| FEC<br>FORM 3X   | AND   | ORT OF RE<br>DISBURSI<br>her Than An Autho | EMENTS                           | ee                   | Office Use Only  |                  |
|--|---|--|----------------------------------|----------------------|--|------------------|
| 1. NAME OF<br>COMMITTEE (in fu   |   | C MAILING LABEL<br>E OR PRINT ₩            | Example:If typing over the lines | , type               |  |                  |
| NATIONAL ASSO  |   | TH UNDERWRITERS                            | PAC (HUPAC)                      |                      |  |                  |
| Check if differ<br>than previousl<br>reported. (AC   | /   | nington                                    |                                  |                      |  | -                |
| 2. FEC IDENTIFICAT   | ION NUMBER  |  | A                                | STATE                |  | DDE 萬            |
| C00283135  |   |  |                                  | N) OR                | AMENDED<br>(A)   |                  |
| July 15<br>Quarterly<br>October<br>Quarterly<br>January 3<br>Quarterly<br>July 31 M<br>Report(N<br>Year Only | rts:<br>Report(Q1) (<br>Report(Q2)<br>5<br>Report(Q3)<br>1<br>Report(YE)<br>lid-Year<br>on-election ( | Due On: X Mar 2                            | 0 (M3)                           | 12C) s               | Aug 20 (M8)         Sep 20 (M9)         Oct 20 (M10)         General (12G)         Special (12G)         Sunoff (30R)         in the State | of Special (30S) |
| 5. Covering Period<br>I certify that I have exam<br>Type or Print Name of T<br>Signature of Treasurer        | ined this Report an<br>reasurer <u>Jenn</u><br>Ele <u>ctronically Fil</u>                             | nifer Murphy                               | /                                | true, correct and co | 03 19  | 2008             |
| NOTE : Submission of f   |   |  |                                  |                      | FEC FOF<br>(Rev. 12/2  | RM 3X            |

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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

|     | 10    |   |                   |                               |           |                         |     |   |
|-----|-------|---|-------------------|-------------------------------|-----------|-------------------------|-----|---|
| F   | Repor | t Covering the Period:  | From:             | <sup>M</sup> <sup>M</sup> 0 2 | D D D 0 1 | Y Y W Y<br>2008         | To: | M M         D D         Y Y Y         Y           0 2         2 9         2 0 0 8 |
|     |       |   |                   |                               |           | COLUMN A<br>This Period |     | COLUMN B<br>Calendar Year-to-Date   |
| 6.  | (a)   | Cash on Hand<br>January 1   | Ž008 <sup>×</sup> | Y                             |           |                         |     | 51869.19  |
|     | (b)   | Cash on Hand at<br>Begining of Reporting                                      | Period            |                               |           | 54957.14                |     |   |
|     | (c)   | Total Receipts (from L  | ine 19)           |                               |           | 55062.53                |     | 82292.01  |
|     | (d)   | Subtotal (add lines 6(b   | o) and            |                               |           |                         |     |   |
|     |       | 6(c) for Column A and<br>6(a) and 6(c) for Colu                               |                   |                               |           | 110019.67               |     | 134161.20   |
| 7.  | Tot   | al Disbursements (from  | Line 31)          |                               |           | 36693.33                |     | 60834.86  |
| 8.  | Rep   | sh on Hand at Close of<br>porting Period<br>ptract Line 7 from Line 6         | δ(d))             |                               |           | 73326.34                |     | 73326.34  |
| 9.  | the   | ots and Obligations owe<br>committee (Itemize all c<br>nedule C and/or Schedu | n                 |                               |           | 0.00                    |     |   |
| 10. | the   | ots and Obligations owe<br>committee (Itemize all o<br>nedule C and/or Schedu | n                 |                               | • • •     | 0.00                    |     |   |

X 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

FE6AN026

# DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) 0<sup>D</sup>1 <sup>м</sup> м 02 0 2 2<sup>D</sup>9 D D 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 42635.00 35870.00 (i) Itemized (use Schedule A) ..... 19176.18 39639.19 (ii) Unitemized ..... (iii) TOTAL (add 55046.18 82274.19 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 55046.18 82274.19 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 16.35 17.82 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 55062.53 82292.01 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 55062.53 82292.01 (subtract Line 18(c) from Line 19) .....

# **DETAILED SUMMARY PAGE**

| FEC Form 3X (Rev. 02/2003)  | of Disbursements              | Page 4                            |
|---|-------------------------------|-----------------------------------|
| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| <ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal</li> </ul> </li> </ol>           |                               | Calendal Teal-10-Date             |
| Activity (from Schedule H4)   | 0.00                          | 0.00                              |
|   | 0.00                          | 0.00                              |
| <ul><li>(ii) Non-Federal Share</li><li>(b) Other Federal Operating</li></ul>                                      |                               |                                   |
| Expenditures  | 473.33                        | 1134.86                           |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))   | 473.33                        | 1134.86                           |
| 2. Transfers to Affiliated/Other Party  | 0.00                          | 0.00                              |
| Committees  | 0.00                          | 0.00                              |
| Federal Candidates/Committees<br>and Other Political Committees   | 35000.00                      | 57500.00                          |
| <ol> <li>Independent Expenditure<br/>(use Schedule E)</li> </ol>  | 0.00                          | 0.00                              |
| <ol> <li>Coordinated Expenditures Made by Party<br/>Committees (2 U.S.C. 441a(d))<br/>(use Schedule F)</li> </ol> | 0.00                          | 0.00                              |
| 6. Loan Repayments Made   | 0.00                          | 0.00                              |
| 7. Loans Made   | 0.00                          | 0.00                              |
| <ol> <li>B. Refunds of Contributions To:</li> <li>(a) Individuals/Persons Other</li> </ol>                        |                               |                                   |
| Than Political Committees   | 220.00                        | 1200.00                           |
| b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs)  | 0.00                          | 0.00                              |
| d) Total Contribution Refunds   | 220.00                        | 1200.00                           |
| (add Lines 28(a), (b), and (c)) 🕨   | 220.00                        | 1200.00                           |
| 9. Other Disbursements  | 1000.00                       | 1000.00                           |
| D. Federal Election Activity (2 U.S.C 431(20))  |                               |                                   |
| <ul> <li>(a) Shared Federal Election Activity</li> <li>(from Schedule H6)</li> </ul>                              |                               |                                   |
| (i) Federal Share   | 0.00                          | 0.00                              |
| (ii) "Levin" Share  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds   | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))                                  | 0.00                          | 0.00                              |
|   |                               |                                   |
| 1. Total Disbursements (add Lines 21(c), 22,  | 26602.22                      | 60004.00                          |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 36693.33                      | 60834.86                          |
| 2. Total Federal Disbursements  |                               |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)   | 26602.22                      | 60824.80                          |

36693.33

60834.86

from Line 31).....

# DETAILED SUMMARY PAGE

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans)<br>from Line 11(d), page 3)      | 55046.18                      | 82274.19                          |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 220.00                        | 1200.00                           |
| 35. | Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) | 54826.18                      | 81074.19                          |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 473.33                        | 1134.86                           |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 38. | Net Operating Expenditures<br>(subtract Line 37 from Line 36)           | 473.33                        | 1134.86                           |

FE6AN026

| Π | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS  |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 6 / 40           (check only one)         I1a         11b         11c         12           I3         14         15         16         I |
|---|---|---|---|--|
|   | ny information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) |   |   |  |
|   | NATIONAL ASSOCIATION OF HEAL  | TH UNDERV                               | VRITERS PAC (HUPAC)   |  |
|   | Full Name (Last, First, Middle Initial)<br>Elizabeth Ashmore  | Date of Receipt                         |   |  |
|   | Mailing Address 6102 82nd St # 6  |   |   | M M / D D / Y Y Y Y<br>02 29 2008  |
|   | City  | State                                   | Zip Code  | Transaction ID: 7226-P6337   |
|   | Lubbock   | TX                                      | 79424-3690  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing<br>federal political committee.   | C                                       |   | 100.00   |
|   | Name of Employer<br>Ashmore & Associates Insu-  | Occupation                              | n   | Payroll Deduction  |
|   | rance Agency<br>Receipt For:  | Aggregate                               | e Year-to-Date ▼  | -  |
|   | Primary General<br>Other (specify) ▼  |   | 310.00  | (\$100.00 Monthly)   |
|   | Full Name (Last, First, Middle Initial)<br>Rush David Dixon   | 1                                       |   | Date of Receipt  |
|   | Mailing Address 1330 Parkside Dr  |   |   | M M / D D / Y Y Y Y<br>02 29 2008  |
|   | City  | State                                   | Zip Code  | Transaction ID: 7199-P5760   |
|   | Berkeley Springs  | WV                                      | 25411-6386  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.  | C                                       |   | 120.00   |
|   | Name of Employer<br>Early Cassidy and Schilli-  | Occupation                              | n<br>nployee Benefits   | Payroll Deduction  |
|   | ng<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | 1 · · · · · · · · · · · · · · · · · · · | P Year-to-Date ▼<br>240.00  | (\$120.00 Monthly)   |
|   | Full Name (Last, First, Middle Initial)   |   |   | Dete of Dessirt  |
|   | Tonya D. Draughon<br>Mailing Address 19252 SW 3rd Ct  | Date of Receipt                         |   |  |
|   | City  | State                                   | Zip Code  | 0 2 0 8 2 0 0 8<br>Transaction ID: 7055  |
|   | Pembroke Pines  | FL                                      | 33029-5416  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing<br>federal political committee.   | C                                       |   | 300.00   |
|   | Name of Employer<br>Renaissance Life & Health<br>Ins. Co.   | Occupation<br>Market D                  | n<br>levelopment Manager  |  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                               | Year-to-Date V<br>300.00  |  |
| _ | <b>UBTOTAL</b> of Receipts This Page (optional)   | 1                                       |   | 520.00   |

|         | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 7 / 40         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       1 |  |  |  |  |
|---------|--|-----------------------|---|---|--|--|--|--|
|         | 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)<br>NATIONAL ASSOCIATION OF HEAL  |                       |   |   |  |  |  |  |
| ۷.<br>ا | Full Name (Last, First, Middle Initial)<br>Eugene Denny Ebersole   | Date of Receipt       |   |   |  |  |  |  |
|         | Mailing Address 201 Evans Rd Bldg 3  | Ste 103A              |   | M M / D D / Y Y Y Y<br>02 29 2008   |  |  |  |  |
|         | City   | State                 | Zip Code  | Transaction ID: 7199-P5576  |  |  |  |  |
|         | Harahan  | LA                    | 70123-5230  | Amount of Each Receipt this Period  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.  | C                     |   | 170.00  |  |  |  |  |
|         | Name of Employer<br>Ebersole & Associates, In-   | Occupatio<br>Agent    | n   | Payroll Deduction   |  |  |  |  |
|         | c.<br>Receipt For:<br>Primary General<br>Other (specify) ▼   |                       | e Year-to-Date ▼<br>475.00  | (\$170.00 Monthly)  |  |  |  |  |
|         | Full Name (Last, First, Middle Initial)<br>Marcia A. Fender<br>Mailing Address 36417 E 121st St S  |                       |   | Date of Receipt   |  |  |  |  |
|         | City   | State                 | Zip Code  | Transaction ID: 7045  |  |  |  |  |
|         | Coweta   | OK                    | 74429-3780  | Amount of Each Receipt this Period  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.  | C                     |   | 500.00  |  |  |  |  |
|         | Name of Employer<br>Rogers Benefit Group   | Occupatio<br>Agent    | n   |   |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | 1 I                   | e Year-to-Date V<br>500.00  | ]   |  |  |  |  |
| -       | Full Name (Last, First, Middle Initial)<br>Eva Jean Fomalont   |                       |   | Date of Receipt   |  |  |  |  |
|         | Mailing Address 8109 Rancho Largo C  | t NW                  |   | 0 2 1 2 2 0 0 8   |  |  |  |  |
|         | City   | State                 | Zip Code  | Transaction ID: 7070  |  |  |  |  |
|         |  | NM                    | 87120-3492  | Amount of Each Receipt this Period  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.  | C                     |   | 100.00  |  |  |  |  |
|         | Name of Employer<br>CBA  | Occupatio<br>Mgr., Sa | n<br>les/Retention Division   |   |  |  |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼   | - · · · ·             | e Year-to-Date<br>600.00  | ]   |  |  |  |  |
| Γ       | SUBTOTAL of Receipts This Page (optional) .  |                       | ·····   | 770.00  |  |  |  |  |

|                         | DULE A (FEC Form 3X)<br>ZED RECEIPTS   | )                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 8 / 40           (check only one)         11a         11b         11c         12           13         14         15         16         1 |
|-------------------------|--|-----------------------|---|--|
| Any infor<br>or for cor | mation copied from such Reports and<br>nmercial purposes, other than using t | Statements may        | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions<br>o solicit contributions from such committee.   |
|                         | E OF COMMITTEE (In Full)<br>IONAL ASSOCIATION OF HEA                         | LTH UNDERV            | VRITERS PAC (HUPAC)   |  |
|                         | lame (Last, First, Middle Initial)<br>d W. Goldmann                          |                       |   | Date of Receipt  |
| Mailin                  | g Address 6615 E Kings Crown   | Rd                    |   | 02 12 2008   |
| City                    |  | State                 | Zip Code  | Transaction ID: 7073   |
| <u>Orar</u><br>FEC I    | nge<br>D number of contributing  | CA                    | 92869-4385  | Amount of Each Receipt this Period   |
| federa                  | al political committee.  | C                     |   | 1000.00  |
| Name<br>Word            | e of Employer<br>& Brown   | Occupatio<br>VP of Na | <sup>n</sup><br>.tional Sales   |  |
|                         | pt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate             | e Year-to-Date ▼<br>1000.00   | 1  |
| Full N<br>Arnolo        | lame (Last, First, Middle Initial)<br>Is Andra Grava                         |                       |   | Date of Receipt  |
|                         | g Address 1008 Ashby Dr  |                       |   | 02 / 12 / Y Y Y Y<br>02 / 12   |
| City<br>Allen           | 1  | State<br>TX           | Zip Code<br>75002-4790  | Transaction ID: 7113<br>Amount of Each Receipt this Period   |
| FEC I                   | D number of contributing<br>al political committee.                          | C                     |   | 365.00   |
| CY                      | of Employer<br>Central-Dallas Agen-  | Occupatio<br>Agent    | n   |  |
|                         | pt For:<br>Primary General<br>Other (specify) <b>▼</b>                       | Aggregate             | e Year-to-Date ▼<br>365.00  | ]  |
|                         | lame (Last, First, Middle Initial)<br>H. Grimm                               |                       |   | Date of Receipt  |
|                         | g Address 64 Elk Drive   |                       |   | 0 2 1 2 2 0 0 8  |
| City                    |  | State                 | Zip Code  | Transaction ID: 7112   |
|                         | D number of contributing   | PA<br>C               | 18610-  | Amount of Each Receipt this Period 365.00  |
|                         | al political committee.  |                       |   |  |
|                         | e of Employer<br>son, Reid & Company   |                       | Broker Relations  |  |
|                         | pt For:<br>Primary General<br>Other (specify) <b>▼</b>                       | Aggregate             | 9 Year-to-Date ▼<br>365.00  | ]  |
| SUBTO                   | TAL of Receipts This Page (optional)   |                       |   | 1730.00  |

|         | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>and the sold or used by any pers<br>dress of any political committee to | FOR LINE NUMBER:       PAGE 9 / 40         (check only one)       Image: Check only one)         X       11a       11b       11c       12         I3       14       15       16       17         on for the purpose of soliciting contributions policit contributions from such committee.       10       10       17 |
|---------|---|------------------------|--|---|
|         | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL   |                        | WRITERS PAC (HUPAC)  |   |
| A.      | Full Name (Last, First, Middle Initial)<br>Cristy Russell Gupton<br>Mailing Address 2138 Goodman Lake   | Dd                     |  | Date of Receipt   |
|         |   | nu                     |  | 02 29 2008  |
|         | City  | State                  | Zip Code   | Transaction ID: 7199-P5667  |
|         | Morganton   | NC                     | 28655-7075   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                      |  | 85.00   |
|         | Name of Employer<br>Colonial Supplemental Ins-<br>urance  | Occupation Agent       | on   | Payroll Deduction   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate              | e Year-to-Date<br>390.00   | (\$85.00 Monthly)   |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>Christopher S. Harrison  |                        |  | Date of Receipt   |
|         | Mailing Address 415 Thorncliff Dr   |                        |  | 02<br>29<br>2008  |
|         | City  | State                  | Zip Code   | Transaction ID: 7199-P5574  |
|         | <u>Fayetteville</u>   | NC                     | 28303-5221   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                      |  | 410.00  |
|         | Name of Employer<br>Ebenconcepts Company  | Occupation<br>Presider |  | Payroll Deduction   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  |                        | e Year-to-Date<br>820.00   | (\$410.00 Monthly)  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>Thomas M. Harte  |                        |  | Date of Receipt   |
|         | Mailing Address 11 Hills Faron Rd.  |                        |  | M M M         /         D D         /         Y Y Y Y         Y           0 2         1 2         2 0 0 8   |
|         | City  | State                  | Zip Code   | Transaction ID: 7111  |
|         | Chester   | NH                     | 03036  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                      |  | 1000.00   |
|         | Name of Employer<br>Landmark Benefits, Inc.   | Occupation Agent       |  |   |
|         | Receipt For:<br>Primary General<br>Other (specify) ♥  | Aggregate              | e Year-to-Date ▼<br>1000.00  | ]   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   |                        |  | 1495.00   |
|         | TOTAL This Period (last page this line number   | r only)                |  |   |

|     | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 10 / 40           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1 |
|-----|--|-----------------------------------|---|--|
|     | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma                     | l<br>y not be sold or used by any pers<br>dress of any political committee t  | son for the purpose of soliciting contributions  |
|     | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL  | TH UNDER                          | VRITERS PAC (HUPAC)   |  |
| . Z | Full Name (Last, First, Middle Initial)<br>Myrna S. Harvey   |                                   |   | Date of Receipt  |
|     | Mailing Address 3 Lawson Ln  |                                   |   | M M / D D / Y Y Y Y<br>02 13 2008  |
|     | City   | State                             | Zip Code  | Transaction ID: 7124   |
|     | Asheville  | NC                                | 28806-9687  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.   | C                                 |   | 335.00   |
|     | Name of Employer<br>Crescent Preferred Provid-   | Occupatio<br>Chief Or             | n<br>erating Officer  |  |
|     | er Organizat<br>Receipt For:   | · · · · ·                         | e Year-to-Date V  |  |
|     | Primary     General       Other (specify) ▼  | 0 0                               | 365.00  |  |
|     | Full Name (Last, First, Middle Initial)<br>Carol T Hayes   |                                   |   | Date of Receipt  |
|     | Mailing Address 2330 Barrett Cottage I   | M M / D D / Y Y Y Y<br>02 12 2008 |   |  |
|     | City   | State                             | Zip Code  | Transaction ID: 7075   |
|     | Marietta   | GA                                | 30066-4993  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.   | C                                 |   | 1000.00  |
|     | Name of Employer<br>Purchasing Alliance Solut-<br>ions, Inc.                                       | Occupatio<br>VP - Bro             | <sup>n</sup><br>kerage Services   |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | e Year-to-Date ▼<br>1000.00   |  |
| _   | Full Name (Last, First, Middle Initial)<br>Judith A Hayes  |                                   |   | Date of Receipt  |
|     | Mailing Address 1802 W Crescent Dr   | 0 2 0 5 2 0 0 8                   |   |  |
|     | City   | State                             | Zip Code  | Transaction ID: 7036   |
|     | Odessa   | ТХ                                | 79761-1566  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.   | C                                 |   | 365.00   |
|     | Name of Employer<br>Hayes Insurance Services   | Occupatio<br>Agent                | n   |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                         | e Year-to-Date ▼<br>365.00  |  |
| Γ   | SUBTOTAL of Receipts This Page (optional)  | 1                                 |   | 1700.00  |

|     | CHEDULE A (FEC Form 3X)<br>FEMIZED RECEIPTS  |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 11 / 40         (check only one)       I1a         X       11a         11b       11c         12       13         14       15         16       11 |
|-----|--|----------------------------------|---|--|
|     | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements may<br>e name and add | ا<br>y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions   |
|     | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL                                      | TH UNDERV                        | VRITERS PAC (HUPAC)   |  |
| . Z | Full Name (Last, First, Middle Initial)<br>Arthur C. Jetter                                      |                                  |   | Date of Receipt  |
|     | Mailing Address 13624 Parker Cir   |                                  |   | M M / D D / Y Y Y Y<br>02 06 2008  |
|     | City   | State                            | Zip Code  | Transaction ID: 7047   |
|     | Omaha  | NE                               | 68154-3829  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.                                       | C                                |   | 5000.00  |
|     | Name of Employer<br>Art Jetter & Company   | Occupation<br>FLMI, LT           |   |  |
|     | Receipt For:   | Aggregate                        | e Year-to-Date 🔻  |  |
|     | Other (specify)  | 0 0                              | 5000.00   |  |
| _   | Full Name (Last, First, Middle Initial)<br>Donald M Jones  | 1                                |   | Date of Receipt  |
|     | Mailing Address 720 W Loop Dr  |                                  |   | M M / D D / Y Y Y Y<br>02 12 2008  |
|     | City   | State                            | Zip Code  | Transaction ID: 7109   |
|     | Camarillo  | CA                               | 93010-1262  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.                                       | C                                |   | 1000.00  |
|     | Name of Employer<br>Hogan Insurance Services,<br>Inc.  | Occupation<br>Agent              | n   |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                        | Year-to-Date<br>1000.00   |  |
| _   | Full Name (Last, First, Middle Initial)<br>Jack A. Kalosy  |                                  |   | Date of Receipt  |
|     | Mailing Address 11 Hollyhock Way   | 02 12 2008                       |   |  |
|     | City   | State                            | Zip Code  | Transaction ID: 7108   |
|     | Newton   | NJ                               | 07860-5370  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing<br>federal political committee.                                    | C                                |   | 365.00   |
|     | Name of Employer<br>NJ Small Business Develop-<br>ment   | Occupation<br>New Bus            | <sup>n</sup><br>iness Manager   |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                        | Year-to-Date V<br>365.00  | ]  |
| Γ   | SUBTOTAL of Receipts This Page (optional)  | 1                                |   | 6365.00  |

| Any information cop<br>or for commercial p<br>NAME OF COM | vied from such Reports and Stateme<br>urposes, other than using the name<br>IMITTEE (In Full)   | and address of any political committee to  | FOR LINE NUMBER:       PAGE 12 / 40         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       10       10       17 |
|---|---|--|---|
|   | First, Middle Initial) 11 Hollyhock Way S of contributing committee. C Ver S S Develop- Ne  | cupation<br>w Business Manager<br>gregate Year-to-Date <b>V</b>                                      | Date of Receipt<br>0 2 / 1 5 / 2 0 0 8<br>Transaction ID: 7127<br>Amount of Each Receipt this Period<br>365.00  |
| Full Name (Last<br>Alan S Katz                            | ecify) ▼<br>First, Middle Initial)<br>8033 W Sunset Blvd # 982<br>S<br>of contributing<br>committee.<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C | tate Zip Code<br>CA 90046-2401<br>cupation<br>esident<br>gregate Year-to-Date ▼<br>1000.00           | Date of Receipt<br>0 2 / 0 6 / 2 0 0 8<br>Transaction ID: 7046<br>Amount of Each Receipt this Period<br>1000.00   |
| C. Laurie A. Kohls  | of contributing<br>committee.  Ver Plan of General  General   | tate Zip Code<br>VI 53083-3930<br>Cupation<br>les Representative<br>gregate Year-to-Date ▼<br>365.00 | Date of Receipt<br>0 2 / 1 2 / 2 0 0 8<br>Transaction ID: 7097<br>Amount of Each Receipt this Period<br>365.00  |
|   | ceipts This Page (optional)   |  | 1730.00   |

|         |   |                    |                          | 1 · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|---------|---|--------------------|--------------------------|---|--|--|--|--|--|
| 9       | SCHEDULE A (FEC Form 3X)  |                    | Use separate schedule(s) | FOR LINE NUMBER: PAGE 13 / 40           |  |  |  |  |  |
|         |   |                    | for each category of the | (check only one)                        |  |  |  |  |  |
|         | I EMIZED RECEIPTS   |                    | Detailed Summary Page    | X 11a 11b 11c 12                        |  |  |  |  |  |
| _       |   |                    | , ,                      | 13 14 15 16 17                          |  |  |  |  |  |
|         | Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions<br>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 HEALT   |                    |                          |   |  |  |  |  |  |
| ⊻<br>4. | Full Name (Last, First, Middle Initial)<br>Eric Kohlsdorf   | Date of Receipt    |                          |   |  |  |  |  |  |
|         | Mailing Address 3703 SW 28th Pl   |                    |                          | M M / D D / Y Y Y Y<br>02 13 2008       |  |  |  |  |  |
|         | City  | State              | Zip Code                 | Transaction ID: 7117                    |  |  |  |  |  |
|         | Des Moines  | IA                 | 50321-2030               | Amount of Each Receipt this Period      |  |  |  |  |  |
|         |   |                    |                          |   |  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.   | C                  |                          | 365.00                                  |  |  |  |  |  |
|         | Name of Employer<br>BSP Group   | Occupatio<br>Agent | n                        | _                                       |  |  |  |  |  |
|         | Receipt For:  |                    | e Year-to-Date 🔻         | -                                       |  |  |  |  |  |
|         | Primary General   | , iggi ogait       |                          | 1                                       |  |  |  |  |  |
|         | Other (specify)   | 0 0                | 365.00                   |   |  |  |  |  |  |
| -       | Full Name (Last, First, Middle Initial)<br>Brad Kuhnhausen  |                    |                          | Date of Receipt                         |  |  |  |  |  |
| -       | Mailing Address 8418 Fayeway Dr   |                    |                          | M M / D D / Y Y Y Y<br>02 12 2008       |  |  |  |  |  |
|         | City  | State              | Zip Code                 | Transaction ID: 7110                    |  |  |  |  |  |
|         | Sandy   | UT                 | 84094-1313               | Amount of Each Receipt this Period      |  |  |  |  |  |
|         | FEC ID number of contributing   |                    |                          |   |  |  |  |  |  |
|         | federal political committee.  | C                  |                          | 365.00                                  |  |  |  |  |  |
|         | Name of Employer<br>AIM Administration, Inc.  | Occupatio<br>Agent | n                        |   |  |  |  |  |  |
|         | Receipt For:  | Aggregate          | e Year-to-Date 🔻         |   |  |  |  |  |  |
|         | Primary     General       Other (specify) ▼   |                    | 365.00                   | ]                                       |  |  |  |  |  |
| -       | Full Name (Last, First, Middle Initial)   |                    |                          |   |  |  |  |  |  |
| -       | Scott A. Leavitt Mailing Address 12988 W Paint Dr   |                    |                          | Date of Receipt                         |  |  |  |  |  |
|         | City  | State              | Zip Code                 | 02 07 2008                              |  |  |  |  |  |
|         | Boise   | ID                 | 83713-1947               | Transaction ID: 7054                    |  |  |  |  |  |
|         |   |                    | 83713-1947               | Amount of Each Receipt this Period      |  |  |  |  |  |
|         | FEC ID number of contributing<br>federal political committee.   | C                  |                          | 410.00                                  |  |  |  |  |  |
|         | Name of Employer<br>Scott Leavitt Insurance   | Occupatio          | n                        | 7                                       |  |  |  |  |  |
|         | Scott Leavitt Insurance<br>& Financial S  | Agent              |                          |   |  |  |  |  |  |
|         | Receipt For:  | Aggregate          | e Year-to-Date 🔻         |   |  |  |  |  |  |
|         | Primary General   |                    |                          | 1                                       |  |  |  |  |  |
|         | Other (specify) <b>v</b>  | 0 0                | 550.00                   | ]                                       |  |  |  |  |  |
| Г       |   |                    |                          |   |  |  |  |  |  |
|         | SUBTOTAL of Receipts This Page (optional)   |                    |                          | 1140.00                                 |  |  |  |  |  |
| ſ       |   |                    |                          |   |  |  |  |  |  |
|         | TOTAL This Period (last page this line number of  | only)              | P                        |   |  |  |  |  |  |

| IT<br>A | CHEDULE A (FEC Form 3X)<br><b>TEMIZED RECEIPTS</b><br>any information copied from such Reports and Si           | tatements ma          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>y not be sold or used by any perso | FOR LINE NUMBER:         PAGE 14 / 40           (check only one)         I1a         11b         11c         12           I3         14         15         16         17           on for the purpose of soliciting contributions         Interview         Interview         Interview |
|---------|---|-----------------------|---|---|
|         | r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALT |                       |   | o solicit contributions from such committee.  |
| ∠<br>A. | Full Name (Last, First, Middle Initial)<br>Scott A. Leavitt   |                       |   | Date of Receipt   |
|         | Mailing Address 12988 W Paint Dr  |                       |   | 02 29 2008  |
|         | City  | State                 | Zip Code  | Transaction ID: 7226-P6252  |
|         | Boise   | ID                    | 83713-1947  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.   | C                     |   | 30.00   |
|         | Name of Employer<br>Scott Leavitt Insurance<br>& Financial S  | Occupatio<br>Agent    | n   | Payroll Deduction   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate             | e Year-to-Date ▼<br>580.00  | (\$30.00 Monthly)   |
| —<br>B. | Full Name (Last, First, Middle Initial)<br>Pamela Ann Legge   |                       |   | Date of Receipt   |
|         | Mailing Address 4164 S Tropico Dr   |                       |   | 02 12 Y Y Y<br>02 12 008  |
|         | City  | State                 | Zip Code  | Transaction ID: 7095  |
|         | La Mesa   | CA                    | 91941-6808  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                     |   | 365.00  |
|         | Name of Employer<br>John Burnham Insurance Se-<br>rvices  | Occupatio<br>Agent    | n   |   |
|         |   | Aggregate             | e Year-to-Date 🔻  | _   |
|         | Primary     General       Other (specify) ▼   |                       | 365.00  |   |
| —<br>с. | Full Name (Last, First, Middle Initial)<br>Brian W. Liechty   |                       |   | Date of Receipt   |
|         | Mailing Address 120 E Washington St   |                       |   | 02 / D D / Y Y Y Y<br>02 29 2008  |
|         | City  | State                 | Zip Code  | Transaction ID: 7199-P5798  |
|         | <u>Plymouth</u>   | IN                    | 46563-1744  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C                     |   | 85.00   |
|         | Name of Employer<br>KL Benefits   | Occupatio<br>Benefits |   | Payroll Deduction   |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate             | e Year-to-Date<br>280.00  | (\$85.00 Monthly)   |
|         | SUBTOTAL of Receipts This Page (optional)   |                       |   | 480.00  |
|         | TOTAL This Period (last page this line number of  |                       |   |   |

|         |  |                            | Use separate se<br>for each catego          |                                     | FOR LINE NUMBER: PAGE 15 / 40<br>(check only one)   |
|---------|--|----------------------------|---|-------------------------------------|---|
| -       | TEMIZED RECEIPTS   |                            | Detailed Summ                               |                                     | X         11a         11b         11c         12           13         14         15         16         1  |
|         | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may name and add | not be sold or use<br>dress of any politica | ed by any person<br>al committee to | n for the purpose of soliciting contributions solicit contributions from such committee.  |
|         | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALT                                       | TH UNDERV                  | VRITERS PAC (                               | HUPAC)                              |   |
| ∠<br>4. | Full Name (Last, First, Middle Initial)<br>Terrence A Linton                                       |                            |   |                                     | Date of Receipt   |
|         | Mailing Address 323 10th St NW   |                            |   |                                     | M         M         /         D         D         /         Y |
|         | City   | State                      | Zip Code                                    |                                     | Transaction ID: 7096  |
|         | Albuquerque  | NM                         | 87102-1901                                  |                                     | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing<br>federal political committee.                                      | C                          |   |                                     | 365.00  |
|         | Name of Employer<br>Linton & Associates  | Occupation<br>Agent        | 1   |                                     |   |
|         | Receipt For:   | Aggregate                  | Year-to-Date 🔻                              |                                     |   |
|         | Primary     General       Other (specify)  |                            |   | 365.00                              |   |
| -       | Full Name (Last, First, Middle Initial)<br>Maurice Lyons   | I                          |   |                                     | Date of Receipt   |
|         | Mailing Address 301 Madison Ave FI 4   |                            |   |                                     | M M / D D / Y Y Y Y<br>02 28 2008   |
|         | City   | State                      | Zip Code                                    |                                     | Transaction ID: 7151  |
|         | New York   | NY                         | 10017-8103                                  |                                     | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                          |   |                                     | 255.00  |
|         | Name of Employer<br>The Medical Link, Inc.   | Occupation<br>Presiden     |   |                                     |   |
|         | Receipt For:<br>Primary General  | Aggregate                  | Year-to-Date 🔻                              |                                     |   |
|         | Other (specify)  |                            | • • • • • •                                 | 255.00                              |   |
|         | Full Name (Last, First, Middle Initial)<br>Maurice Lyons   |                            |   |                                     | Date of Receipt   |
|         | Mailing Address 301 Madison Ave FI 4   |                            |   |                                     | M M / D D / Y Y Y Y<br>02 29 2008   |
|         | City   | State                      | Zip Code                                    |                                     | Transaction ID: 7199-P5803  |
|         | New York   | NY                         | 10017-8103                                  |                                     | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.   | C                          |   |                                     | 85.00   |
|         | Name of Employer<br>The Medical Link, Inc.   | Occupation<br>Presiden     |   |                                     | Payroll Deduction   |
|         | Receipt For:   | Aggregate                  | Year-to-Date 🔻                              |                                     |   |
|         | Primary     General       Other (specify)  |                            |   | 340.00                              | (\$85.00 Monthly)   |
| Γ       | SUBTOTAL of Receipts This Page (optional)  | 1                          |   |                                     | 705.00  |

|        | CHEDULE A (FEC Form 3X)   |                                  | Use separate schedule(s) for each category of the                       | FOR LINE NUMBER: PAGE 16 / 40<br>(check only one)  |
|--------|---|----------------------------------|---|--|
| 1      | TEMIZED RECEIPTS  |                                  | Detailed Summary Page   | X         11a         11b         11c         12           13         14         15         16         1 |
| A<br>C | Any information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements may<br>e name and add | not be sold or used by any persol<br>ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee.              |
|        | NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALT  | TH UNDERV                        | VRITERS PAC (HUPAC)   |  |
|        | Full Name (Last, First, Middle Initial)<br>Kelly A. Madison                                       |                                  |   | Date of Receipt  |
|        | Mailing Address 5043 Umatilla Ave   |                                  |   | 02 / 06 / Y Y Y Y<br>02 06   |
|        | City  | State                            | Zip Code  | Transaction ID: 7044   |
|        | Boise   | ID                               | 83709-6146  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.  | C                                |   | 500.00   |
|        | Name of Employer<br>Strategic Benefits  | Occupation<br>agent              | 1   |  |
|        | Receipt For:  | Aggregate                        | Year-to-Date V  |  |
|        | Other (specify)   | 0 0                              | 500.00  | ]  |
| . —    | Full Name (Last, First, Middle Initial)<br>Jim Malone   | I                                |   | Date of Receipt  |
|        | Mailing Address 124 Main Ave N  |                                  |   | M M / D D / Y Y Y Y<br>02 12 2008  |
|        | City  | State                            | Zip Code  | Transaction ID: 7071   |
|        | Fayetteville  | TN                               | 37334-3056  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.  | C                                |   | 365.00   |
|        | Name of Employer<br>Malone Insurance Service  | Occupation<br>President          |   |  |
|        | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                        | Year-to-Date <b>V</b><br>365.00   | ]  |
|        | Full Name (Last, First, Middle Initial)<br>Donald Marx  |                                  |   | Date of Receipt  |
|        | Mailing Address 9083 Laurel Ridge Dr  |                                  |   | 02 12 2008   |
|        | City  | State                            | Zip Code  | Transaction ID: 7092   |
|        | Mount Dora  | FL                               | 32757-9108  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.  | C                                |   | 365.00   |
|        | Name of Employer<br>AXA Advisors  | Occupation<br>Agent              | 1   |  |
|        | Receipt For:  | Aggregate                        | Year-to-Date 🔻  |  |
|        | Other (specify)   |                                  | 365.00  |  |
| Γ      | SUBTOTAL of Receipts This Page (optional)   | 1                                |   | 1230.00  |

| SCHEDULE A (FEC Form<br>ITEMIZED RECEIPTS   | <b>3X)</b><br>Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                        | FOR LINE NUMBER:       PAGE 17 / 40         (check only one)       11a         X       11a         13       14         15       16         17       17 |
|---|--|--|
| Any information copied from such Reports<br>or for commercial purposes, other than us | s and Statements may not be sold or used by any person<br>ing the name and address of any political committee to s | n for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF F                              | HEALTH UNDERWRITERS PAC (HUPAC)  |  |
| Full Name (Last, First, Middle Initial)<br>A. Mary Mengason                           |  | Date of Receipt  |
| Mailing Address 26910 Shetland  | Ct   | 02 / D D / Y Y Y Y<br>02 12 2008   |
| City  | State Zip Code   | Transaction ID: 7093   |
| Salisbury   | MD 21801-2331  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                            | C  | 365.00   |
| Name of Employer<br>Avery Hall Life Insurance<br>Agency, Inc.                         | Occupation<br>Agent  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Other (specify) ▼   | 635.00   |  |
| Full Name (Last, First, Middle Initial)<br>John R. Milam                              |  | Date of Receipt  |
| Mailing Address 426 Heathermoo  | r Dr   | 02 / 13 / Y Y Y Y<br>02 / 13   |
| City  | State Zip Code   | Transaction ID: 7119   |
| Knoxville<br>FEC ID number of contributing<br>federal political committee.            | TN 37934-2559  | Amount of Each Receipt this Period 500.00  |
|   |  |  |
| Name of Employer<br>Willis of Tennessee, Inc.   | Occupation<br>Senior Vice President  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary     General       Other (specify) ▼   | 500.00   |  |
| Full Name (Last, First, Middle Initial)<br>Bradley V. Miles                           |  | Date of Receipt  |
| Mailing Address 11417 E 44th Av   | e  | M M / D D / Y Y Y Y<br>02 29 2008  |
| City  | State Zip Code   | Transaction ID: 7199-P5557   |
| Spokane Valley  | WA 99206-9403  | Amount of Each Receipt this Period   |
| FEC ID number of contributing<br>federal political committee.                         | C  | 30.00  |
| Name of Employer<br>Brad Miles Insurance  | Occupation<br>Agent  | Payroll Deduction  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>500.00   | (\$30.00 Monthly)  |
| SUBTOTAL of Receipts This Page (option  | onal)  | 895.00   |
| TOTAL This Period (last page this line n  | umber only)  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>y not be sold or used by any perso | FOR LINE NUMBER:       PAGE 18 / 40         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions       solicit contributions       solicit contributions |
|----|---|-----------------------|---|--|
|    | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL   |                       |   |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Wesley P. Moore<br>Mailing Address PO Box 604  |                       |   | Date of Receipt  |
|    |   |                       |   | 02 29 2008   |
|    | City  | State                 | Zip Code  | Transaction ID: 7226-P6399   |
|    | Darlington  | SC                    | 29540-0604  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing<br>federal political committee.   | C                     |   | 110.00<br>Payroll Deduction  |
|    | Name of Employer<br>W P Moore Agency  | Occupatio<br>Owner    | n   |  |
|    | Receipt For:<br>Primary General   | Aggregate             | e Year-to-Date 🔻  |  |
|    | <ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>  | 0 0                   | 220.00  | (\$110.00 Monthly)   |
| В. | Full Name (Last, First, Middle Initial)<br>John J. Nelson   |                       |   | Date of Receipt  |
|    | Mailing Address 32110 Agoura Rd   |                       |   | 0 2 / D D / Y Y Y Y<br>1 3 / 2 0 0 8   |
|    | City<br>Westlake Village  | State<br>CA           | Zip Code  | Transaction ID: 7118   |
|    | FEC ID number of contributing federal political committee.  | C                     | 91361-4026  | Amount of Each Receipt this Period   |
|    | Name of Employer<br>Warner Pacific Insurance<br>Services  | Occupation Agent      | n   |  |
|    | Receipt For:  | Aggregate             | e Year-to-Date 🔻  | _  |
|    | <ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>  |                       | 5000.00   |  |
| с. | Full Name (Last, First, Middle Initial)<br>Jesse A. Patton  |                       |   | Date of Receipt  |
|    | Mailing Address 701 Grand Ave   |                       |   | 0 2 / 2 9 / Y Y Y Y<br>0 2 0 0 8   |
|    | City  | State                 | Zip Code  | Transaction ID: 7199-P5638   |
|    | West Des Moines   | IA                    | 50265-3625  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing<br>federal political committee.   | C                     |   | 350.00<br>Payroll Deduction  |
|    | Name of Employer<br>Associations Marketing Gr-<br>oup, Inc.   | Occupation<br>CEO/Pre | esident   |  |
|    | Receipt For:<br>Primary General<br>Other (specify) $rightarrow$   | Aggregate             | e Year-to-Date<br>700.00  | (\$350.00 Monthly)   |
|    | SUBTOTAL of Receipts This Page (optional)   |                       |   | 5460.00  |
|    | TOTAL This Period (last page this line number   | r only)               |   |  |

|        | CHEDULE A (FEC Form 3X)<br>EMIZED RECEIPTS   |                            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 19 / 40         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       16 |
|--------|--|----------------------------|---|---|
| A<br>o | ny information copied from such Reports and S<br>for commercial purposes, other than using the | tatements main name and ad | y not be sold or used by any pers<br>dress of any political committee to      | on for the purpose of soliciting contributions o solicit contributions from such committee.   |
|        | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALT                                   | TH UNDERV                  | VRITERS PAC (HUPAC)   |   |
| Z      | Full Name (Last, First, Middle Initial)<br>Kathy M. Rainwater                                  |                            |   | Date of Receipt   |
|        | Mailing Address 3809 Silverwood Dr   |                            |   | M M / D D / Y Y Y Y<br>02 08 2008   |
|        | City   | State                      | Zip Code  | Transaction ID: 7066  |
|        | Tyler  | TX                         | 75701-9336  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C                          |   | 1000.00   |
|        | Name of Employer<br>Threlkeld & Company Insur-<br>ance   | Occupatio<br>Executiv      | n<br>e Vice President   |   |
|        | Receipt For:   | Aggregate                  | Year-to-Date 🔻  |   |
|        | Other (specify)  | 0 0                        | 1000.00   |   |
|        | Full Name (Last, First, Middle Initial)<br>Jon C Rauser  | I                          |   | Date of Receipt   |
|        | Mailing Address 949 Lamplighter Ln   |                            |   | M M / D D / Y Y Y Y<br>02 29 2008   |
|        | City   | State                      | Zip Code  | Transaction ID: 7199-P5875  |
|        | Grafton  | WI                         | 53024-9314  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C                          |   | 170.00  |
|        | Name of Employer<br>The Rauser Agency, Inc.  | Occupatio<br>Agent         | n   | Payroll Deduction   |
|        | Receipt For:       General         Primary       General         Other (specify) ▼             | Aggregate                  | e Year-to-Date ▼<br>340.00  | (\$170.00 Monthly)  |
|        | Full Name (Last, First, Middle Initial)<br>Sima B. Reid  |                            |   | Date of Receipt   |
|        | Mailing Address 3765 Rose Ave  |                            |   | 02 12 2008  |
|        | City   | State                      | Zip Code  | Transaction ID: 7091  |
|        | Long Beach   | CA                         | 90807-4332  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C                          |   | 365.00  |
|        | Name of Employer<br>Twenty Twenty Insurance<br>Services  | Occupatio<br>Agent         | n   |   |
|        | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                  | e Year-to-Date<br>500.00  |   |
| Γ.     | SUBTOTAL of Receipts This Page (optional)  | I                          |   | 1535.00   |

| SCHEDULE A (FEC Form 3X<br>ITEMIZED RECEIPTS  | ()                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER:         PAGE 20 / 40           (check only one) |
|---|--------------------------------------|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | ⊥<br>y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                   |
| NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEA                                | ALTH UNDERV                          | VRITERS PAC (HUPAC)  |  |
| Full Name (Last, First, Middle Initial)<br>Alexander G. Reynolds                          |                                      |  | Date of Receipt  |
| Mailing Address 1770 Independence   | Ct Ste 120                           |  | 02 12 2008   |
| City  | State                                | Zip Code   | Transaction ID: 7089   |
| Birmingham  | AL                                   | 35216-1260   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                | C                                    |  | 365.00   |
| Name of Employer<br>AG Reynolds and Co.   | Occupatio<br>Agent                   | n  |  |
| Receipt For:<br>Primary General<br>Other (specify)  | Aggregate                            | e Year-to-Date V<br>365.00   | ]  |
| Full Name (Last, First, Middle Initial)<br>John M. Rice                                   | <b>I</b>                             |  | Date of Receipt  |
| Mailing Address 1401 S Westward H   | lo Pl                                |  | M M / D D / Y Y Y Y<br>0 2 1 2 2 0 0 8                           |
| City  | State                                | Zip Code   | Transaction ID: 7116   |
| Sioux Falls   | SD                                   | 57105-0155   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing<br>federal political committee.                             | C                                    |  | 4800.00  |
| Name of Employer<br>Rice Insurance Agency, In-<br>c.                                      | Occupatio<br>Agent                   | n  |  |
| Receipt For:<br>Primary General<br>Other (specify) ♥                                      | Aggregate                            | 9 Year-to-Date ▼<br>5000.00  | ]  |
| Full Name (Last, First, Middle Initial)<br>Joseph K. Roberts                              |                                      |  | Date of Receipt  |
| Mailing Address 4000 S 36th St  |                                      |  | M M / D D / Y Y Y Y<br>02 29 2008                                |
| City  | State                                | Zip Code   | Transaction ID: 7226-P6351                                       |
| Lincoln   | NE                                   | 68506-4809   | Amount of Each Receipt this Period                               |
| FEC ID number of contributing<br>federal political committee.                             | C                                    |  | 100.00   |
| Name of Employer<br>Midlands Financial Benefi-<br>ts                                      | Occupatio<br>Registere               | n<br>ed Representative   | Payroll Deduction  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                      |                                      | e Year-to-Date ▼<br>300.00   | (\$100.00 Monthly)   |
| SUBTOTAL of Receipts This Page (optional  | <b>I</b>                             |  | 5265.00  |

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

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|        | CHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS  |                                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 21 / 40           (check only one)         X           X         11a           11b         11c           13         14 |
|--------|--|--------------------------------|---|--|
| /<br>c | Any information copied from such Reports and sor for commercial purposes, other than using the | Statements ma<br>e name and ad | y not be sold or used by any pers<br>dress of any political committee t       | son for the purpose of soliciting contributions to solicit contributions from such committee.  |
|        | NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL                                      |                                | WRITERS PAC (HUPAC)   |  |
| . Ľ    | Full Name (Last, First, Middle Initial)<br>Richard C. Scarboro                                 |                                |   | Date of Receipt  |
|        | Mailing Address PO Box 3045  |                                |   | M M / D D / Y Y Y Y<br>02 12 2008  |
|        | City   | State                          | Zip Code  | Transaction ID: 7079   |
|        | Asheville<br>FEC ID number of contributing   | NC<br>C                        | 28802-3045  | Amount of Each Receipt this Period 365.00  |
|        | federal political committee.   | Occupatio                      | n   |  |
|        | Name of Employer<br>Blue Ridge Benefit Soluti-<br>ons, Inc.                                    | Agent                          | "1  |  |
|        | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>365.00  |  |
|        | Full Name (Last, First, Middle Initial)<br>Mel A. Schlesinger                                  |                                |   | Date of Receipt  |
|        | Mailing Address 380 Luzelle Dr   |                                |   |  |
|        | City   | State                          | Zip Code  | Transaction ID: 7087   |
|        | Winston Salem  | NC                             | 27103-6470  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                     | C                              |   | 100.00   |
|        | Name of Employer<br>The Rainmakers Group, Inc.   | Occupatio<br>Agent             | n   |  |
|        | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date ▼<br>295.00  |  |
|        | Full Name (Last, First, Middle Initial)<br>Mel A. Schlesinger                                  |                                |   | Date of Receipt  |
|        | Mailing Address 380 Luzelle Dr   |                                |   | 02 29 2008   |
|        | City   | State                          | Zip Code  | Transaction ID: 7199-P5652   |
|        | Winston Salem  | NC                             | 27103-6470  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing<br>federal political committee.                                  | C                              |   |  |
|        | Name of Employer<br>The Rainmakers Group, Inc.   | Occupatio<br>Agent             | n   |  |
|        | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate                      | e Year-to-Date V<br>380.00  | (\$85.00 Monthly)  |
| Γ      | SUBTOTAL of Receipts This Page (optional) .  |                                |   | 550.00   |

|     | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 22 / 40           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1 |
|-----|--|------------------------|---|--|
|     | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma          | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions of solicit contributions from such committee.   |
|     | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL  | TH UNDERV              | VRITERS PAC (HUPAC)   |  |
| × . | Full Name (Last, First, Middle Initial)<br>Kenneth L. Schmidt                                      |                        |   | Date of Receipt  |
|     | Mailing Address 1332 Hunters Hollow (  | Ct                     |   | M M / D D / Y Y Y Y<br>02 12 2008  |
|     | City   | State                  | Zip Code  | Transaction ID: 7069   |
|     | Eureka   | MO                     | 63025-1051  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing federal political committee.   | C                      |   | 265.00   |
|     | Name of Employer<br>Mengel, Surdyke, Murphy  | Occupatio<br>Benefits  | n<br>Consultant   |  |
|     | and Finke<br>Receipt For:  | 1                      | e Year-to-Date V  | —  |
|     | Primary General<br>Other (specify) ▼   |                        | 265.00  | ]  |
| -   | Full Name (Last, First, Middle Initial)<br>David M. Slade  | 1                      |   | Date of Receipt  |
| -   | Mailing Address 430 Woodland Way   |                        |   | 02 12 2008   |
|     | City   | State                  | Zip Code  | Transaction ID: 7088   |
|     | Greenville   | SC                     | 29607-1753  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing<br>federal political committee.                                      | C                      |   | 365.00   |
|     | Name of Employer<br>Rosenfeld Einstein & Asso-<br>ciates   | Occupatio<br>Vice Pres |   |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>365.00  | ]  |
| -   | Full Name (Last, First, Middle Initial)<br>Myron D. Smith  |                        |   | Date of Receipt  |
| -   | Mailing Address 7172 Hawthorn Ave A  | pt 211                 |   | 02 28 2008   |
|     | City   | State                  | Zip Code  | Transaction ID: 7150   |
|     | Los Angeles  | CA                     | 90046-3284  | Amount of Each Receipt this Period   |
|     | FEC ID number of contributing<br>federal political committee.                                      | C                      |   | 1000.00  |
|     | Name of Employer<br>GENESIS/Smith-Benton   | Occupatio<br>Presiden  |   |  |
|     | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | Year-to-Date ▼<br>1130.00   |  |
| Γ   | SUBTOTAL of Receipts This Page (optional)  | 1                      |   | 1630.00  |

|   | SCHEDULE A (FEC Form 3X)<br>TEMIZED RECEIPTS   | )                      | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE 23 / 40           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1 |
|---|--|------------------------|---|--|
|   | Any information copied from such Reports and<br>or for commercial purposes, other than using the | Statements may         | y not be sold or used by any pers<br>dress of any political committee to      | on for the purpose of soliciting contributions   |
|   | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAD                                      | LTH UNDERV             | VRITERS PAC (HUPAC)   |  |
|   | Full Name (Last, First, Middle Initial)<br>Myron D. Smith  |                        |   | Date of Receipt  |
|   | Mailing Address 7172 Hawthorn Ave A  | Apt 211                |   | M M / D D / Y Y Y Y<br>02 29 2008  |
|   | City   | State                  | Zip Code  | Transaction ID: 7199-P5558   |
|   | Los Angeles  | CA                     | 90046-3284  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                       | C                      |   | 30.00  |
|   | Name of Employer<br>GENESIS/Smith-Benton   | Occupatio<br>Presiden  |   | Payroll Deduction  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   | Aggregate              | e Year-to-Date ▼<br>1160.00   | (\$30.00 Monthly)  |
|   | Full Name (Last, First, Middle Initial)<br>Paul E. Smith   |                        |   | Date of Receipt  |
|   | Mailing Address 169 Hawthorne Dr   |                        |   | M M / D D / Y Y Y Y<br>02 / 29 / 2008  |
|   | City   | State<br>CT            | Zip Code  | Transaction ID: 7199-P5655   |
|   | Kensington<br>FEC ID number of contributing<br>federal political committee.                      | C                      | 06037-4074  | Amount of Each Receipt this Period 85.00   |
|   | Name of Employer<br>AmeriBen Alliance, LLC   | Occupatio<br>Agent     | n   | Payroll Deduction  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   |                        | e Year-to-Date ▼<br>280.00  | (\$85.00 Monthly)  |
| _ | Full Name (Last, First, Middle Initial)<br>James R Stenger                                       |                        |   | Date of Receipt  |
|   | Mailing Address 77 Ridgeview Ln  |                        |   | M M / D D / Y Y Y Y<br>02 29 2008  |
|   | City<br>Mount Arlington  | State                  | Zip Code  | Transaction ID: 7199-P5598   |
|   | Mount Arlington<br>FEC ID number of contributing<br>federal political committee.                 | NJ<br>C                | 07856-2321  | Amount of Each Receipt this Period 170.00  |
|   | Name of Employer<br>NAS Financial Services   | Occupatio<br>Principal |   | Payroll Deduction  |
|   | Receipt For:<br>Primary General<br>Other (specify) ▼   |                        | e Year-to-Date ▼<br>340.00  | (\$170.00 Monthly)   |
|   | SUBTOTAL of Receipts This Page (optional)  |                        |   | 285.00   |

| [       | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS<br>Any information copied from such Reports and S<br>or for commercial purposes, other than using the | Statements ma    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page<br>ay not be sold or used by any persideress of any political committee to | FOR LINE NUMBER:       PAGE 24 / 40         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions policit contributions from such committee.       10       10       17 |
|---------|---|------------------|--|--|
|         | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL   | TH UNDER         | WRITERS PAC (HUPAC)  |  |
| A.      | Full Name (Last, First, Middle Initial)<br>Rodney Stuart<br>Mailing Address 9755 Randall Dr   |                  |  | Date of Receipt  |
|         |   |                  |  | 02 29 2008   |
|         | City  | State            | Zip Code   | Transaction ID: 7226-P6436   |
|         | Indianapolis  | IN               | 46280-2944   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing federal political committee.  | C                |  | 135.00   |
|         | Name of Employer<br>Benefit Innovations LLP   | Occupation Agent | on   | Payroll Deduction  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregat         | e Year-to-Date ▼<br>270.00   | (\$50.00 Monthly)  |
| -<br>B. | Full Name (Last, First, Middle Initial)<br>Mike S. Summerfield<br>Mailing Address 1114 Cherokee Rd  |                  |  | Date of Receipt  |
|         | Mailing Address 1114 Cherokee Rd  |                  |  | 02 12 2008   |
|         | City  | State            | Zip Code   | Transaction ID: 7086   |
|         | Louisville  | KY               | 40204-1202   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.   | C                |  | 365.00   |
|         | Name of Employer<br>Altman Insurance Services   | Occupation Agent | on   |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregat         | e Year-to-Date V<br>365.00   | ]  |
| -<br>C. | Full Name (Last, First, Middle Initial)<br>James F. Summers   |                  |  | Date of Receipt  |
|         | Mailing Address 15316 Pine St   |                  |  | M M / D D / Y Y Y Y<br>02 29 2008  |
|         | City  | State            | Zip Code   | Transaction ID: 7226-P6270   |
|         | Omaha   | NE               | 68144-5117   | Amount of Each Receipt this Period   |
|         | FEC ID number of contributing<br>federal political committee.   | C                |  | 125.00   |
|         | Name of Employer<br>Senior Market Sales, Inc.   | Occupation Agent |  |  |
|         | Receipt For:<br>Primary General<br>Other (specify) ♥  | Aggregat         | e Year-to-Date<br>250.00   | (\$125.00 Monthly)   |
| ſ       | SUBTOTAL of Receipts This Page (optional)   | •                | ······   | 625.00   |
| ŀ       | TOTAL This Period (last page this line number   | only)            |  |  |

|   |  |   | FOR LINE NUMBER: PAGE 25/40   |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| <b>i i</b>  |  | Use separate schedule(s) for each category of the   | (check only one)  |  |  |  |  |  |
|   |  | Detailed Summary Page   | X 11a 11b 11c 12<br>13 14 15 16 17  |  |  |  |  |  |
| Any information copied from such Reports and S                    | statements ma  | y not be sold or used by any pers   | on for the purpose of soliciting contributions  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |
|   | TH UNDER   | WRITERS PAC (HUPAC)   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Marsha Tellesbo-Kembel |  |   | Date of Receipt   |  |  |  |  |  |
| Mailing Address 22887 NE 127th Way                                |  |   | M M / D D / Y Y Y Y<br>02 12 2008   |  |  |  |  |  |
| City  | State  | Zip Code  | Transaction ID: 7085  |  |  |  |  |  |
| Redmond   | WA   | 98053-5657  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.     | C  |   | 1000.00   |  |  |  |  |  |
| Name of Employer<br>Tellesbo & Company                            | Occupatio<br>Agent   | n   |   |  |  |  |  |  |
| Receipt For:  | 1 <b>I</b>   | e Year-to-Date 🔻  | _   |  |  |  |  |  |
| Primary     General       Other (specify)     ▼                   |  | 1000.00   | ]   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Harry P. Thal          | I  |   | Date of Receipt   |  |  |  |  |  |
| Mailing Address PO Box 2137                                       |  |   | M M / D D / Y Y Y Y<br>02 27 2008   |  |  |  |  |  |
| City  | State  | Zip Code  | Transaction ID: 7146  |  |  |  |  |  |
| Kernville   |  | 93238-2137  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.     | C  |   | 365.00  |  |  |  |  |  |
| Name of Employer<br>Harry P. Thai Insurance<br>Agency             |  |   |   |  |  |  |  |  |
| Receipt For:  | Aggregate  | e Year-to-Date 🔻  | _   |  |  |  |  |  |
| Other (specify)   |  | 365.00  |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>Mark R. Viehmann       |  |   | Date of Receipt   |  |  |  |  |  |
|   | d  |   | 02 14 2008  |  |  |  |  |  |
| City  | State  | Zip Code  | Transaction ID: 7126  |  |  |  |  |  |
| La Grange   | KY   | 40031-8228  | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.        | C  |   | 365.00  |  |  |  |  |  |
| Name of Employer<br>BB&T Old Colony Insurance                     | · · ·  |   |   |  |  |  |  |  |
| Receipt For:  | Aggregate  | e Year-to-Date 🔻  | -   |  |  |  |  |  |
| Other (specify)   |  | 365.00  |   |  |  |  |  |  |
| SURTOTAL of Receipts This Dags (aptions)                          |  |   | 1730.00   |  |  |  |  |  |
|   |  | •   | 1730.   |  |  |  |  |  |
|   | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL Full Name (Last, First, Middle Initial) Marsha Tellesbo-Kembel Mailing Address 22887 NE 127th Way City Redmond FEC ID number of contributing federal political committee. Name of Employer Tellesbo & Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Harry P. Thal Mailing Address PO Box 2137 City Kernville FEC ID number of contributing federal political committee. Name of Employer Harry P. Thal Insurance Agency Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark R. Viehmann Mailing Address 2616 Dawson Ridge R City La Grange FEC ID number of contributing federal political committee. Name of Employer BB&T Old Colony Insurance Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | TEMIZED RECEIPTS         Any information copied from such Reports and Statements ma<br>or for commercial purposes, other than using the name and ad<br>NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH UNDERN<br>Full Name (Last, First, Middle Initial)<br>Marsha Tellesbo-Kembel         Mailing Address       22887 NE 127th Way         City       State         Redmond       WA         FEC ID number of contributing<br>federal political committee.       C         Name of Employer<br>Tellesbo & Company       Occupatic<br>Agent         Receipt For:       Aggregate         Primary       General         Other (specify)       C         FUI Name (Last, First, Middle Initial)         Harry P. Thal         Mailing Address       PO Box 2137         City       State         Kernville       CA         FEC ID number of contributing<br>federal political committee.       C         Name of Employer<br>Harry P. Thal       Occupatic<br>Agency         Receipt For:       Aggregate         Primary       General         Other (specify)       C         Full Name (Last, First, Middle Initial)       Mark P. Viehmann         Mailing Address       2616 Dawson Ridge Rd         City       State       KY         FEC ID number of contributing<br>federal political committee. </td <td>TEMIZED RECEIPTS       Dot sech category of the<br/>Detailed Summary Page         Any information copied from such Reports and Statements may not be sold or used by any pers<br/>or for commercial purposes, other than using the name and address of any political committee to<br/>NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)         NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)         Full Name (Last, First, Middle Initial)         Marsha Tellesbo-Kembel         Mailing Address       22887 NE 127th Way         City       State       Zip Code         Receipt For:       Occupation         Primary       General       Occupation         Mailing Address       PO Box 2137         City       State       Zip Code         Harry P. Thal       Mailing Address       PO Box 2137         City       State       Zip Code         Harry P. Thal       General       Occupation         Mailing Address       PO Box 2137       City         FC ID number of contributing<br/>tederal political committee.       C       93238-2137         FEC ID number of contributing<br/>tederal political committee.       C       9365.00         Name of Employer<br/>Harry P. Thal Insurance       Aggregate Year-to-Date ▼       9         Mailing Address       2616 Dawson Ridge Rd       C       1000.1&lt;</td> | TEMIZED RECEIPTS       Dot sech category of the<br>Detailed Summary Page         Any information copied from such Reports and Statements may not be sold or used by any pers<br>or for commercial purposes, other than using the name and address of any political committee to<br>NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)         NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)         Full Name (Last, First, Middle Initial)         Marsha Tellesbo-Kembel         Mailing Address       22887 NE 127th Way         City       State       Zip Code         Receipt For:       Occupation         Primary       General       Occupation         Mailing Address       PO Box 2137         City       State       Zip Code         Harry P. Thal       Mailing Address       PO Box 2137         City       State       Zip Code         Harry P. Thal       General       Occupation         Mailing Address       PO Box 2137       City         FC ID number of contributing<br>tederal political committee.       C       93238-2137         FEC ID number of contributing<br>tederal political committee.       C       9365.00         Name of Employer<br>Harry P. Thal Insurance       Aggregate Year-to-Date ▼       9         Mailing Address       2616 Dawson Ridge Rd       C       1000.1< |  |  |  |  |  |

|    | SCHEDULE A (FEC Form 3X)<br>ITEMIZED RECEIPTS   |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:       PAGE 26 / 40         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17 |
|----|---|------------------------------|---|---|
|    | Any information copied from such Reports and St<br>or for commercial purposes, other than using the | atements may<br>name and add | y not be sold or used by any person<br>dress of any political committee to    | n for the purpose of soliciting contributions solicit contributions from such committee.  |
|    | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALT  | H UNDERV                     | VRITERS PAC (HUPAC)   |   |
| Α. | Full Name (Last, First, Middle Initial)<br>Paula L Wilson<br>Mailing Address 31930 Daniel Way       |                              |   | Date of Receipt   |
|    | City<br>Temecula  | State<br>CA                  | Zip Code<br>92591-2129  | Transaction ID: 7226-P6484<br>Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                            |   | 30.00   |
|    | Name of Employer<br>Paula Wilson, Inc.  | Occupation<br>Agent          | n   | <ul> <li>Payroll Deduction</li> </ul>   |
|    | Receipt For:<br>Primary General<br>Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>280.00  | (\$30.00 Monthly)   |

| SUBTOTAL of Receipts This Page (optional)           | ► | 30.00    |
|---|---|----------|
| TOTAL This Period (last page this line number only) | ► | 35870.00 |

| ITEMIZED DISBURSEMENTS       for each category of the Detailed Summary Page       X 21b       22       23       24       25   |     |                 | B (FEC Form 3          | -         | Use sep  | arate schedule(s) |     | -     | R LINE<br>eck only | -                | R:    |        |             | P       | AGE  | 27 /      | 40             |
|---|-----|-----------------|------------------------|-----------|----------|-------------------|-----|-------|--------------------|------------------|-------|--------|-------------|---------|------|-----------|----------------|
| ar for commercial purposes, other than using the name and address of any policial committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American Express Mailing Address PO Box 53852  Full Name (Last, First, Middle Initial) American Express Mailing Address 7810 Old Branch Avenue  City State Disbursement Bank of America  Mailing Address 7810 Old Branch Avenue  City Office Sought: House Disbursement For: Disbursement this Perice Cithron MD 20735  Full Name (Last, First, Middle Initial) Bank of America  Mailing Address 7810 Old Branch Avenue  City Office Sought: House Disbursement For: Disbursement for: Disbursement this Perice Cithron MD 20735  Full Name (Last, First, Middle Initial) Bank of America  Mailing Address 7810 Old Branch Avenue  City Office Sought: House Disbursement For: Disbursement For: Disbursement for: State Disbursement for: Category/ Type  Office Sought: House Disbursement For: Di |     |                 |                        |           | Detailed | Summary Page      |     | X     | 21b<br>27          | 22<br>28a        |       | 28b    |             | 28c     |      | 29        |                |
| NAME OF COMMITTEE (In Full)         NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)         Full Name (Last, First, Middle Initial)         American Express         Maling Address       PO Box 53852         City       O 0 1         Progree of Disbursement       AZ         Credit Card Fees       001         Cardidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Office Sought:       State:         District:       Disbursement For:         Office Sought:       State:         Disbursement       Other (specify)         City       State:         Office Sought:       House         Office Sought:       Disbursement For:         Optimizer       Other (specify)         Values       State         Office Sought:       House         Office Sought:       House         Disbursement for:       Optimizer         Office Sought:       House         Disbursement for:       Optimizer         City       Cardidate Name         Office Sought:       House         Purpose of Disbursement box       Other (specify)   |     |                 |                        |           |          |                   |     |       |                    |                  |       |        |             |         |      |           | 6              |
| NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       PO Box 53852         City       State       Zip Code         Phoenix       AZ       85072         Purpose of Disbursement       001         Candidate Name       Category/<br>Type       136.51         Office Sought:       House       Disbursement For:<br>President       001         State:       Districts       Other (specify) ▼       Transaction ID: 7244         Bank of America       Other (specify) ▼       Amount of Each Disbursement       Disbursement         City       State       Zip Code       Transaction ID: 7244         Data of Disbursement bank foes       7810 Old Branch Avenue       Other (specify) ▼       Amount of Each Disbursement this Period         City       State:       Disbursement Eor:<br>President       Other (specify) ▼       Transaction ID: 7245         State:       Disbursement Eor:<br>President       Other (specify) ▼       Transaction ID: 7245         State:       Disbursement For:<br>President       Other (specify) ▼       Transaction ID: 7245         State:       Disbursement Eor:<br>President       Other (specify) ▼       Transaction ID: 7245         Data of Disbur  |     | •               |                        | ,         |          |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| American Express       Date of Disbursement         Mailing Address       PO Box 53852         City       Az         Purpose of Disbursement       Az         Credit Card Fees       001         Cardidate Name       001         Cardidate Name       001         Credit Card Fees       001         Cardidate Name       01         State:       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼         Mailing Address       7810 Old Branch Avenue         City       State         Cardidate Name       001         Cardidate Name       001         City       State         City       Senate         President       Disbursement For:         Disbursement       001         Cardidate Name       001         City       Senate         President       Disbursement For:         Disbursement       01         State:       Disbursement For:         Other (specify)       Its and for for 15/2/45         Date of Disbursement       001         City       State         City       Senate <td>· ·</td> <td></td> <td>, ,</td> <td>EALTH UN</td> <td>NDERW F</td> <td>RITERS PAC (</td> <td>HUF</td> <td>PAC</td> <td>)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | · · |                 | , ,                    | EALTH UN  | NDERW F  | RITERS PAC (      | HUF | PAC   | )                  |                  |       |        |             |         |      |           |                |
| City       State       Zip Code         Purpose of Disbursement       001         Credit Carle Fees       001         Candidate Name       01         Office Sought:       House         Disbursement For:       01         Carlid ate Name       Disbursement For:         Office Sought:       House         District:       District:         Full Name (Last, First, Middle Initial)       Bank of America         Mailing Address       7810 Old Branch Avenue         Cily       State         Cily       State         Cardidate Name       001         Cardidate Name       001         Office Sought:       House         Disbursement       001         Cardidate Name       001         Cardidate Name       001         Cardidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       House         Disbursement       01         City       State         City       State <t< td=""><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |     |                 | ,                      |           |          |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| Phonenix       AZ       85072         Purpose of Disbursement Correct Card Fees       001       136.51         Cradit Card Fees       001       Category/<br>Type       136.51         Office Sought:       House       Disbursement For:       0         Previous       District:       Primary       General         Previous       Transaction ID: 7244       Date of Disbursement         Bank of America       Mailing Address       7810 Old Branch Avenue       Transaction ID: 7244         City       State       Zip Code       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       001         Candidate Name       O01       Category/<br>Type       55.60         Office Sought:       House       Disbursement For:       001         Candidate Name       Disbursement For:       001       Category/<br>Type       71.5         Full Name (Last, First, Middle Initial)       Bank of America       Mailing Address       7810 Old Branch Avenue         City       State       Disbursement For:       01       01       01         City       State       Zip Code       01       01       01         City       State       Disbursement For:       01<   |     | Mailing Address | PO Box 53852           |           |          |                   |     |       |                    |                  | М     | / D    | 2           | D /     | Ý 2  | έοŏε      | 3 <sup>Y</sup> |
| Credit Card Fees       001         Credit Card Fees       001         Category/<br>Type       Office Sought:       House         President       Disbursement For:       President         State:       District:       Disbursement For:       President         Mailing Address       7810 Old Branch Avenue       MD       20735         Purpose of Disbursement       MD       20735         Purpose of Disbursement       001       Category/<br>Type         Office Sought:       Senate       001         President       Disbursement For:       001         Category/<br>Type       Transaction ID: 7244         Date of Disbursement       001         bank fees       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼         Mailing Address       7810 Old Branch Avenue         City       State       20 0 3         City       State       001         Category/<br>Type       001       20 0 3         Purpose of Disbursement<br>bank fees       001         City       State       20 0 0 3         Gendida  |     |                 |                        |           |          |                   |     |       |                    | Amou             | int o | f Each | n D         | Disburs | emer | nt this I | Period         |
| Candidate Name       Category'<br>Type         Office Sought:       House<br>President       Disbursement For:<br>Other (specify) ▼         Full Name (Last, First, Middle Initial)<br>Bank of America       Transaction ID: 7244<br>Date of Disbursement         Mailing Address       7810 Old Branch Avenue       Amount of Each Disbursement this Perioc<br>Clinton         Office Sought:       House<br>President       001<br>Category'<br>Type         Office Sought:       House<br>President       Disbursement For:<br>Propose of Disbursement bank fees         Candidate Name       Disbursement For:<br>President       Disbursement For:<br>District:         Full Name (Last, First, Middle Initial)<br>Bank of America       Disbursement For:<br>President       Transaction ID: 7245<br>Date of Disbursement         Mailing Address       7810 Old Branch Avenue       Transaction ID: 7245<br>Date of Disbursement       Amount of Each Disbursement for:<br>Disbursement         Mailing Address       7810 Old Branch Avenue       MD       20735         Purpose of Disbursement<br>bank fees       001<br>Category'<br>Type       Amount of Each Disbursement this Perioc         Office Sought:       House       Disbursement For:<br>Disbursement For:<br>President       Disbursement For:<br>Disbursement For:<br>District:       Other (specify) ▼         Office Sought:       House       Disbursement For:<br>District:       Disbursement For:<br>Disbursement For:<br>District:       Amount of Each Disbursement this Perioc     <   |     |                 | rsement                |           |          |                   |     | 001   |                    | L.               |       |        |             |         | 8    | 136.5     | 1              |
| Office Sought:       House<br>Senate<br>President       Disbursement For:<br>Other (specify) ▼         Full Name (Last, First, Middle Initial)<br>Bank of America       Transaction ID: 7244<br>Date of Disbursement         Mailing Address       7810 Old Branch Avenue       Transaction ID: 7244<br>Date of Disbursement         City       State       Zip Code<br>Unitron       MD         Purpose of Disbursement<br>bank fees       001<br>Category/<br>Type       Amount of Each Disbursement this Perioc         Office Sought:       House<br>Disbursement For:<br>President       001<br>Other (specify)       Transaction ID: 7245<br>Date of Disbursement         Full Name (Last, First, Middle Initial)<br>Bank of America       Disbursement For:<br>Disbursement For:<br>Disbursement For:       Transaction ID: 7245<br>Date of Disbursement         Full Name (Last, First, Middle Initial)<br>Bank of America       State       Zip Code<br>MD       Amount of Each Disbursement this Perioc         Mailing Address       7810 Old Branch Avenue       001<br>Category/<br>Type       Y 2 0 0 8         City       State       Zip Code<br>MD       001<br>Category/<br>Type       Amount of Each Disbursement this Perioc         Office Sought:       House       Disbursement For:<br>Disbursement For:<br>Di   |     | Candidate Name  |                        |           |          |                   |     | atego | ory/               |                  |       |        |             |         |      |           |                |
| Full Name (Last, First, Middle Initial)       Transaction ID: 7244         Bank of America       0         Mailing Address       7810 Old Branch Avenue         City       State       Zip Code         Clinton       MD       20735         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         Senate       Disbursement For:         State:       Disbursement For:         Office Sought:       President         State:       Disbursement For:         State:       Disbursement For:         State:       Disbursement For:         State:       Disbursement For:         Mailing Address       7810 Old Branch Avenue         Mailing Address       7810 Old Branch Avenue         City       State         City       State         City       MD         Colisbursement       MD         Mailing Address       7810 Old Branch Avenue         City       MD         Clinton       MD         Mailer Ges       001         Category/       Type         Office Sought:       House         Senate       Disbur  |     | Office Sought:  | Senate<br>President    |           | Primary  |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| Bank of America       Image: City code code code code code code code code   |     | State:          | District:              |           |          |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| Mailing Address       7810 Old Branch Avenue       0 2       0 1       2 0 0 8         City       State       Zip Code<br>MD       20735       Amount of Each Disbursement this Period         Purpose of Disbursement<br>bank fees       001       Category/<br>Type       55.60         Office Sought:       House       Disbursement For:       01       55.60         Office Sought:       House       Disbursement For:       01       55.60         Full Name (Last, First, Middle Initial)       Bank of America       Transaction ID: 7245         Mailing Address       7810 Old Branch Avenue       01       01         City       State       Zip Code<br>MD       20735       Amount of Each Disbursement this Period         City       State       MD       20735       Amount of Each Disbursement this Period         City       State       MD       20735       Amount of Each Disbursement this Period         City       State       Disbursement For:       Category/<br>Type       01       16.19         Office Sought:       House       Disbursement For:       General       001       16.19         Office Sought:       House       Disbursement For:       General       001       16.19         Office Sought:       House <td< td=""><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>- · ·</td><td></td><td></td><td></td></td<>   |     |                 | ,                      |           |          |                   |     |       |                    |                  |       |        |             | - · ·   |      |           |                |
| Clinton       MD       20735         Purpose of Disbursement       001         Candidate Name       001         Candidate Name       001         Candidate Name       Disbursement For:         Senate       President         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)         Bank of America         Mailing Address       7810 Old Branch Avenue         City       State         City       State         Clinton       MD         Purpose of Disbursement         Outle (specify)         Office Sought:       House         Disbursement       001         Category/<br>Type         Office Sought:       House         Disbursement For:       001         Category/<br>Type       Type         Office Sought:       House         Disbursement For:       001         Category/<br>Type       Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify) ▼         State:       District:  |     | Mailing Address | 7810 Old Branch        | n Avenue  |          |                   |     |       |                    | 0 <sup>M</sup> 2 | М     | / D    | <u></u> - C | D /     | Ý Ż  | źoós      | 3 <sup>Y</sup> |
| Dank fees       001         Candidate Name       001         Candidate Name       001         Candidate Name       Disbursement For:         Senate       President         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Bank of America         Mailing Address       7810 Old Branch Avenue         City       State       Zip Code         City       State       Zip Code         Clinton       MD       20735         Purpose of Disbursement       001         Candidate Name       001         Candidate Name       001         Candidate Name       Disbursement For:         Senate       Disbursement For:         Senate       Other (specify) ▼         Office Sought:       House         Disbursement For:       Senate         President       Other (specify) ▼         State:       District:  |     |                 |                        |           |          |                   |     |       |                    | Amou             | int o | f Each | ۱C          | Disburs | emer | nt this I | Period         |
| Office Sought:       House       Disbursement For:         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)         Bank of America         Mailing Address       7810 Old Branch Avenue         City       State       Zip Code         Clinton       MD       20735         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         Disbursement For:       001         Candidate Name       Disbursement For:         Office Sought:       Disbursement For:         President       Other (specify) ▼   |     |                 | rsement                |           |          |                   |     | 001   |                    | L.               |       |        |             |         |      | 55.6      | 0              |
| Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID: 7245         Bank of America       Date of Disbursement         Mailing Address       7810 Old Branch Avenue       02 ° ′ ° 15 ′ ° 2008         City       State       Zip Code         Clinton       MD       20735         Purpose of Disbursement       001         bank fees       001         Candidate Name       Disbursement For:         Senate       Primary         General       Other (specify)         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:   |     | Candidate Name  |                        |           |          |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| Full Name (Last, First, Middle Initial)       Transaction ID: 7245         Bank of America       Date of Disbursement         Mailing Address       7810 Old Branch Avenue         City       State       Zip Code         Clinton       MD       20735         Purpose of Disbursement       001         bank fees       001         Category/       Type         Office Sought:       House         President       Disbursement For:         State:       District:  |     | Office Sought:  | Senate                 |           | Primary  |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| Bank of America       Date of Disbursement         Mailing Address       7810 Old Branch Avenue         City       State       Zip Code         Clinton       MD       20735         Purpose of Disbursement       001         bank fees       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼  |     | State:          | District:              |           |          |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| City     State     Zip Code       Clinton     MD     20735       Purpose of Disbursement     001       bank fees     001       Candidate Name     Disbursement For:       Office Sought:     House       President     Other (specify)       State:     District:   |     |                 |                        |           |          |                   |     |       |                    |                  |       |        |             | -       |      |           |                |
| Clinton       MD       20735         Purpose of Disbursement<br>bank fees       001         Candidate Name       001         Candidate Name       Disbursement For:<br>Senate         Office Sought:       House         President       Disbursement For:<br>Other (specify)         State:       District:  |     | Mailing Address | 7810 Old Branch        | n Avenue  |          |                   |     |       |                    | 0 <sup>M</sup> 2 | М     | / D.   | 1 5         | D /     | Y 2  | έοŏε      | 3 <sup>Y</sup> |
| bank fees     001       Candidate Name     001       Category/<br>Type     Category/<br>Type       Office Sought:     House       Disbursement For:     Primary       General     Other (specify)       State:     District:  |     |                 |                        |           |          |                   |     |       |                    | Amou             | int o | f Each | n D         | Disburs | emer | nt this I | Period         |
| Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼   |     |                 | rsement                |           |          |                   |     | 001   |                    | L.               |       |        |             |         |      | 16.1      | 9              |
| Senate     Primary     General       President     Other (specify)     ▼  |     | Candidate Name  |                        |           |          |                   |     | -     | -                  |                  |       |        |             |         |      |           |                |
|   |     | -               | Senate<br>President    |           | Primary  |                   |     |       |                    |                  |       |        |             |         |      |           |                |
| SUBTOTAL of Disbursements This Page (optional) P 208.30   |     | State:          | District:              |           |          |                   |     |       |                    |                  |       |        | _           |         |      |           |                |
|   | รเ  | JBTOTAL of Disk | oursements This Page ( | optional) |          |                   |     |       | •                  | L.               |       |        |             |         |      | 208.3     | 0              |
| TOTAL This Period (last page this line number only)   |     |                 |                        | • /       |          |                   |     |       |                    |                  |       |        |             |         |      |           |                |

| Ç  | SCHEDULE B (FEC Form 3X)   |                       |                                      |   | NUMBER: PAGE 28/40   |
|----|--|-----------------------|--------------------------------------|---|--|
|    | TEMIZED DISBURSEMENTS  |                       | arate schedule(s)<br>category of the | (check only                             |  |
| I  | I EMIZED DISBURSEMENTS   |                       | Summary Page                         | X 21b                                   | 22 23 24 25 26   |
| _  |  |                       |                                      | 27                                      | 28a 28b 28c 29 30b   |
| 1  | Any Information copied from such Reports and Statem<br>or for commercial purposes, other than using the name | ents may no           | ot be sold or used                   | d by any person f                       | or the purpose of soliciting contributions                                     |
| k  |  |                       | ss of any political                  |   |  |
|    | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH L  | INDERWF               | RITERS PAC (I                        | HUPAC)                                  |  |
|    | Full Name (Last, First, Middle Initial)  |                       |                                      |   | Transaction ID: 7241   |
| Α. | Merchant Services  |                       |                                      |   | Date of Disbursement   |
|    | Mailing Address 7300 Chapman Way   |                       |                                      |   | $     \begin{array}{c}             M \\             0 \\           $           |
|    | Mailing Address 7300 Chapman Way   |                       |                                      |   |  |
|    |  | State                 | Zip Code                             |   | Amount of Each Disbursement this Period  |
|    | Knoxville  | TN                    | 37920                                |   |  |
|    | Purpose of Disbursement<br>CC Fees   |                       |                                      | 001                                     | 172.17   |
|    | Candidate Name   |                       |                                      | Category/                               |  |
|    |  |                       |                                      | Туре                                    |  |
|    |  | ment For:             |                                      |   |  |
|    | Senate<br>President  | Primary<br>Other (spe | General                              |   |  |
|    | State: District:   |                       | city) V                              |   |  |
| _  | Full Name (Last, First, Middle Initial)  |                       |                                      |   | Transaction ID: 7243   |
| В. | Regions Bank   |                       |                                      |   | Date of Disbursement   |
|    |  |                       |                                      |   | 02 <sup>M</sup> /12 <sup>Y</sup> YYYY<br>02 <sup>N</sup> /12 <sup>Y</sup> YYYY |
|    | Mailing Address 6286 N College   |                       |                                      |   | 02 12 2008   |
|    | 2  | State                 | Zip Code                             |   | Amount of Each Disbursement this Period  |
|    | Indianapolis   | IN                    | 46220                                |   | 00.00  |
|    | Purpose of Disbursement<br>Bank Fee  |                       |                                      | 001                                     | 92.86  |
|    | Candidate Name   |                       |                                      | Category/<br>Type                       |  |
|    | Office Sought: House Disburse  | ement For:            |                                      | . , , , , , , , , , , , , , , , , , , , |  |
|    | Senate   | Primary               | General                              |   |  |
|    | President  | Other (spe            | cify) 🔻                              |   |  |
|    | State: District:   |                       |                                      |   |  |

| FE6AN026  |   | FEC Schedule B ( Form 3X) (Revised 02/2 |
|---|---|---|
| TOTAL This Period (last page this line number only) | • | 473.33                                  |
| SUBTOTAL of Disbursements This Page (optional)      |   | 265.03                                  |

| SCHE         |                              | B (FEC Fo                                      | rm 3X)          | Use sen                             | arate schedule(s)                         |     | -               |           | -  |                  | R:   |           |     | F              | PAGE  | 29 /     | 40             |
|--------------|------------------------------|--|-----------------|-------------------------------------|---|-----|-----------------|-----------|----|------------------|------|-----------|-----|----------------|-------|----------|----------------|
| ITEMI        | ZED DI                       | SBURSEM  | ENTS            | for each                            | category of the<br>Summary Page           |     |                 | 21b<br>27 | 22 |                  | X    | 23<br>28b | F   | 24             | ,     | 25<br>29 |                |
|              |                              |  |                 |                                     | ot be sold or used<br>ss of any political |     |                 |           |    |                  |      |           |     |                |       |          | s              |
|              |                              | VITTEE (In Full)                               |                 |                                     |   | 001 |                 |           |    |                  | ibut |           |     | 11 3001        |       | milloo   |                |
| \<br>\       |                              | , ,  | OF HEALTH       | UNDERWF                             | RITERS PAC (I                             | HUF | PAC             | )         |    |                  |      |           |     |                |       |          |                |
|              |                              | First, Middle Initi<br>DR CONGRES              |                 | EE                                  |   |     |                 |           |    |                  |      | on IE     |     |                |       |          |                |
| Mailir       | ng Address                   | 215 Fourth                                     | Avenue          |                                     |   |     |                 |           |    | ) <sup>M</sup> 2 | М    | / D       | 0 - | D /<br>1       | Y     | 200      | 8 <sup>Y</sup> |
| City<br>Hado | don Heigh                    | ts   |                 | State<br>NJ                         | Zip Code<br>08035                         |     |                 |           | Ar | nou              | nt o | fEac      | h C | Disbur         | seme  | nt this  | Period         |
|              | ose of Disbu<br>Fundraiser - |  |                 |                                     |   | Γ   | 01 <sup>.</sup> | 1         |    |                  |      |           |     |                | 1     | 000.0    | 00             |
|              | lidate Name<br>BERT E AN     |  |                 |                                     |   |     | ateg<br>Typ     |           |    |                  |      |           |     |                |       |          |                |
| Office       | e Sought:<br>: NJ            | X House<br>Senate<br>President<br>District: 01 | Disburs         | ement For:<br>Primary<br>Other (spe | 2008<br>X General<br>ecify) ▼             |     |                 |           |    |                  |      |           |     |                |       |          |                |
|              | •                            | First, Middle Initi                            | ,               |                                     |   |     |                 |           |    |                  |      | on IE     | ser | nent           |       |          |                |
| Mailir       | ng Address                   | PO BOX 2                                       | 5950            |                                     |   |     |                 |           | Ċ  | 02               | м    | / D       | 2 5 | D /<br>D       | Y     | źoó      | 8 <sup>Y</sup> |
| City<br>WO   | ODBURY                       |  |                 | State<br>MN                         | Zip Code<br>55125                         |     |                 |           | Ar | nou              | nt o | fEac      | h C | Disbur         |       |          | Period         |
| 2/26/        | ose of Disbu<br>08 - JG      |  |                 |                                     |   |     | 01 <sup>-</sup> |           |    |                  |      |           |     |                |       | 500.0    | 00             |
|              | lidate Name<br>HELE M B      | ACHMANN  |                 |                                     |   |     | ateg<br>Typ     |           |    |                  |      |           |     |                |       |          |                |
|              | e Sought:<br>: MN            | X House<br>Senate<br>President<br>District: 06 | Disburs         | ement For:<br>Primary<br>Other (spe | 2008<br>X General<br>ecify) ▼             |     |                 |           |    |                  |      |           |     |                |       |          |                |
|              | •                            | First, Middle Initi                            | ,               |                                     |   |     |                 |           |    |                  |      | on IE     | -   |                |       |          |                |
| Mailir       | ng Address                   | P.O. Box 9                                     | 336             |                                     |   |     |                 |           | C  | ) <sup>M</sup> 2 | М    | / D       | 03  | <sup>D</sup> 3 | Y     | 200      | 8 <sup>Y</sup> |
| City<br>Farg | 10                           |  |                 | State<br>ND                         | Zip Code<br>58106                         |     |                 |           | Ar | nou              | nt o | fEac      | h C | Disbur         | seme  | nt this  | Period         |
| 03/05        | ose of Disbu<br>5/08 Event - | JG & PS  |                 |                                     |   |     | 01 <sup>.</sup> |           |    |                  |      |           |     |                | 2     | 2000.0   | 00             |
| EAR          |                              | POMEROY  |                 |                                     |   |     | ateg<br>Typ     |           |    |                  |      |           |     |                |       |          |                |
|              | e Sought:<br>: ND            | X House<br>Senate<br>President<br>District: 00 |                 | ement For:<br>Primary<br>Other (spe | 2008<br>General<br>ecify) ▼               |     |                 |           |    |                  |      |           |     |                |       |          |                |
|              |                              |  | Page (optional) |                                     |   |     |                 | •         |    |                  |      |           |     | •              | 4     | 500.0    | )0             |
| TOTAL        | This Period                  | I (last page this li                           | ne number only  | )                                   |   |     |                 | •         |    |                  | ,    |           |     |                |       |          |                |
| E6AN026      | 6                            |  |                 |                                     |   |     |                 |           |    | FE               | c s  | ched      | ule | B(F            | orm 3 | X) (Re   | evised         |

| SCHEDULE B (FEC Form 3X)<br>TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the        | (check only       |   |
|---|--|-------------------|---|
|   | Detailed Summary Page                                    | 21b<br>27         | 22         X         23         24         25         1           28a         28b         28c         29         1  |
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| NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH U   | INDERWRITERS PAC (H                                      | HUPAC)            |   |
| Full Name (Last, First, Middle Initial)<br>FRIENDS OF JOHN BOEHNER  |  |                   | Transaction ID: 7141<br>Date of Disbursement  |
| Mailing Address 7908-12 Cincinnati Dayto  | n Road   |                   | $ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} D \\ 2 \\ 5 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $ |
| City<br>West Chester  | State Zip Code<br>OH 45069                               |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>2/27/08 - JG   |  | 011               | 2000.00   |
| Candidate Name<br>JOHN A BOEHNER  |  | Category/<br>Type |   |
| Office Sought: X House Disburse<br>Senate President<br>State: OH District: 08                               | ment For: 2008<br>Primary X General<br>Other (specify) ▼ |                   |   |
| Full Name (Last, First, Middle Initial)<br>FRIENDS OF JOHN BOEHNER  |  |                   | Transaction ID: 7140<br>Date of Disbursement  |
| Mailing Address 7908-I2 Cincinnati Dayto  | n Road   |                   | $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $  |
| City<br>West Chester  | State Zip Code<br>OH 45069                               |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>2/27/08 - JG   |  | 011               | 2000.00   |
| Candidate Name<br>JOHN A BOEHNER  |  | Category/<br>Type |   |
| 5 X   | ment For: 2008<br>Primary General<br>Other (specify) ▼   |                   |   |
| Full Name (Last, First, Middle Initial)<br>FRIENDS OF SAM JOHNSON   |  |                   | Transaction ID: 7143<br>Date of Disbursement  |
| Mailing Address P.O. Box 860096   |  |                   | $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $  |
| City<br>Plano   | State Zip Code<br>TX 75086                               |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>2/28/08 - JG   |  | 011               | 1000.00   |
| Candidate Name<br>SAMUEL R HON. JOHNSON   |  | Category/<br>Type |   |
| Office Sought: X House Disburse<br>Senate President<br>State: TX District: 03                               | ment For: 2008<br>Primary X General<br>Other (specify) ▼ |                   |   |
| SUBTOTAL of Disbursements This Page (optional)  |  | ····· <b>Þ</b>    | 5000.00   |
| TOTAL This Period (last page this line number only)   |  |                   |   |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                                  |              | R LINE I   |                        | R:    |           |     | Ρ         | AGE  | 31 /      | 40             |
|--|---|--------------|------------|------------------------|-------|-----------|-----|-----------|------|-----------|----------------|
| TEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page         |              | 21b<br>27  | 22<br>28a              | X     | 23<br>28b | F   | 24<br>28c | F    | 25<br>29  | $\square$      |
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|  | UNDERWRITERS PAC (  | HUPAC        | 5)         |                        |       |           |     |           |      |           |                |
| Full Name (Last, First, Middle Initial)<br>GARD FOR CONGRESS                 |   |              |            | <b>Trans</b><br>Date o | of Di | sbur      | sen | nent      |      |           |                |
| Mailing Address PO BOX 277   |   |              |            | 0 2                    | M     | / D       | 15  | 5         | Ý Ž  | ó o ò a   | 3 <sup>×</sup> |
| City<br>GREEN BAY  | StateZip CodeWI54305                                      |              |            | Amou                   | nt of | f Eac     | h D | isburs    | -    | -         |                |
| Purpose of Disbursement<br>3/5/08 Event (JG)                                 |   | 01           | 1          | L.                     |       |           |     |           | _1   | 500.0     | 0              |
| Candidate Name<br>JOHN G GARD  |   | Categ<br>Typ | -          |                        |       |           |     |           |      |           |                |
| Office Sought: X House Disburs<br>Senate President<br>State: WI District: 08 | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |              |            |                        |       |           |     |           |      |           |                |
| Full Name (Last, First, Middle Initial)<br>GINGREY FOR CONGRESS              |   |              |            | <b>Trans</b><br>Date o | of Di | sbur      | sen | nent      |      |           |                |
| Mailing Address PO Box U   |   |              |            | 0 2                    | M     | / D       | 1 9 | )<br>)    | Ý ž  | é o ò e   | 3              |
| City<br>Marietta   | State Zip Code<br>GA 30060                                |              |            | Amou                   | nt of | fEac      | h D | isburs    | -    | -         |                |
| Purpose of Disbursement<br>02/22/2008 Event                                  |   | 01           |            | L.                     |       |           |     |           | 1    | 000.0     | 0              |
| Candidate Name<br>PHILLIP J. GINGREY   |   | Categ<br>Typ |            |                        |       |           |     |           |      |           |                |
| Office Sought: X House Disburs<br>Senate President<br>State: GA District: 11 | ement For:2008PrimaryX GeneralOther (specify)V            |              |            |                        |       |           |     |           |      |           |                |
| Full Name (Last, First, Middle Initial)<br>GRAVES FOR CONGRESS               |   |              |            | <b>Trans</b><br>Date o |       |           |     |           |      |           |                |
| Mailing Address 2345 Grand Suite 2400  |   |              |            | 0 2                    | M     | / D       | 01  | D /       | ² 2  | ÓÓ        | 3 <sup>×</sup> |
| City<br>Kansas City  | State Zip Code<br>MO 64108                                |              |            | Amou                   | nt of | f Eac     | h D | isburs    | emer | it this I | Perio          |
| Purpose of Disbursement<br>2/26 Luncheon - JG                                |   | 01           | 1          | L.                     |       |           |     |           | 1    | 000.0     | 0              |
| Candidate Name<br>SAMUEL B GRAVES  |   | Categ<br>Typ | ,          |                        |       |           |     |           |      |           |                |
| Senate<br>President  | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |              |            |                        |       |           |     |           |      |           |                |
| State: MO District: 06   |   |              |            |                        |       | -         |     |           | 35   | 500.0     | 0              |
| SUBTOTAL of Disbursements This Page (optional)                               |   |              | <u> </u>   |                        |       | •         | -   | • •       |      |           | -              |
| TOTAL This Period (last page this line number only<br>E6AN026                |   |              |            | FF                     |       | ched      | ule | B(Fo      | rm 3 | () (Ro    | vised          |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s                                      | )    | -               |            | NUMBE                 | R:    |          |      |        | PAC | ЭE        | 32 /     | 40             |
|--|--|------|-----------------|------------|-----------------------|-------|----------|------|--------|-----|-----------|----------|----------------|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page            | ,    |                 | 21b<br>27  | y one)<br>22<br>28a   | X     | 23<br>28 | ,    | 24     |     | $\square$ | 25<br>29 |                |
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| NAME OF COMMITTEE (In Full)  |  |      |                 |            |                       | nout  | 0115     | 1101 | ii suc |     |           | iiiiee   |                |
| NATIONAL ASSOCIATION OF HEALTH   | UNDERWRITERS PAC   | (HUF | PAC             | ;)         |                       |       |          |      |        |     |           |          |                |
| Full Name (Last, First, Middle Initial)<br>HALL FOR CONGRESS COMMITTEE (<br>S)                         | RALPH HALL - ROCKWA  | LL T | EX              | <b>A</b> - | <b>Tran</b> s<br>Date | of D  | sbu      | rser | nent   |     |           |          |                |
| Mailing Address POST OFFICE BOX 7  | /11  |      |                 |            | 0 2                   | М     |          | 2    | 5      | Y   | ž         | οòε      | 3 <sup>Y</sup> |
| City<br>ROCKWALL   | StateZip CodeTX75087   |      |                 |            | Amou                  | unt o | f Ea     | ch [ | Disbur | sen | -         |          | Period         |
| Purpose of Disbursement<br>2/27/08 - JG  |  |      | 01 <sup>-</sup> |            | L.                    |       |          |      |        |     | 20        | 0.00     | 0              |
| Candidate Name<br>RALPH MOODY HALL   |  |      | ateg<br>Typ     |            |                       |       |          |      |        |     |           |          |                |
| Senate<br>President  | Primary X General<br>Other (specify) ▼                       |      |                 |            |                       |       |          |      |        |     |           |          |                |
| State: TX District: 04<br>Full Name (Last, First, Middle Initial)                                      |  |      |                 |            |                       |       |          |      |        |     |           |          |                |
| JIM GERLACH FOR CONGRESS COM   | MITTEE   |      |                 |            | Trans<br>Date         | of D  | sbu      | rser | nent   | Y   | Y         | Y        | Y              |
| Mailing Address PO Box 87  |  |      |                 |            | 0 2                   |       |          | 19   | 9      | Ľ   | 2         | οòε      | 3              |
| City<br>Uwchland   | State Zip Code<br>PA 19480                                   |      |                 |            | Amou                  | unt o | f Ea     | ch [ | Disbur | sen | -         | -        | Period         |
| Purpose of Disbursement<br>2008 Contribution   |  |      | 01              | 1          |                       |       |          |      |        |     | 10        | 00.0     | 0              |
| Candidate Name<br>JIM GERLACH  |  |      | ateg<br>Typ     |            |                       |       |          |      |        |     |           |          |                |
| Senate<br>President  | rrsement For: 2008<br>Primary X General<br>Other (specify) ▼ |      |                 |            |                       |       |          |      |        |     |           |          |                |
| State: PA District: 06<br>Full Name (Last, First, Middle Initial)                                      |  |      |                 |            | <b>T</b>              |       |          |      | 74 4 5 |     |           |          |                |
| JONELROD.COM   |  |      |                 |            | Trans<br>Date         | of D  | sbu      | rser | nent   | V   | V         | V        | X              |
| Mailing Address 5329 S EMERSON AV  | /ENUE SUITE C  |      |                 |            | 0 <sup>M</sup> 2      | М     |          | 2    | 5      | Ľ   | Ź         | οòε      | 3 '            |
| City<br>INDIANAPOLIS   | State Zip Code<br>IN 46237                                   |      |                 |            | Amou                  | unt o | f Ea     | ch [ | Disbur | sen | -         | -        | Period         |
| Purpose of Disbursement<br>2/25/08 Event - IN  |  |      | 01 <sup>.</sup> | 1          |                       |       |          |      |        |     | 5         | 600.0    | 0              |
| Candidate Name<br>JONATHAN ROBERT ELROD  |  |      | ateg<br>Typ     | •          |                       |       |          |      |        |     |           |          |                |
| Senate<br>President  | rrsement For: 2008<br>Primary X General<br>Other (specify) ▼ |      |                 |            |                       |       |          |      |        |     |           |          |                |
| State: IN District: 07   |  |      |                 |            |                       |       | -        | -    | -      |     |           |          |                |
| SUBTOTAL of Disbursements This Page (option  | al)  |      |                 | ►          |                       |       |          |      |        |     | 35        | 00.0     | 0              |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                               | FOR LINE                 | -                     |                | PA        | AGE       | 33 / 4   | 40             |
|--|--|--------------------------|-----------------------|----------------|-----------|-----------|----------|----------------|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page      | (check only<br>21b<br>27 | 22 X<br>28a           | 23<br>28b      | 24<br>28c | $\square$ | 25<br>29 | 2              |
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| NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH U  | NDERWRITERS PAC (HUP                                   | PAC)                     |                       |                |           |           |          |                |
| Full Name (Last, First, Middle Initial)<br>KENNY MARCHANT FOR CONGRESS                                       |  |                          | Transact<br>Date of D | isburse        | ment      |           |          |                |
| Mailing Address PO BOX 110187  |  |                          | 02                    | <sup>/</sup> 0 | 3         | ź         | 0 ð 8    | Y<br>}         |
| , , , , , , , , , , , , , , , , , , ,  | State Zip Code<br>TX 75011                             |                          | Amount o              | f Each         | Disburse  | -         |          |                |
| Purpose of Disbursement<br>02/13/08 Event - JG   |  | 011                      |                       |                |           | 10        | 0.00     | 0              |
| Candidate Name<br>KENNY E MR. MARCHANT   |  | Category/<br>Type        |                       |                |           |           |          |                |
| 3 7  | ment For: 2008<br>Primary General<br>Other (specify) ▼ |                          |                       |                |           |           |          |                |
| Full Name (Last, First, Middle Initial)<br>KLINE FOR CONGRESS  |  |                          | Transact<br>Date of D | isburse        | ment      | · · ·     | v        | Y              |
| Mailing Address 101 W Burnsville Pkwy S  | uite 104   |                          | 0 2                   | <sup>D</sup> 0 | Ξ̈́       | Ź         | 0 ð 8    |                |
| , , , , , , , , , , , , , , , , , , ,  | State Zip Code<br>MN 55337                             |                          | Amount o              | f Each         | Disburse  | -         |          |                |
| Purpose of Disbursement<br>02/07/08 Lunch - JG   |  | 011                      |                       |                |           | 10        | 0.00     | 0              |
| Candidate Name<br>JOHN P. KLINE  |  | Category/<br>Type        |                       |                |           |           |          |                |
| Office Sought: X House Disburse<br>Senate President<br>State: MN District: 02                                | ment For: 2008<br>Primary X General<br>Other (specify) |                          |                       |                |           |           |          |                |
| Full Name (Last, First, Middle Initial)<br>LOUIE GOHMERT FOR CONGRESS CON                                    | IMITTEE  |                          | Transact<br>Date of D | isburse        | ment      | ,,        | ~ ~ ~ ~  | V              |
| Mailing Address PO BOX 8060  |  |                          | 02                    | <sup>D</sup> 0 | D / `     | ź         | 0 ð 8    | } <sup>Y</sup> |
| •  | State Zip Code<br>TX 75711                             |                          | Amount o              | f Each         | Disburse  |           |          |                |
| Purpose of Disbursement<br>2008 Contributions  |  | 011                      | <u> </u>              |                |           | 10        | 0.00     | 0              |
| Candidate Name<br>LOUIE GOHMERT  |  | Category/<br>Type        |                       |                |           |           |          |                |
| Senate X<br>President  | ment For: 2008<br>Primary General<br>Other (specify) ▼ |                          |                       |                |           |           |          |                |
| State: TX District: 01   |  |                          |                       |                |           |           |          |                |
|  |  |                          |                       |                |           | _         | 00.00    | -              |

| SCHEDULE B (FEC Form  | Use separa                                     | te schedule(s)               |      | -                  | R LINE<br>eck only |                           | R:    |           |      | I              | PAGI  | E 34     | / 40 | )  |
|---|--|------------------------------|------|--------------------|--------------------|---------------------------|-------|-----------|------|----------------|-------|----------|------|----|
| TEMIZED DISBURSEMEN   | Detailed Su                                    | tegory of the<br>Immary Page |      |                    | 21b<br>27          | 22<br>28a                 | X     | 23<br>28b |      | 24<br>28       |       | 25<br>29 |      | 23 |
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| Full Name (Last, First, Middle Initial)<br>MICHAEL BURGESS FOR CON  | IGRESS   |                              |      |                    |                    | <b>Trans</b><br>Date      | of D  | isbu      | rser | ment           |       |          |      |    |
| Mailing Address PO Box 2334   |  |                              |      |                    |                    | 0 <sup>M</sup> 2          | М     | / [       | 0    | <sup>D</sup> / | Y     | ² o č    | 8    | Y  |
| City<br>Denton  |  | Zip Code<br>76202            |      |                    |                    | Amou                      | int o | fEa       | ch [ | Disbur         | _     |          |      |    |
| Purpose of Disbursement<br>2008 Contribution<br>Candidate Name<br>MICHAEL C DR. BURGESS   |  | [                            | Cat  | D11<br>tego        | ory/               |                           |       |           |      |                |       | 3000     | .00  |    |
| Office Sought: X House<br>Senate<br>President<br>State: TX District: 26   | Disbursement For:<br>X Primary<br>Other (speci | 2008<br>General<br>fy) ▼     | <br> | ype                | <b>;</b>           |                           |       |           |      |                |       |          |      |    |
| Full Name (Last, First, Middle Initial)<br>RE-ELECT MCGOVERN COMM<br>Mailing Address PO Box 60405   |  |                              |      |                    |                    | Trans<br>Date<br>$0^{M}2$ |       | -         | rser | nent           | Y     | ž o č    | 8    | Y  |
| City<br>Worcester   | State  | Zip Code<br>01606            |      |                    |                    | Amou                      | int o | fEa       | ch [ | Disbur         |       | -        |      |    |
| Purpose of Disbursement<br>3/4/08 - JG<br>Candidate Name<br>JIM P MCGOVERN  |  | [                            | Cat  | D11<br>tego<br>ype | ory/               | L.,                       |       |           |      |                |       | 1000     | .00  |    |
| Office Sought: X House<br>Senate<br>President<br>State: MA District: 03   | Disbursement For:<br>Primary<br>Other (speci   | 2008<br>X General<br>fy) ▼   |      |                    |                    |                           |       |           |      |                |       |          |      |    |
| Full Name (Last, First, Middle Initial)<br>REED COMMITTEE   |  |                              |      |                    |                    | Trans<br>Date             | of D  | isbu      | rser | nent           | V     |          |      | N/ |
| Mailing Address PO BOX 8628   |  |                              |      |                    |                    | 0 <sup>M</sup> 2          | М     | /         | 0    | 3              | т<br> | ² o č    | 8    | Ť  |
| City<br>CRANSTON  |  | Zip Code<br>02920            |      |                    |                    | Amou                      | int o | fEa       | ch [ | Disbur         |       |          | -    |    |
| Purpose of Disbursement<br>02/13 Event - JG<br>Candidate Name<br>JOHN F REED  |  | [                            | Cat  | 011<br>tego        | ory/               | L.                        |       |           |      |                |       | 1000     |      |    |
| Office Sought: House<br>X Senate<br>President<br>State: RI District: 00   | Disbursement For:<br>Primary<br>Other (speci   | 2008<br>X General<br>fy) ▼   | 1    | уре                | ;                  |                           |       |           |      |                |       |          |      |    |
| SUBTOTAL of Disbursements This Pag  | 1  |                              |      |                    |                    |                           |       | *         |      |                |       | 000      | ~~   |    |

|   | B (FEC Form 3X) Use separate schedule(s)   |              |                                    |                                 |        |             |                     | NE NUMBER: PAGE 35 / 40 |                  |      |                          |      |           |     |          |                |           |
|---|--|--------------|------------------------------------|---------------------------------|--------|-------------|---------------------|-------------------------|------------------|------|--------------------------|------|-----------|-----|----------|----------------|-----------|
| TEMIZED D   | ISBURSEMEN   | ITS          | for each                           | category of the<br>Summary Page |        |             | песк о<br>21b<br>27 |                         | ne)<br>22<br>28a |      | 23<br>28b                | F    | 24<br>28c | F   | 25<br>29 |                | 26<br>30k |
| r for commercial p                                  | oied from such Reports<br>urposes, other than us<br>/MITTEE (In Full)<br>SSOCIATION OF I | ing the name | and addre                          | ess of any politic              | al com | nmit        | tee to s            |                         |                  |      |                          |      |           |     |          |                |           |
|   | t, First, Middle Initial)<br>JRR COMMITTEE   |              |                                    |                                 |        |             |                     |                         | Date             | of I | tion II                  | seme |           | Y   | YYY      | Y              |           |
| Mailing Address                                     | POST OFFICE  | BOX 5928     | 5                                  |                                 |        |             |                     |                         | 02               |      |                          | 15   |           |     | ² o ò    | 8              |           |
| City<br>WINSTON-S                                   |  |              | state<br>NC                        | Zip Code<br>27113               |        |             |                     |                         | Amou             | unt  | of Eac                   | h Di | sburse    | _   |          | -              | od        |
| Purpose of Disk<br>3/11/08 Event (<br>Candidate Nam | JG)  |              |                                    |                                 |        | 01          | 1<br>gory/          |                         | L.               |      |                          |      | • •       |     | 1000.    | .00            |           |
| RICHARD M   | BURR   | Distance     |                                    | 0000                            |        | Тур         |                     |                         |                  |      |                          |      |           |     |          |                |           |
| Office Sought:<br>State: NC                         | House<br>X Senate<br>President<br>District: 00   |              | nent For:<br>Primary<br>Other (spe | 2008<br>X General<br>ecify) ▼   |        |             |                     |                         |                  |      |                          |      |           |     |          |                |           |
| •   | t, First, Middle Initial)<br>R CONGRESS  |              |                                    |                                 |        |             |                     |                         | Date             | of I | <b>tion II</b><br>Disbur | seme |           |     |          |                |           |
| Mailing Address                                     | PO Box 581   |              |                                    |                                 |        |             |                     |                         | <sup>™</sup> 2   | м    | / D                      | 01   |           | Y   | ² o ò    | 8 <sup>°</sup> |           |
| City<br>Brighton                                    |  |              | itate<br>//I                       | Zip Code<br>48116               |        |             |                     |                         | Amou             | unt  | of Eac                   | h Di | sburse    | _   |          | -              | od        |
| Purpose of Disk<br>2008 Contributi                  |  |              |                                    |                                 |        | 01          | 1                   |                         | L.               |      |                          |      |           |     | 2000.    | .00            |           |
| Candidate Nam<br>MICHAEL J F                        |  |              |                                    |                                 |        | ateç<br>Typ | gory/<br>be         |                         |                  |      |                          |      |           |     |          |                |           |
| Office Sought:<br>State: MI                         | X House<br>Senate<br>President<br>District: 08   |              | nent For:<br>Primary<br>Other (spe | 2008<br>General<br>ecify) ▼     |        |             |                     |                         |                  |      |                          |      |           |     |          |                |           |
|   | t, First, Middle Initial)<br>KY FOR CONGRE   | SS           |                                    |                                 |        |             |                     |                         |                  |      | <b>tion II</b><br>Disbur | seme |           |     |          |                |           |
| Mailing Address                                     | P.O. BOX 513   | 0            |                                    |                                 |        |             |                     |                         | <sup>™</sup> 2   | М    | / D                      | 25   | /         | Y   | ²٥ŏ      | 8 <sup>×</sup> |           |
| City<br>EVANSTON                                    |  |              | itate<br>L                         | Zip Code<br>60204               |        |             |                     |                         | Amou             | unt  | of Eac                   | h Di | sburse    | eme | ent this | s Peri         | od        |
| Purpose of Dist<br>2/26/08 Event -                  |  |              |                                    |                                 |        | 01          | 1                   |                         | L.               |      |                          |      |           |     | 1000.    | .00            |           |
| Candidate Nam<br>JANICE D SC                        | e<br>CHAKOWSKY   |              |                                    |                                 | Ca     | -           | gory/               |                         |                  |      |                          |      |           |     |          |                |           |
| Office Sought:<br>State: IL                         | X House<br>Senate<br>President<br>District: 09   |              | nent For:<br>Primary<br>Other (spe | 2008<br>X General<br>ecify) ▼   |        |             |                     |                         |                  |      |                          |      |           |     |          |                |           |
| SUBTOTAL of Di                                      | sbursements This Pag   | e (optional) |                                    |                                 |        |             | ►                   |                         |                  |      |                          |      |           | 4   | 1000.    | 00             |           |

|  | Use separate schedule(                                    |  |                 |           | NE NUMBER: PAGE 36 / pnly one) |        |           |     |           | 36 / 4 | 40       |                |
|--|---|--|-----------------|-----------|--------------------------------|--------|-----------|-----|-----------|--------|----------|----------------|
| TEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page         |  |                 | 21b<br>27 | 22<br>28a                      | X      | 23<br>28b |     | 24<br>28c |        | 25<br>29 |                |
| ny Information copied from such Reports and State<br>for commercial purposes, other than using the nan |   |  |                 |           |                                |        |           |     |           |        |          | 5              |
| NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH  |   |  |                 |           |                                |        |           |     |           |        |          |                |
| Full Name (Last, First, Middle Initial)<br>TEAM EMERSON FOR JO ANN EMERS                               | DN  |  |                 |           | <b>Trans</b><br>Date           |        | sburs     | sem | ent       |        |          |                |
| Mailing Address PO BOX 822   |   |  |                 |           | 0 <sup>M</sup> 2               | M      | / D       | 25  |           | ź      | 0 ð 8    | 3 <sup>×</sup> |
| City<br>CAPE GIRARDEAU   | StateZip CodeMO63702                                      |  |                 |           | Amou                           | int of | f Eacl    | h D | isburse   | Ū      |          |                |
| Purpose of Disbursement<br>2/25/08 Event - JG  |   |  | 01              |           | L.                             |        |           |     |           | 10     | 0.00     | 0              |
| Candidate Name<br>JOANN EMERSON  |   |  | ateg<br>Typ     |           |                                |        |           |     |           |        |          |                |
| Office Sought: X House Disburs<br>Senate President<br>State: MO District: 08                           | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |  |                 |           |                                |        |           |     |           |        |          |                |
| Full Name (Last, First, Middle Initial)<br>THELMA DRAKE FOR CONGRESS                                   |   |  |                 |           | <b>Trans</b><br>Date           | of Di  | sburs     | sem | ent       |        |          |                |
| Mailing Address P.O. Box 61480   |   |  |                 |           | <sup>™</sup> 2                 | М      |           | 20  |           | ź      | 0 Å 8    | 3 <sup>°</sup> |
| City<br>Virginia Beach   | StateZip CodeVA23466                                      |  |                 |           | Amou                           | int of | fEach     | h D | isburse   | U      |          |                |
| Purpose of Disbursement<br>2/25/08 Event - S. Grim   |   |  | 01 <sup>-</sup> |           |                                |        |           |     |           |        | 500.0    | 0              |
| Candidate Name<br>THELMA D. DRAKE  |   |  | ateg<br>Typ     |           |                                |        |           |     |           |        |          |                |
| Office Sought: X House Disburs<br>Senate President<br>State: VA District: 02                           | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |  |                 |           |                                |        |           |     |           |        |          |                |
| Full Name (Last, First, Middle Initial)<br>TIM MURPHY FOR CONGRESS                                     |   |  |                 |           | <b>Trans</b><br>Date           |        |           |     | -         |        |          |                |
| Mailing Address PO Box 24551   |   |  |                 |           | 0 <sup>M</sup> 2               | M      | / D       | 01  |           | Ź      | 0 ò 8    | 3 <sup>×</sup> |
| City<br>Pttsburgh  | StateZip CodePA15234                                      |  |                 |           | Amou                           | int o  | fEach     | h D | isburse   | Ū.     |          |                |
| Purpose of Disbursement<br>2/15/08 Luncheon - JG   |   |  | 01              | 1         |                                |        |           |     |           | 20     | 0.00     | 0              |
| Candidate Name<br>TIM MURPHY   |   |  | ateg<br>Typ     |           |                                |        |           |     |           |        |          |                |
| Office Sought: X House Disburs<br>Senate President<br>State: PA District: 18                           | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |  |                 |           |                                |        |           |     |           |        |          |                |
|  |   |  |                 |           |                                |        |           |     |           |        |          |                |
| SUBTOTAL of Disbursements This Page (optional)   |   |  |                 | ►         |                                |        |           |     |           | 35     | 00.0     | 0              |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                                  |          |             |           | NE NUMBER: PAGE 37 / 40<br>only one) |       |      |                |                  |           |       |          |                |
|--|---|----------|-------------|-----------|--------------------------------------|-------|------|----------------|------------------|-----------|-------|----------|----------------|
| TEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page         |          |             | 21b<br>27 | 22<br>28a                            | X     |      | 8b             |                  | 24<br>28c |       | 25<br>29 |                |
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| NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH I  | JNDERWRITERS PAC (H                                       | IUP/     | AC)         |           |                                      |       |      |                |                  |           |       |          |                |
| Full Name (Last, First, Middle Initial)<br>VAN HOLLEN FOR CONGRESS   |   |          |             |           | <b>Tran</b><br>Date                  | of D  | isb  | ourse          | eme              | ent       |       |          |                |
| Mailing Address 10537 St. Paul Street  |   |          |             |           | 0 2                                  | М     | /    | <sup>D</sup> 1 | <sup>D</sup> 2   |           | Ż     | 0 Ò      | B <sup>Y</sup> |
| City<br>Kensington   | StateZip CodeMD20895                                      |          |             |           | Amou                                 | unt o | of E | ach            | Di               | sburse    | -     |          |                |
| Purpose of Disbursement<br>2008 Contribution   |   |          | )11         |           | L.                                   |       |      |                |                  |           | 1     | 000.0    | 00             |
| Candidate Name<br>CHRIS VAN HOLLEN   |   |          | iego<br>ype |           |                                      |       |      |                |                  |           |       |          |                |
| Office Sought: X House Disburs<br>Senate President<br>State: MD District: 08                                 | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |          |             |           |                                      |       |      |                |                  |           |       |          |                |
| Full Name (Last, First, Middle Initial)<br>VOLUNTEERS FOR SHIMKUS  |   |          |             |           | Trans<br>Date                        |       | -    | ourse          | eme              | ent       | ( )   |          | Y              |
| Mailing Address PO Box 5458  |   |          |             |           | 0 <sup>™</sup> 2                     | IVI   | '    | 0              | ) <mark>1</mark> |           | 2     | 0 ò      | 8              |
| City<br>Springfield  | State Zip Code<br>IL 62705                                |          |             |           | Amou                                 | unt o | of E | ach            | Di               | sburse    |       |          | 0 0            |
| Purpose of Disbursement<br>2008 Contributions  |   | 011      | 1           |           |                                      |       |      |                |                  | 2         | 000.0 | 00       |                |
| Candidate Name<br>JOHN M SHIMKUS   |   | Cat<br>T | iego<br>ype |           |                                      |       |      |                |                  |           |       |          |                |
| Office Sought: X House Disburs<br>Senate President<br>State: IL District: 19                                 | ement For: 2008<br>Primary X General<br>Other (specify) ▼ |          |             |           |                                      |       |      |                |                  |           |       |          |                |
| Full Name (Last, First, Middle Initial)<br>WALSH FOR CONGRESS COMMITTEE                                      |   |          |             |           | <b>Tran</b> s<br>Date                |       |      | ourse          | eme              | ent       |       |          |                |
| Mailing Address 4969 HORIZON TERRA   | CE  |          |             |           | 0 2                                  | М     | /    | <sup>D</sup> 0 | 7                |           | ź     | 0 ò      | BY             |
| City<br>SYRACUSE   | State Zip Code<br>NY 13215                                |          |             |           | Amou                                 | unt o | of E | ach            | Di               | sburse    | mer   | t this   | Perio          |
| Purpose of Disbursement<br>Voided check  |   | C        | )10         |           | L.                                   |       |      |                |                  |           | -1    | 000.0    | 00             |
| Candidate Name<br>JAMES T WALSH  |   |          | iego<br>ype | -         |                                      |       |      |                |                  |           |       |          |                |
| Senate X<br>President  | ement For: 2008<br>Primary General<br>Other (specify) ▼   |          |             |           |                                      |       |      |                |                  |           |       |          |                |
| State: NY District: 25   |   |          |             |           |                                      |       |      |                |                  |           |       |          |                |
| SUBTOTAL of Disbursements This Page (optional)   |   |          |             |           |                                      |       |      |                |                  |           | ~     | 0.00     | 0              |

|    | SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS  | Use separate schedule(s<br>for each category of the<br>Detailed Summary Page | ) (check onl<br>21b<br>27 | 22         X         23         24         25         26           28a         28b         28c         29         30b |
|----|---|--|---------------------------|---|
|    | Any Information copied from such Reports and Stat<br>or for commercial purposes, other than using the na<br>NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEALTH | ame and address of any politica  | al committee to so        |   |
| Α. | Full Name (Last, First, Middle Initial)<br>WICKER FOR SENATE<br>Mailing Address PO BOX 233  |  |                           | Transaction ID: 7137<br>Date of Disbursement<br>$02^{M}$ / $25^{D}$ / $2008^{Y}$                                      |
|    | City<br>TUPELO<br>Purpose of Disbursement<br>2/29/08 Local Event<br>Candidate Name<br>ROGER F WICKER  | State Zip Code<br>MS 38802   | 011<br>Category/<br>Type  | Amount of Each Disbursement this Period   |
|    | Office Sought: House Disbu<br>X Senate President<br>State: MS District: 00  | rsement For: 2008<br>Primary X General<br>Other (specify) ▼                  | .,160                     |   |

|   | SUBTOTAL of Disbursements This Page (optional)      | <b>•</b> | 1000.00                                     |
|---|---|----------|---|
|   | TOTAL This Period (last page this line number only) | ►        | 35000.00                                    |
| i | FE6AN026  |          | FEC Schedule B ( Form 3X) (Revised 02/2003) |

|    | SCHEDULE B (FEC Form 3X)<br>ITEMIZED DISBURSEMENTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only<br>21b       | NUMBER:         PAGE 39 / 40           / one)         22         23         24         25         26           X 28a         28b         28c         29         30b |
|----|---|---|--------------------------|---|
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| 4. | Full Name (Last, First, Middle Initial)<br>Robert D. Johnson<br>Mailing Address 2684 Heywood Ln   |   |                          | Transaction ID: 7240<br>Date of Disbursement<br>$02^{M}$ / $07^{D}$ / $2008^{Y}$  |
|    | )   | State Zip Code<br>VA 23072  | 010<br>Category/<br>Type | Amount of Each Disbursement this Period 220.00  |
| _  | Office Sought: House Disburse<br>Senate President<br>State: District:   | ment For:<br>Primary General<br>Other (specify) ▼                             |                          |   |

|   | SUBTOTAL of Disbursements This Page (optional)      | • | 220.00                                      |
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|   | TOTAL This Period (last page this line number only) | ► | 220.00                                      |
| i | FE6AN026  |   | FEC Schedule B ( Form 3X) (Revised 02/2003) |

| S  | CHEDULE B (FEC Form  | 3X)                          |                              |   | NUMBER: PAGE 40/40   |
|----|--|------------------------------|------------------------------|---|--|
|    | •  | - Use sep                    | parate schedule(s)           | (check only   |  |
| 1  | TEMIZED DISBURSEMEN  | IS for each                  | category of the Summary Page | 21b   | 22 23 24 25 26   |
|    |  | Dotanoe                      | l Gammary F ago              | 27  | 28a 28b 28c X 29 30b   |
| A  | any Information copied from such Reports                                 | and Statements may           | not be sold or used          | d by any person f   | or the purpose of soliciting contributions   |
| 0  | r for commercial purposes, other than usin                               | ng the name and addr         | ess of any political         | l committee to so   | licit contributions from such committee  |
|    | NAME OF COMMITTEE (In Full)  |                              |                              |   |  |
|    | NATIONAL ASSOCIATION OF H  | IEALTH UNDERW                | RITERS PAC (I                | HUPAC)  |  |
| Z  | Full Name (Lest First Middle Initial)                                    |                              |                              |   |  |
| Α. | Full Name (Last, First, Middle Initial)<br>Democratic Leadership Council |                              |                              |   | Transaction ID: 7246   |
|    | Democratic Leadership Council  |                              |                              |   | Date of Disbursement   |
|    | Mailing Address 600 Pennsylvar   | nia Ave., SE                 |                              | $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix} $ |  |
|    | City   | State                        | Zip Code                     |   | Amount of Each Disbursement this Period  |
|    | Washington   | DC                           | 20003                        |   |  |
|    | Purpose of Disbursement  |                              |                              |   | 5000.00  |
|    | Contribution   |                              |                              | 012   |  |
|    | Candidate Name   |                              |                              | Category/   |  |
|    |  |                              |                              | Туре  |  |
|    | Office Sought: House   | Disbursement For:            |                              |   |  |
|    | Senate<br>President  | Primary<br>Other (sp         | General                      |   |  |
|    | State: District:   | Other (sp                    | ecity) 🔻                     |   |  |
|    | Full Name (Last, First, Middle Initial)                                  |                              |                              |   |  |
| В. | Democratic Leadership Council  |                              |                              |   | Transaction ID: 6863<br>Date of Disbursement   |
|    |  |                              |                              |   |  |
|    | Mailing Address 600 Pennsylvar   | nia Ave., SE                 |                              |   | $ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} $ $ \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $ |
|    | City   | State                        | Zip Code                     |   | Amount of Each Disbursement this Period  |
|    | Washington   | DC                           | 20003                        |   |  |
|    | Purpose of Disbursement  |                              |                              |   | 1000.00  |
|    | 2008 Membership (John Greene)  |                              |                              | 012   |  |
|    | Candidate Name   |                              |                              | Category/   |  |
|    |  | Diahuma carrat E             |                              | Туре  |  |
|    | Office Sought: House Senate  | Disbursement For:<br>Primary | General                      |   |  |
|    | President  | Other (sp                    |                              |   |  |
|    | State: District:   |                              | <b>∀</b>                     |   |  |

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

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