092-2188

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

Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID:** 16181293

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ROSEMARY DEININGER

Mailing Address 12801 N. Central Expressway, Suite

City Dallas State TX Zip Code 75243-1741

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

Name of Employer Waldman Brothers Occupation Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID:** 16181294

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JOAN L GALLETTA

Mailing Address 3342 Kori Road

City Jacksonville State FL Zip Code 32257

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

Name of Employer JP Perry Insurance Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 655.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID:** 16181306

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. JOHN Philip GARVEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 11715 East Main Street - PO Box 8		<b>Transaction ID: 16181310</b>	
City State Zip Code Huntley IL 60142-6913	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benico LTD	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00		

Full Name (Last, First, Middle Initial) <b>B. GERARD R. GERSHONOWITZ</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 980 Broadway, Suite 608		<b>Transaction ID: 16181311</b>	
City State Zip Code Thornwood NY 10594-1313	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Morrell Consulting Group Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. WILLIS H. GLAROS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address PO Box 184		<b>Transaction ID: 16181314</b>	
City State Zip Code Dyer IN 46311-0184	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Employer Benefit Systems	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CAROLYN L GOODWIN

Mailing Address 4851 LBJ Freeway, Suite 800

City State Zip Code  
Dallas TX 75244-6004

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

Name of Employer  
CBIZ Benefits & Insurance Services

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181315**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
PATRICIA A SMALLEY-GRIFFEY

Mailing Address 227 Dixie Way North Suite 210

City State Zip Code  
South Bend IN 46637

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

Name of Employer  
Page 1 Benefits Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181317**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
WALTER T. HALE

Mailing Address 211 East Church Street

City State Zip Code  
Morrliton AR 72110-3419

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

Name of Employer  
Hawkins Insurance Agency

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181324**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
SHEILA H HARTMAN

Mailing Address 21700 Oxnard St., # 1270

City State Zip Code  
Woodland Hills CA 91367-3669

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

Name of Employer: Financial Independence Company  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2006

**Transaction ID:** 16181328

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
JAIME D HERNANDEZ

Mailing Address 804 S. Bel Aire Drive

City State Zip Code  
Burbank CA 91501-1522

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

Name of Employer: Jardez Financial & Insurance Inc.  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2006

**Transaction ID:** 16181330

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID S JOHNSON

Mailing Address P. O. Box 871129

City State Zip Code  
Stone Mountain GA 30087-0029

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

Name of Employer: David S. Johnson Insurance  
Occupation: Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
890.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2006

**Transaction ID:** 16181337

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>235.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
ERIC J JOHNSON

Mailing Address P.O. Box 244261

City State Zip Code  
Anchorage AK 99503-2647

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

Name of Employer Occupation  
Innovative Benefit Design Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181338**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RANDY C. JOPPIE

Mailing Address 5075 Cascade Road SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Occupation  
Collins & Associates Corp- oration Director of Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181341**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
ZAVEN KAZAZIAN

Mailing Address 35 North Lake Avenue, Suite 720

City State Zip Code  
Pasadena CA 91101-1856

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

Name of Employer Occupation  
Garner Insurance Services Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181344**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. MARK D. KENNEDY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 1173 Brittmoore Road		<b>Transaction ID: 16181348</b>	
City State Zip Code Houston TX 77043-5003	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) <b>B. BRIAN W. LIECHTY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 120 East Washington Street		<b>Transaction ID: 16181359</b>	
City State Zip Code Plymouth IN 46563-1744	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KL Benefits	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN R MCCONNAUGHEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address PO Box 805		<b>Transaction ID: 16181369</b>	
City State Zip Code West Chester OH 45071-0805	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer JRM & Associates Agency Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	195.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 883 West Baxter Drive

City State Zip Code  
South Jordan UT 84095-8506

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

Name of Employer  
McDermott Company & Associates

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

**Transaction ID: 16181370**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
DANIEL W. MCMAHON

Mailing Address 123 East 2nd Avenue

City State Zip Code  
Spokane WA 99202-1504

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

Name of Employer  
Jones & Mitchell Insurance

Occupation  
Benefits Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

**Transaction ID: 16181373**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 578 Washington Blvd., #801

City State Zip Code  
Marina del Rey CA 90292-5442

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

Name of Employer  
The Miles Organization Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

**Transaction ID: 16181374**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 457 Main Street

City State Zip Code  
Longmont CO 80501-5534

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

Name of Employer Milestone Insurance Agency Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

**Transaction ID: 16181378**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RON J. NEZAT

Mailing Address PO Box 91180

City State Zip Code  
Lafayette LA 70509-1180

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

Name of Employer Global Financial Resources Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

**Transaction ID: 16181381**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
SUSAN Maley RASH

Mailing Address 2108 West Laburnum Avenue, Suite 3

City State Zip Code  
Richmond VA 23227-4300

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

Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

**Transaction ID: 16181402**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. JON C RAUSER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 400 East Wisconsin Avenue, # 200		<b>Transaction ID: 16181403</b>	
City State Zip Code Milwaukee WI 53202-4499	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Rauser Agency Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00		

Full Name (Last, First, Middle Initial) <b>B. ALINE H. ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 3537 Old Conejo Road Suite 114		<b>Transaction ID: 16181410</b>	
City State Zip Code Newberry Park CA 91320	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Insurance Dimensions	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 940.00		

Full Name (Last, First, Middle Initial) <b>C. EDWARD L. ROLING</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 343 Six Forks Road		<b>Transaction ID: 16181414</b>	
City State Zip Code Raleigh NC 27609-7800	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Delta Dental of North Carolina Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. FRANCIS A RUGGIERO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006	
Mailing Address 15 Kennedy Drive		<b>Transaction ID: 16181415</b>	
City State Zip Code Budd Lake NJ 07828-1438		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation The Ruggiero Group LLC Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. RAYMER M SALE, JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006	
Mailing Address P. O. Box 424420 1255 Lakes Pkwy, Ste 120 Zip 3004		<b>Transaction ID: 16181417</b>	
City State Zip Code Lawrenceville GA 30042		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation E2E Benefits Services In-c. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>C. ALFONSO C. SCHIEBEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006	
Mailing Address 200 Sandy Springs Pl., # 300A		<b>Transaction ID: 16181419</b>	
City State Zip Code Atlanta GA 30328-5918		Amount of Each Receipt this Period 33.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Ashford Advisors Inc. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 351.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	183.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
GREG J. SEIFERT

Mailing Address PO Box 189  
916 Main Street

City Vancouver State WA Zip Code 98666-0189

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

Name of Employer Biggs Insurance Services Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

Transaction ID: 16181420

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
BOB G SHUPE

Mailing Address PO Box 2344

City Brentwood State TN Zip Code 37024-2344

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

Name of Employer ESP Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

Transaction ID: 16181424

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA A SMALLEY-GRIFFEY

Mailing Address 227 Dixie Way North Suite 210

City South Bend State IN Zip Code 46637

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

Name of Employer Page 1 Benefits Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2006

Transaction ID: 16181427

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 62		
	<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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 124 Washington Street

City Middletown State CT Zip Code 06457-2820

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

Name of Employer AmeriBen Alliance LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2006

**Transaction ID: 16181430**

Amount of Each Receipt this Period  
 85.00

**B.** Full Name (Last, First, Middle Initial)  
ANNE P SPERLING

Mailing Address 25 Antigua Road

City Santa Fe State NM Zip Code 87508-2201

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

Name of Employer Daniels Insurance Inc. Occupation Employee Benefits Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2006

**Transaction ID: 16181434**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 9700 Ormsby Station Rd., # 200

City Louisville State KY Zip Code 40223-4207

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

Name of Employer Thompson Associates Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2006

**Transaction ID: 16181448**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	265.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code  
Boca Raton FL 33431-7379

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

Name of Employer Occupation  
John Hancock Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 915.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: 16181451

Amount of Each Receipt this Period  
45.00

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

Mailing Address 13016 Delmar Street

City State Zip Code  
Leawood KS 66209

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

Name of Employer Occupation  
Thomas McGee L.C. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: 16181452

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7910 North Ingram Avenue, Suite 20

City State Zip Code  
Fresno CA 93711-5828

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

Name of Employer Occupation  
Gallagher Benefit Services Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: 16181453

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code  
Timonium MD 21093-2102

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

Name of Employer Corporate Coverage LLC      Occupation Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181460**

Amount of Each Receipt this Period  
80.00

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

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

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

Name of Employer Physician's Mutual Insurance      Occupation Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181461**

Amount of Each Receipt this Period  
80.00

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

Mailing Address PO Box 272  
1907 B Mangrove Ave.

City State Zip Code  
Chico CA 95927-0272

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

Name of Employer John Warwick Insurance      Occupation Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181462**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	245.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
DAN WEBB

Mailing Address 2108 24th St Ste 2

City State Zip Code  
Bakersfield CA 93301-3748

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

Name of Employer Occupation  
The Webb Insurance Group Marketing Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181464**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
ROSANNE WOLFE

Mailing Address 4600 East Swans Nest Road

City State Zip Code  
Tucson AZ 85718-6248

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

Name of Employer Occupation  
Wolfe Insurance & Consultants LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181472**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
GREG A YODER

Mailing Address 1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

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

Name of Employer Occupation  
Ray Silva Insurance Associates Inc. Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

**Transaction ID: 16181474**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. RYAN R. MCDERMOTT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 883 West Baxter Drive		<b>Transaction ID: 16186276</b>	
City State Zip Code South Jordan UT 84095-8506		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McDermott Company & Associates		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. SUSAN T. COOK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		<b>Transaction ID: 16186301</b>	
City State Zip Code Atlanta GA 30305-1773		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. RON J. NEZAT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2006	
Mailing Address PO Box 91180		<b>Transaction ID: 16186334</b>	
City State Zip Code Lafayette LA 70509-1180		Amount of Each Receipt this Period 255.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Global Financial Resources Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	545.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Neiman

Mailing Address 361 West Market Street  
P.O.Box 3

City York State PA Zip Code 17401-1031

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

Name of Employer Charles A. Neiman & Company  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 16187120

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
JUAN LOPEZ

Mailing Address 1851 E. First  
Suite 1100

City Orange State CA Zip Code 92868-1538

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 ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292072

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
KERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City Lexington State KY Zip Code 40505-3200

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

Name of Employer CKBS Insurance Group  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292075

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. JAMES C BOSIER</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address P.O. Box 1230		<b>Transaction ID: 16292078</b>
City Waterloo	State IA	Zip Code 50704-1230
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00	
Name of Employer Net Worth Advisors	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. JIMMY G CHANDLER</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 10 Oriole Glen		<b>Transaction ID: 16292083</b>
City Swannanoa	State NC	Zip Code 28778
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00	
Name of Employer Health & Disability Specialists	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. RUSH DAVID DIXON</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 1375 Piccard Drive		<b>Transaction ID: 16292086</b>
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code  
Toms River NJ 08754-1268

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

Name of Employer BenefitPort LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292087

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER HARRISON

Mailing Address 921-C South McPherson Church Road

City State Zip Code  
Fayetteville NC 28303-5368

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

Name of Employer Ebenconcepts Company Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292091

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
HUGH HENDRICKSON

Mailing Address 1019 Pacific Ave. Suite 1110

City State Zip Code  
Tacoma WA 98402-4468

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

Name of Employer Strategic Employee Benefit Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292094

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
RONALD M LEVINE

Mailing Address 3965 Johns Creek Ct., Suite- A

City State Zip Code  
Suwanee GA 30024

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

Name of Employer Occupation  
ARINSO International Vice President of Sales, SE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292107

Amount of Each Receipt this Period  
30.00

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

Mailing Address PO Box 38248  
3300 Battleground Ave. #200 (2741)

City State Zip Code  
Greensboro NC 27438-8248

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

Name of Employer Occupation  
EbenConcepts Company Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 695.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292112

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA MILLER

Mailing Address PO Box 8357

City State Zip Code  
Tyler TX 75711-8357

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

Name of Employer Occupation  
Hibbs-Hallmark & Company Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 16292116

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

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

Mailing Address 1112 Maple Street

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Associations Marketing Group Inc. Occupation CEO/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1935.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: 16292122

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL RUSSELL

Mailing Address 357 Sanford Drive

City State Zip Code  
Morganton NC 28655

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

Name of Employer Flexible Benefit Management Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: 16292126

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MEL A SCHLESINGER

Mailing Address PO Box 30100

City State Zip Code  
Winston Salem NC 27130-0100

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

Name of Employer The Rainmakers Group Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: 16292127

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

**A.** Full Name (Last, First, Middle Initial)  
JAMES D SCHULZ

Mailing Address 7101 S. 82nd St.

City Lincoln State NE Zip Code 68516-6574

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

Name of Employer Midlands Financial Benefits Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
07 / 31 / 2006

Transaction ID: 16292129

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
M HUGHES WAREN, JR

Mailing Address P.O. Box 7661

City Wilmington State NC Zip Code 28406-7661

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

Name of Employer Ebenconcepts Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
07 / 31 / 2006

Transaction ID: 16292135

Amount of Each Receipt this Period  
40.00

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

Mailing Address 17 North Delmorr Avenue

City Morrisville State PA Zip Code 19067-6278

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

Name of Employer Avanti Benefits Corp Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
07 / 31 / 2006

Transaction ID: 16292140

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9357.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Merchant Services</b>		<b>Transaction ID:</b> 16186688 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 429.61
City Knoxville State TN Zip Code 37920-6612	Credit Card Processing Fee	
Purpose of Disbursement Credit Card Processing Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 16186689 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 100.05
City Clinton State MD Zip Code 20735	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 16186691 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 157.18
City Phoenix State AZ Zip Code 85072-3852	Credit Card Processing Fee	
Purpose of Disbursement Credit Card Processing Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	686.84
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency San Francisco</b>		<b>Transaction ID: 16141347</b> Date of Disbursement MM / DD / YYYY 07 / 24 / 2006
Mailing Address 5 Embarcadero Center		Amount of Each Disbursement this Period 372.40
City San Francisco State CA Zip Code 94111	Telephone Charges	
Purpose of Disbursement Telephone Charges Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. TRACY Q BRADFORD</b>		<b>Transaction ID: 16170677</b> Date of Disbursement MM / DD / YYYY 07 / 28 / 2006
Mailing Address 119 South Main Street, Suite 560		Amount of Each Disbursement this Period 1500.00
City Memphis State TN Zip Code 38103	Reimbursement for PAC Conference Travel Expenses	
Purpose of Disbursement Reimbursement for PAC Conference Travel Candidate Name		002 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) ..... ►

1872.40

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

2559.24

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Blumenauer For Congress</b>		<b>Transaction ID:</b> 16041902 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 921 Sw Washington Suite 810		Amount of Each Disbursement this Period 1000.00 Contribution
City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 3		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ben Chandler For Congress</b>		<b>Transaction ID:</b> 16041878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P. O. Box 12678		Amount of Each Disbursement this Period 1000.00 Contribution
City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Benjamin Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 6		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ron Lewis For Congress</b>		<b>Transaction ID:</b> 16041531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1500.00 Contribution
City Elizabethtown State KY Zip Code 42702	Amount of Each Disbursement this Period 1500.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Heather Wilson For Congress</b>		<b>Transaction ID:</b> 16041841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00 Contribution
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement Contribution Candidate Name Rep. Heather A. Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type 011		

Full Name (Last, First, Middle Initial) <b>B. Issa For Congress</b>		<b>Transaction ID:</b> 16041469 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P O Box 760		Amount of Each Disbursement this Period 1000.00 Contribution
City Vista State CA Zip Code 92085	Purpose of Disbursement Contribution Candidate Name Rep. Darrell E. Issa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type 011		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean For Congress</b>		<b>Transaction ID:</b> 16041774 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00 Contribution
City Barrington State IL Zip Code 60010	Purpose of Disbursement Contribution Candidate Name Rep. Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type 011		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Santorum 2006</b>		<b>Transaction ID: 16041567</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 1000.00 Contribution
City West Conshohocken State PA Zip Code 19428	Purpose of Disbursement Contribution Candidate Name Sen. Rick Santorum Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/ Type 011		

Full Name (Last, First, Middle Initial) <b>B. Jon Kyl For U S Senate</b>		<b>Transaction ID: 16041228</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 1000.00 Contribution
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Contribution Candidate Name Sen. Jon Kyl Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/ Type 011		

Full Name (Last, First, Middle Initial) <b>C. Tom Kean For US Senate Inc</b>		<b>Transaction ID: 16041681</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1000.00 Contribution
City Colonia State NJ Zip Code 07067	Purpose of Disbursement Contribution Candidate Name Mr. Thomas Kean Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/ Type 011		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Friends Of George Allen</b>		<b>Transaction ID:</b> 16041613 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 87		Amount of Each Disbursement this Period 1000.00 Contribution
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Contribution Candidate Name Sen. George F. Allen Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Amount of Each Disbursement this Period 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Cantor For Congress</b>		<b>Transaction ID:</b> 16141352 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00 Contribution
City Richmond State VA Zip Code 23226	Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Amount of Each Disbursement this Period 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Nelson for U.S. Senate</b>		<b>Transaction ID:</b> 16142710 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address P O Box 8666		Amount of Each Disbursement this Period -1000.00 Void - Nelson for U.S. Senate
City Omaha State NE Zip Code 68103	Purpose of Disbursement Void - Nelson for U.S. Senate Candidate Name Sen. E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Amount of Each Disbursement this Period -1000.00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 62

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Harold Ford Jr For Tennessee			<b>Transaction ID:</b> 16170674 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	7		2	8		2	0	0	6																
Mailing Address 5120 Barry Road Suite 1300			<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="3" style="text-align: right;">1000.00</td> </tr> </table>			1000.00																			
1000.00																									
City Memphis State TN Zip Code 38117	Purpose of Disbursement Contribution		<table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table> Category/ Type			011																			
011																									
Candidate Name Mr. Harold Ford	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 2			Contribution																						

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

11500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 62

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Bob Ehrlich for Maryland Committee</b>		<b>Transaction ID:</b> 16141322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 8600 LaSalle Road, Suite 103		Amount of Each Disbursement this Period 3000.00
City Baltimore State MD Zip Code 21286	Robert Ehrlich, GOVERNOR MD	
Purpose of Disbursement Robert Ehrlich, GOVERNOR MD Candidate Name Robert Ehrlich Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Henry Hank Johnson</b>		<b>Transaction ID:</b> 16141353 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 5240 Snapfinger Park Drive Suite 140		Amount of Each Disbursement this Period 500.00
City Decatur State GA Zip Code 30068	Henry Johnson, STATE HOUSE GA	
Purpose of Disbursement Henry Johnson, STATE HOUSE GA Candidate Name Henry Hank Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		

Full Name (Last, First, Middle Initial) <b>C. Holland for America</b>		<b>Transaction ID:</b> 16141361 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address PO Box 521004		Amount of Each Disbursement this Period 500.00
City Tulsa State OK Zip Code 74152-1004	Kim Holland, INSURANCE CO-MMISS. OK	
Purpose of Disbursement Kim Holland, INSURANCE COMMISS. OK Candidate Name Kim Holland Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Kansans for Sandy Praeger</b>		Transaction ID: 16141363 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	
Mailing Address PO Box 1001		Amount of Each Disbursement this Period 1000.00	
City Topeka State KS Zip Code 66601	Purpose of Disbursement Sandy Praeger, COMMISS OF INSURANCE KS	Category/Type 011	
Candidate Name Sandy Praeger	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District:	Sandy Praeger, COMMISS OF INSURANCE KS		

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

5000.00