

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2008 through 02 29 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jennifer Murphy
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 03 19 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		51869.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	54957.14									
(c) Total Receipts (from Line 19)	55062.53	82292.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	110019.67	134161.20								
7. Total Disbursements (from Line 31)	36693.33	60834.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73326.34	73326.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35870.00	42635.00
(i) Itemized (use Schedule A)	19176.18	39639.19
(ii) Unitemized	55046.18	82274.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55046.18	82274.19
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16.35	17.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55062.53	82292.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55062.53	82292.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	473.33	1134.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	473.33	1134.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	57500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	220.00	1200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	220.00	1200.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36693.33	60834.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36693.33	60834.86

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	55046.18	82274.19
34. Total Contribution Refunds (from Line 28(d))	220.00	1200.00
35. Net Contributions (other than loans) (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 (subtract Line 37 from Line 36)	473.33	1134.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St # 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Lubbock	TX	79424-3690
	FEC ID number of contributing federal political committee. C		Transaction ID: 7226-P6337
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	<input type="text"/> 100.00
			Payroll Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt
	Mailing Address 1330 Parkside Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Berkeley Springs	WV	25411-6386
	FEC ID number of contributing federal political committee. C		Transaction ID: 7199-P5760
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 120.00
			Payroll Deduction (\$120.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Tonya D. Draughon		Date of Receipt
	Mailing Address 19252 SW 3rd Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Pembroke Pines	FL	33029-5416
	FEC ID number of contributing federal political committee. C		Transaction ID: 7055
Name of Employer Renaissance Life & Health Ins. Co.		Occupation Market Development Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City Harahan State LA Zip Code 70123-5230

FEC ID number of contributing federal political committee. C

Name of Employer: Ebersole & Associates, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 02 / 29 / 2008
Transaction ID: 7199-P5576

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Marcia A. Fender

Mailing Address 36417 E 121st St S

City Coweta State OK Zip Code 74429-3780

FEC ID number of contributing federal political committee. C

Name of Employer: Rogers Benefit Group
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2008
Transaction ID: 7045

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City Albuquerque State NM Zip Code 87120-3492

FEC ID number of contributing federal political committee. C

Name of Employer: CBA
Occupation: Mgr., Sales/Retention Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 7070

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald W. Goldmann

Mailing Address 6615 E Kings Crown Rd

City State Zip Code
Orange CA 92869-4385

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

Name of Employer Occupation
Word & Brown VP of National Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 7073

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Arnolds Andra Grava

Mailing Address 1008 Ashby Dr

City State Zip Code
Allen TX 75002-4790

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

Name of Employer Occupation
Union Central-Dallas Agency Agent

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

Date of Receipt

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

Transaction ID: 7113

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Erica H. Grimm

Mailing Address 64 Elk Drive

City State Zip Code
Blakeslee PA 18610-

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

Name of Employer Occupation
Emerson, Reid & Company Director/Broker Relations

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

Date of Receipt

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

Transaction ID: 7112

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

1730.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Cristy Russell Gupton		Date of Receipt
	Mailing Address 2138 Goodman Lake Rd		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Morganton	NC	28655-7075
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7199-P5667
Name of Employer Colonial Supplemental Insurance		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Christopher S. Harrison		Date of Receipt
	Mailing Address 415 Thorncliff Dr		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fayetteville	NC	28303-5221
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7199-P5574
Name of Employer Ebenconcepts Company		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="820.00"/>	<input type="text" value="410.00"/>
			Payroll Deduction (\$410.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Thomas M. Harte		Date of Receipt
	Mailing Address 11 Hills Faron Rd.		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chester	NH	03036
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7111
Name of Employer Landmark Benefits, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1495.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Myrna S. Harvey
Mailing Address 3 Lawson Ln
City Asheville State NC Zip Code 28806-9687
FEC ID number of contributing federal political committee. **C**
Name of Employer Crescent Preferred Provider Organization Occupation Chief Operating Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 365.00
Date of Receipt 02 / 13 / 2008
Transaction ID: 7124
Amount of Each Receipt this Period 335.00

B. Full Name (Last, First, Middle Initial)
Carol T Hayes
Mailing Address 2330 Barrett Cottage Pl
City Marietta State GA Zip Code 30066-4993
FEC ID number of contributing federal political committee. **C**
Name of Employer Purchasing Alliance Solutions, Inc. Occupation VP - Brokerage Services
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 7075
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Judith A Hayes
Mailing Address 1802 W Crescent Dr
City Odessa State TX Zip Code 79761-1566
FEC ID number of contributing federal political committee. **C**
Name of Employer Hayes Insurance Services Occupation Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 365.00
Date of Receipt 02 / 05 / 2008
Transaction ID: 7036
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 40
(check only one)

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

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

A.

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

Mailing Address 13624 Parker Cir

City State Zip Code
Omaha NE 68154-3829

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

Name of Employer Occupation
Art Jetter & Company FLMI, LTCP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 7047

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Donald M Jones

Mailing Address 720 W Loop Dr

City State Zip Code
Camarillo CA 93010-1262

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

Name of Employer Occupation
Hogan Insurance Services, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 7109

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 11 Hollyhock Way

City State Zip Code
Newton NJ 07860-5370

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

Name of Employer Occupation
NJ Small Business Development New Business Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 7108

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **6365.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

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

Mailing Address 11 Hollyhock Way

City State Zip Code
Newton NJ 07860-5370

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

Name of Employer Occupation
NJ Small Business Development New Business Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 730.00

Date of Receipt

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

Transaction ID: 7127

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Alan S Katz

Mailing Address 8033 W Sunset Blvd # 982

City State Zip Code
Los Angeles CA 90046-2401

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

Name of Employer Occupation
Insurance Neighborhood President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 7046

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Laurie A. Kohls

Mailing Address 1335 Columbus Ave

City State Zip Code
Sheboygan WI 53083-3930

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

Name of Employer Occupation
Vision Insurance Plan of America Sales Representative

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

Date of Receipt

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

Transaction ID: 7097

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1730.00**

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

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Eric Kohlsdorf		Date of Receipt	
	Mailing Address 3703 SW 28th Pl		M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 7117
	Des Moines	IA	50321-2030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
Name of Employer BSP Group		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		365.00		

B.	Full Name (Last, First, Middle Initial) Brad Kuhnhausen		Date of Receipt	
	Mailing Address 8418 Fayeway Dr		M M / D D / Y Y Y Y Y 0 2 / 1 2 / 2 0 0 8	
	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 AIM Administration, Inc.		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		365.00		

C.	Full Name (Last, First, Middle Initial) Scott A. Leavitt		Date of Receipt	
	Mailing Address 12988 W Paint Dr		M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 7054
	Boise	ID	83713-1947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		410.00	
Name of Employer Scott Leavitt Insurance & Financial S		Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		550.00		

SUBTOTAL of Receipts This Page (optional)	▶	1140.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Scott A. Leavitt
 Mailing Address 12988 W Paint Dr
 City State Zip Code
Boise ID 83713-1947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Leavitt Insurance & Financial S Occupation Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00
 Date of Receipt 02 / 29 / 2008
Transaction ID: 7226-P6252
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Pamela Ann Legge
 Mailing Address 4164 S Tropico Dr
 City State Zip Code
La Mesa CA 91941-6808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Burnham Insurance Se- rvices Occupation Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
 Date of Receipt 02 / 12 / 2008
Transaction ID: 7095
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Brian W. Liechty
 Mailing Address 120 E Washington St
 City State Zip Code
Plymouth IN 46563-1744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KL Benefits Occupation Benefits Spec
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
 Date of Receipt 02 / 29 / 2008
Transaction ID: 7199-P5798
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 480.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Terrence A Linton

Mailing Address 323 10th St NW

City State Zip Code
Albuquerque NM 87102-1901

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

Name of Employer Occupation
Linton & Associates Agent

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

Date of Receipt

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

Transaction ID: 7096

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 8

Transaction ID: 7151

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 7199-P5803

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

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

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

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

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

A. Full Name (Last, First, Middle Initial)
 Kelly A. Madison
 Mailing Address 5043 Umatilla Ave
 City State Zip Code
 Boise ID 83709-6146
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 8
Transaction ID: 7044
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Benefits Occupation agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Jim Malone
 Mailing Address 124 Main Ave N
 City State Zip Code
 Fayetteville TN 37334-3056
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 8
Transaction ID: 7071
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Malone Insurance Service Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

C. Full Name (Last, First, Middle Initial)
 Donald Marx
 Mailing Address 9083 Laurel Ridge Dr
 City State Zip Code
 Mount Dora FL 32757-9108
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 8
Transaction ID: 7092
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXA Advisors Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**
TOTAL This Period (last page this line number only) ►

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Mary Mengason
Mailing Address 26910 Shetland Ct
City Salisbury State MD Zip Code 21801-2331
FEC ID number of contributing federal political committee. **C**
Name of Employer Avery Hall Life Insurance Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 635.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 7093
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
John R. Milam
Mailing Address 426 Heathermoor Dr
City Knoxville State TN Zip Code 37934-2559
FEC ID number of contributing federal political committee. **C**
Name of Employer Willis of Tennessee, Inc. Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 13 / 2008
Transaction ID: 7119
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Bradley V. Miles
Mailing Address 11417 E 44th Ave
City Spokane Valley State WA Zip Code 99206-9403
FEC ID number of contributing federal political committee. **C**
Name of Employer Brad Miles Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 29 / 2008
Transaction ID: 7199-P5557
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 895.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Wesley P. Moore

Mailing Address PO Box 604

City State Zip Code
Darlington SC 29540-0604

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

Name of Employer Occupation
W P Moore Agency Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 7226-P6399

Amount of Each Receipt this Period

110.00

Payroll Deduction

(\$110.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John J. Nelson

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 7118

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City State Zip Code
West Des Moines IA 50265-3625

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 7199-P5638

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

5460.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathy M. Rainwater		Date of Receipt
	Mailing Address 3809 Silverwood Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Tyler	TX	75701-9336
	FEC ID number of contributing federal political committee. C		Transaction ID: 7066
Name of Employer Threlkeld & Company Insurance		Occupation Executive Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Jon C Rauser		Date of Receipt
	Mailing Address 949 Lamplighter Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Grafton	WI	53024-9314
	FEC ID number of contributing federal political committee. C		Transaction ID: 7199-P5875
Name of Employer The Rauser Agency, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 170.00
			Payroll Deduction (\$170.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Sima B. Reid		Date of Receipt
	Mailing Address 3765 Rose Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Long Beach	CA	90807-4332
	FEC ID number of contributing federal political committee. C		Transaction ID: 7091
Name of Employer Twenty Twenty Insurance Services		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 365.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1535.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 20 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alexander G. Reynolds
Mailing Address 1770 Independence Ct Ste 120
City Birmingham State AL Zip Code 35216-1260
FEC ID number of contributing federal political committee. **C**
Name of Employer AG Reynolds and Co. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 7089
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
John M. Rice
Mailing Address 1401 S Westward Ho Pl
City Sioux Falls State SD Zip Code 57105-0155
FEC ID number of contributing federal political committee. **C**
Name of Employer Rice Insurance Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 7116
Amount of Each Receipt this Period 4800.00

C. Full Name (Last, First, Middle Initial)
Joseph K. Roberts
Mailing Address 4000 S 36th St
City Lincoln State NE Zip Code 68506-4809
FEC ID number of contributing federal political committee. **C**
Name of Employer Midlands Financial Benefits Occupation Registered Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 29 / 2008
Transaction ID: 7226-P6351
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 5265.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 40
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Richard C. Scarboro

Mailing Address PO Box 3045

City Asheville State NC Zip Code 28802-3045

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

Name of Employer Blue Ridge Benefit Solutions, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 12 / 2008

Transaction ID: 7079

Amount of Each Receipt this Period 365.00

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

Mailing Address 380 Luzelle Dr

City Winston Salem State NC Zip Code 27103-6470

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

Name of Employer The Rainmakers Group, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 02 / 12 / 2008

Transaction ID: 7087

Amount of Each Receipt this Period 100.00

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

Mailing Address 380 Luzelle Dr

City Winston Salem State NC Zip Code 27103-6470

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

Name of Employer The Rainmakers Group, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 7199-P5652

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 40
(check only one)

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

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

A.

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

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: 7069
Amount of Each Receipt this Period: 265.00

B.

Full Name (Last, First, Middle Initial)
David M. Slade

Mailing Address 430 Woodland Way

City State Zip Code
Greenville SC 29607-1753

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

Name of Employer: Rosenfeld Einstein & Associates
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: 7088
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Myron D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code
Los Angeles CA 90046-3284

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

Name of Employer: GENESIS/Smith-Benton
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1130.00

Date of Receipt: 02 / 28 / 2008
Transaction ID: 7150
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1630.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 40
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Myron D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code
Los Angeles CA 90046-3284

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

Name of Employer Occupation
GENESIS/Smith-Benton President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: 7199-P5558

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address 169 Hawthorne Dr

City State Zip Code
Kensington CT 06037-4074

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

Name of Employer Occupation
AmeriBen Alliance, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: 7199-P5655

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
James R Stenger

Mailing Address 77 Ridgeview Ln

City State Zip Code
Mount Arlington NJ 07856-2321

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

Name of Employer Occupation
NAS Financial Services Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: 7199-P5598

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rodney Stuart

Mailing Address 9755 Randall Dr

City State Zip Code
Indianapolis IN 46280-2944

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

Name of Employer Occupation
Benefit Innovations LLP Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 7226-P6436

Amount of Each Receipt this Period
135.00

Payroll Deduction
(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mike S. Summerfield

Mailing Address 1114 Cherokee Rd

City State Zip Code
Louisville KY 40204-1202

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

Name of Employer Occupation
Altman Insurance Services Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 7086

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
James F. Summers

Mailing Address 15316 Pine St

City State Zip Code
Omaha NE 68144-5117

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

Name of Employer Occupation
Senior Market Sales, Inc. Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 7226-P6270

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marsha Tellesbo-Kembel		Date of Receipt
	Mailing Address 22887 NE 127th Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Redmond	WA	98053-5657
	FEC ID number of contributing federal political committee. C		Transaction ID: 7085
Name of Employer Tellesbo & Company		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Harry P. Thal		Date of Receipt
	Mailing Address PO Box 2137		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Kernville	CA	93238-2137
	FEC ID number of contributing federal political committee. C		Transaction ID: 7146
Name of Employer Harry P. Thal Insurance Agency		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

C.	Full Name (Last, First, Middle Initial) Mark R. Viehmann		Date of Receipt
	Mailing Address 2616 Dawson Ridge Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 4 / 2 0 0 8
	City	State	Zip Code
	La Grange	KY	40031-8228
	FEC ID number of contributing federal political committee. C		Transaction ID: 7126
Name of Employer BB&T Old Colony Insurance		Occupation Employee Benefits Area Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1730.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 40	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Paula L Wilson		Date of Receipt																					
	Mailing Address 31930 Daniel Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	9		2	0	0	8														
	City	State	Zip Code		Transaction ID: 7226-P6484																			
	Temecula	CA	92591-2129																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Paula Wilson, Inc.		Occupation Agent		<input type="text" value="30.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>		Payroll Deduction (\$30.00 Monthly)																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="35870.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 7242 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="136.51"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 7244 Date of Disbursement
	Mailing Address 7810 Old Branch Avenue	<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees	<input type="text" value="55.60"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 7245 Date of Disbursement
	Mailing Address 7810 Old Branch Avenue	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees	<input type="text" value="16.19"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="208.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: 7241 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Fees	<input type="text" value="172.17"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7243 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="92.86"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 40

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

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

<p>A. Full Name (Last, First, Middle Initial) ANDREWS FOR CONGRESS COMMITTEE</p> <p>Mailing Address 215 Fourth Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement 2/27 Fundraiser - JG</p> <p>Candidate Name ROBERT E ANDREWS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 01</p>	<p>Transaction ID: 7018</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS</p> <p>Mailing Address PO BOX 25950</p> <p>City WOODBURY State MN Zip Code 55125</p> <p>Purpose of Disbursement 2/26/08 - JG</p> <p>Candidate Name MICHELE M BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 06</p>	<p>Transaction ID: 7136</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement 03/05/08 Event - JG & PS</p> <p>Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District: 00</p>	<p>Transaction ID: 7027</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER</p> <p>Mailing Address 7908-I2 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2/27/08 - JG</p> <p>Candidate Name JOHN A BOEHNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7141</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER</p> <p>Mailing Address 7908-I2 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2/27/08 - JG</p> <p>Candidate Name JOHN A BOEHNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7140</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement 2/28/08 - JG</p> <p>Candidate Name SAMUEL R HON. JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7143</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GARD FOR CONGRESS</p> <p>Mailing Address PO BOX 277</p> <p>City GREEN BAY State WI Zip Code 54305</p> <p>Purpose of Disbursement 3/5/08 Event (JG)</p> <p>Candidate Name JOHN G GARD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7128 Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 02/22/2008 Event</p> <p>Candidate Name PHILLIP J. GINGREY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7130 Date of Disbursement 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS</p> <p>Mailing Address 2345 Grand Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement 2/26 Luncheon - JG</p> <p>Candidate Name SAMUEL B GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7019 Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement 2/27/08 - JG

Candidate Name RALPH MOODY HALL

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 04

Transaction ID: 7142
Date of Disbursement
02 / 25 / 2008

Amount of Each Disbursement this Period
2000.00

B. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement 2008 Contribution

Candidate Name JIM GERLACH

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: PA District: 06

Transaction ID: 7131
Date of Disbursement
02 / 19 / 2008

Amount of Each Disbursement this Period
1000.00

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

Mailing Address 5329 S EMERSON AVENUE SUITE C

City INDIANAPOLIS State IN Zip Code 46237

Purpose of Disbursement 2/25/08 Event - IN

Candidate Name JONATHAN ROBERT ELROD

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IN District: 07

Transaction ID: 7145
Date of Disbursement
02 / 25 / 2008

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
KENNY MARCHANT FOR CONGRESS

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
02/13/08 Event - JG

Candidate Name
KENNY E MR. MARCHANT

Office Sought: House
 Senate
 President

State: TX District: 24

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7026

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

B. Full Name (Last, First, Middle Initial)
KLINE FOR CONGRESS

Mailing Address 101 W Burnsville Pkwy Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
02/07/08 Lunch - JG

Candidate Name
JOHN P. KLINE

Office Sought: House
 Senate
 President

State: MN District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

C. Full Name (Last, First, Middle Initial)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8060

City TYLER State TX Zip Code 75711

Purpose of Disbursement
2008 Contributions

Candidate Name
LOUIE GOHMERT

Office Sought: House
 Senate
 President

State: TX District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7023

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

2008 Contribution

Candidate Name
MICHAEL C DR. BURGESS

Office Sought: House
 Senate
 President

State: TX District: 26

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7021

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement

3/4/08 - JG

Candidate Name
JIM P MCGOVERN

Office Sought: House
 Senate
 President

State: MA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7144

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement

02/13 Event - JG

Candidate Name
JOHN F REED

Office Sought: House
 Senate
 President

State: RI District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 7025

Date of Disbursement

02 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	Transaction ID: 7129 Date of Disbursement 02 / 15 / 2008
	Mailing Address POST OFFICE BOX 5928	Amount of Each Disbursement this Period 1000.00
	City WINSTON-SALEM State NC Zip Code 27113	
	Purpose of Disbursement 3/11/08 Event (JG)	011 Category/Type
	Candidate Name RICHARD M BURR	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: 7022 Date of Disbursement 02 / 01 / 2008
	Mailing Address PO Box 581	Amount of Each Disbursement this Period 2000.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement 2008 Contributions	011 Category/Type
	Candidate Name MICHAEL J ROGERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS	Transaction ID: 7139 Date of Disbursement 02 / 25 / 2008
	Mailing Address P.O. BOX 5130	Amount of Each Disbursement this Period 1000.00
	City EVANSTON State IL Zip Code 60204	
	Purpose of Disbursement 2/26/08 Event - JG	011 Category/Type
	Candidate Name JANICE D SCHAKOWSKY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON</p> <p>Mailing Address PO BOX 822</p> <p>City CAPE GIRARDEAU State MO Zip Code 63702</p> <p>Purpose of Disbursement 2/25/08 Event - JG</p> <p>Candidate Name JOANN EMERSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7138 Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) THELMA DRAKE FOR CONGRESS</p> <p>Mailing Address P.O. Box 61480</p> <p>City Virginia Beach State VA Zip Code 23466</p> <p>Purpose of Disbursement 2/25/08 Event - S. Grim</p> <p>Candidate Name THELMA D. DRAKE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7135 Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 2/15/08 Luncheon - JG</p> <p>Candidate Name TIM MURPHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7017 Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: 7083 Date of Disbursement 02 / 12 / 2008
	Mailing Address 10537 St. Paul Street	Amount of Each Disbursement this Period 1000.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement 2008 Contribution Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: 7020 Date of Disbursement 02 / 01 / 2008
	Mailing Address PO Box 5458	Amount of Each Disbursement this Period 2000.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement 2008 Contributions Candidate Name JOHN M SHIMKUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) WALSH FOR CONGRESS COMMITTEE	Transaction ID: 7048 Date of Disbursement 02 / 07 / 2008
	Mailing Address 4969 HORIZON TERRACE	Amount of Each Disbursement this Period -1000.00
	City SYRACUSE State NY Zip Code 13215	
	Purpose of Disbursement Voided check Candidate Name JAMES T WALSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	010 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WICKER FOR SENATE

Transaction ID: 7137

Date of Disbursement

Mailing Address PO BOX 233

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

City TUPELO State MS Zip Code 38802

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2/29/08 Local Event

011
Category/
Type

Candidate Name
ROGER F WICKER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MS District: 00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

35000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Robert D. Johnson

Transaction ID: 7240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	8

Mailing Address 2684 Heywood Ln

City Hayes State VA Zip Code 23072

Amount of Each Disbursement this Period

220.00

Purpose of Disbursement
contribution refunded

010
Category/ Type

Candidate Name
Robert D. Johnson

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

220.00

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

220.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Democratic Leadership Council <hr/> Mailing Address 600 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: 7246 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) Democratic Leadership Council <hr/> Mailing Address 600 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2008 Membership (John Greene) Candidate Name	Transaction ID: 6863 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00

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