Image# 14952743746			_		PAGE 1 / 175
	EPORT OF F ND DISBURS Other Than An Autho	EMENT	s	Offic	te Use Only
	e or print V	Example: If typir	ng, type	12FE4M5	
COMMITTEE (in full)		over the lines.			
			S PAC (H		
ADDRESS (number and street)	212 NEW YORK AVE NW, SI	JITE 1100			
Check if different					
them mreutieuselu				DC 20	0005
2. FEC IDENTIFICATION NUMB	ER V CITY		S		ZIP CODE
C C00283135	3. IS 1 REF		NEW N) OR	AMEND (A)	ED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M	(Non-Election Year Only)
April 15	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M	
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12F	')	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	K General (300	à)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on <u>11</u>	04 /	2014	in the State of
5. Covering Period	16 / Y Y Y Y Y 16 2014	through	11_	/ D D / Y 24	2014
I certify that I have examined this R	eport and to the best of m	y knowledge and I	pelief it is true	e, correct and com	nplete.
Type or Print Name of Treasurer	ennifer Murphy				
Signature of Treasurer	lurphy	[Electronically	Filed] Da	ate 12 /	02 / Y Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the per	son signing thi	is Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only				F	EC FORM 3X Rev. 12/2004

12/03/2014 19 : 03

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y 16 2014 To	. <u>11</u> <u>24</u> <u>2014</u>					
		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2014		156950.91					
	(b) Cash on Hand at Beginning of Reporting Period	24796.83						
	(c) Total Receipts (from Line 19)	67526.94	437389.26					
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	92323.77	594340.17					
7.	Total Disbursements (from Line 31)	29870.38	531886.78					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62453.39	62453.39					
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0						
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0						

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

X

FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		
NATIONAL ASSOCIATION OF HEAL	TH UNDERWRITERS PAC (HUF	PAC)
Report Covering the Period: From:	/ D D / Y Y Y Y 16 2014 To:	M = M / D = D / Y = Y = Y = Y Y 11 24 2014 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	·	
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	50073.92	256813.20
(i) itemized (use Schedule A)		
(ii) Unitemized	13203.00	173325.64
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	63276.92	430138.84
(b) Delitical Darts Committees	0	0
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0	0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	63276.92	430138.84
12. Transfers From Affiliated/Other		
Party Committees		0
13. All Loans Received	0	0
13. All Loans Received		
14 Loop Depayments Dessived	0	0
 Loan Repayments Received Offsets To Operating Expenditures 	, , , , , , , , , , , , , , , , , , , ,	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	4250.00	7250.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.02	0.42
(a) Non-Federal Account		
(from Schedule H3)	0	0
, , , , , , , , , , , , , , , , , , ,		
(b) Levin Funds (from Schedule H5)	0	0
(,, , , , , , , , , , , , , , , , , , ,		
(c) Total Transfers (add 18(a) and 18(b))	0	0
-		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	67526.94	437389.26
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	67526.94	437389.26

DETAILED SUMMARY PAGE

II. Diekuweensente	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	
(ii) Non-Federal Share	0	(
(b) Other Federal Operating Expenditures	1870.38	81286.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1870.38	81286.7
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees		
Federal Candidates/Committees and Other Political Committees Independent Expenditures	20500.00	439750.00
(use Schedule E) Coordinated Party Expenditures	0	
(2 U.S.C. §441a(d)) (use Schedule F)	0	
Loan Repayments Made	0	
Loans Made	0	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0	900.0
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0	7 7 7
(d) Total Contribution Refunds	0	900.00
(add Lines 28(a), (b), and (c)) ►		
Other Disbursements	7500.00	9950.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0	7 7 7
(ii) "Levin" Share	0	
(b) Federal Election Activity Paid Entirely With Federal Funds	0	
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))► 	0	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29870.38	531886.7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	29870.38	531886.78

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	63276.92	430138.84	
 Total Contribution Refunds (from Line 28(d)) 	0	900.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	63276.92	429238.84	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	1870.38	81286.78	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0	0	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1870.38	81286.78	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the									
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS P	AC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Mark K. Ackerman			Date of Receipt						
	Mailing Address 1600 St. Julian Place			M = M / D = D / Y = Y = Y = Y 11 24 2014						
	City Columbia	State SC	Zip Code 29204	Transaction ID : 16570-P93758 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		170.00						
	Name of Employer Insurance Management Group, Inc.	Occupation Broker	1	Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	(\$85.00 Monthly)						
В.	Full Name (Last, First, Middle Initial) Carla Adams			Date of Receipt						
	Mailing Address 2229 Mesa Brook			10 22 2014						
	City Schertz	State TX	Zip Code 78154	Transaction ID : 16495-P92612 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer U.S.Consolidated Health Exchange	Occupation Broker	1	Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	(\$30.00 Monthly)						
С.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address 736 Johnson Ferry Road Build	-		M = M / D = D / Y = Y = Y = Y 11 24 2014						
	City Marietta	State GA	Zip Code 30068	Transaction ID : 16570-P93925 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				20.00						
	Name of Employer	Occupation	1	Payroll Deduction						
	Purchasing Alliance Solutions, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 220.00	(\$20.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)			220.00						
	OTAL This Period (last page this line number of									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each catego Detailed Summa		×	11a 13		11b 14		11c		2 6 [17			
	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose o		oliciting	g conti	ributic	ons			
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	TERS PAC) (H	IUP#	AC))								
Α.	Full Name (Last, First, Middle Initial) Suzetta E. Alberts Mailing Address 26555t Evergreen Drive Ste 535						Date of Receipt									
	City State Zip Code						10 22 2014									
	Southfield	MI	48076		Transaction ID : 16495-P92716 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						7		,		84.0	0			
	Name of Employer Comprehensive Benefits, Inc.	Occupation Broker			- Pa	ayroll [Dedu	uction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	583.00	(\$	84.00	Mon	thly)								
в.	Full Name (Last, First, Middle Initial) Terry Allard					Date o	f Re	ceipt								
	Mailing Address 3000 A Street, Suite 400					11 24 2014										
	City Anchorage	State AK	Zip Code 99503		Transaction ID : 16570-P93808 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			200.00											
	Name of Employer The Wilson Agency, LLC	Occupation Broker			Payroll Deduction											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1514.00	(\$*	100.00) Mo	nthly)								
C.	Full Name (Last, First, Middle Initial) Read H. Allen					Date o	f Re	ceipt								
	Mailing Address 1550 W 5th St	_				м м 11	/	24		/ Y	201	ү ү 4				
	City Washington	State NC	Zip Code 27889		A					6570-P						
	FEC ID number of contributing federal political committee.	С						, ,		7		30.0	0			
	Name of Employer	Occupation			- Pa	ayroll I	Dedu	uction								
	Carowan-Allen Insurance, Inc. Receipt For:	Broker			-											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	210.00	(\$30.00 Monthly)											
s	UBTOTAL of Receipts This Page (optional)			····· ►	[,		,	3	314.0	0			
т	OTAL This Period (last page this line number of	only)		····· ►	ĺ			7		,						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee								
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OI	F HEALTH UNDERWRITERS PA	C (HUPAC)							
Full Name (Last, First, Middle Initial) A. Daniel Alm		Date of Receipt							
Mailing Address P.O. Box 3248	State Zip Code	10 / 22 2014							
Omaha	NE 68180	Transaction ID : 16495-P92702 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	30.00							
Name of Employer Blue Cross and Blue Shield of Nebraska	Occupation Broker	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)							
Full Name (Last, First, Middle Initial) B. Robert E. Anders		Date of Receipt							
Mailing Address PO Box 628	11 24 2014								
City	State Zip Code FL 34106	Transaction ID : 16570-P93838							
Naples FEC ID number of contributing federal political committee.	FL 34106	Amount of Each Receipt this Period							
Name of Employer Anders Insurance Agency Inc	Occupation Broker	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)							
Full Name (Last, First, Middle Initial) C. Melinda S. Anderson-Wallis		Date of Receipt							
Mailing Address 703 N 36th Street		11 24 Y Y Y Y Y							
City Lafayette	State Zip Code IN 47905	Transaction ID : 16570-P93761 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	60.00							
Name of Employer	Occupation	Payroll Deduction							
Employee Benefit Solutions of IN, Inc.									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)	L	174.00							
	r only)								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and a or for commercial purposes, other than using th							
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS PA	C (HUPAC)					
Full Name (Last, First, Middle Initial) A. Carolyn Marie Andress		Date of Receipt					
Mailing Address 1512 Highway 138	Chata Zin Code	1.1 24 2014					
City Wall	StateZip CodeNJ07719	Transaction ID : 16570-P93763 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	60.00					
Name of Employer Fotek Insurance Agency	Occupation Broker	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)					
Full Name (Last, First, Middle Initial) B. Joanna Antongiovanni		Date of Receipt					
Mailing Address P.O. Box 795008		10 22 2014					
City San Antonio	StateZip CodeTX78279	Transaction ID : 16495-P92456 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer Wortham Insurance & Risk Management	Occupation Broker	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)					
Full Name (Last, First, Middle Initial) Catherine M. Antonie		Date of Receipt					
Mailing Address P.O. Box 510925 2725 S. Mo	porland	M M / D D / Y Y Y Y 11 24 2014					
City New Berlin	State Zip Code WI 53151	Transaction ID : 16570-P93567 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer	Occupation	Payroll Deduction					
Planned Futures LLC Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 400.00	(\$50.00 Monthly)					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		190.00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	I Statements may not be sold or used by any per the name and address of any political committee							
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION O	F HEALTH UNDERWRITERS PAG	C (HUPAC)						
Full Name (Last, First, Middle Initial) A. Steve Armstrong		Date of Receipt						
Mailing Address 301 Newpointe Drive	ling Address 301 Newpointe Drive							
City Ridgeland	State Zip Code MS 39157	Transaction ID : 16570-P93537 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	60.00						
Name of Employer Self Employed	Occupation Broker	 Payroll Deduction 						
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)						
Full Name (Last, First, Middle Initial) B. Thomas F. Ashby		Date of Receipt						
Mailing Address P. O. Box 70		11 24 2014 Transaction ID : 16570-P93767 Amount of Each Receipt this Period						
City Zirconia	StateZip CodeNC28790							
FEC ID number of contributing federal political committee.	C	60.00						
Name of Employer Senior Healthcare Solutions, Inc.	Occupation Broker	 Payroll Deduction 						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	(\$30.00 Monthly)						
Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt						
Mailing Address 6102 82nd St, Bldg #6		M M / D D / Y Y Y Y 10 22 2014						
City Lubbock	State Zip Code TX 79423	Transaction ID : 16495-P92681 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	170.00						
Name of Employer	Occupation	Payroll Deduction						
Ashmore & Associates Insurance Agency Receipt For: Primary General Other (specify)	Broker Aggregate Year-to-Date ▼ 1850.00	(\$170.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)	>	290.00						
	ər only)							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS PA	C (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Lynn Atkinson Mailing Address 3800 Electric Road, # 406			Date of Receipt						
	City	State	Zip Code	11 24 2014 Transaction ID : 16570-P93826						
	Roanoke	VA	24018	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.00						
	Name of Employer Humana Receipt For:	Occupation Broker		Payroll Deduction						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)						
	Full Name (Last, First, Middle Initial) Kimberly L. Auclair			Date of Receipt						
	Mailing Address 6873 Raccoon Ct			11 24 2014						
	City	State	Zip Code	Transaction ID : 16570-P93499						
	Viera	FL	32940	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	60.00							
	Name of Employer Pineapple Financial Services, LLC	Occupation Broker		Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)						
с.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address 3100 S Gessner Rd. Suite 560			11 24 2014						
	City Houston	State TX	Zip Code 77063	Transaction ID : 16570-P93734 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.00						
	Name of Employer	Occupation	l	Payroll Deduction						
	Securance	Broker								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		300.00	(\$30.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)			180.00						
т	OTAL This Period (last page this line number o	only)	•							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each catego Detailed Summa		×	11a 13		11b 14	11c	12	ſ	17	7		
	y information copied from such Reports and S for commercial purposes, other than using the					or the		ose of	f soliciting	contrib		ons			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAG	C (H	IUPA	AC)	I							
Α.	Full Name (Last, First, Middle Initial) Catherine A. Bajkowski Mailing Address 188 Industrial Drive, Suite 226					Date of	_			VV		_			
	City	State	Zip Code		10 22 2014 Transaction ID : 16495-P92538										
	Elmhurst	IL	60126		A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						7		3	30.0	0]		
	Name of Employer CB Health Insurance	Occupation Broker	I		– Pa	ayroll [Dedu	iction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mon	thly)							
В.	Full Name (Last, First, Middle Initial) Donald L. Balla	nald L. Balla													
	Mailing Address 1320 Grant Building						10 22 2014								
	City Pittsburgh	State PA	Zip Code 15219			Transaction ID : 16496-P93211 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			30.0							0			
	Name of Employer Simpson & McCrady LLC	Occupation Broker			– Pa	ayroll E	Dedu	ction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$:	30.00 I	Mont	thly)							
c.	Full Name (Last, First, Middle Initial) Timothy N. Barhorst					Date of	f Re	ceipt							
	Mailing Address 5222 Double Eagle Drive					м м 11	/	24		2014	Y				
	City Westerville	State OH	Zip Code 43081						: 16570-P Receipt th						
	FEC ID number of contributing federal political committee.	С						7			34.0	0			
	Name of Employer	Occupation	I		_ Pa	ayroll I	Dedu	uction							
	Business Partners, Inc.	Broker													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	462.00	(\$42.00 Monthly)										
s	UBTOTAL of Receipts This Page (optional)				[7		14	4.00)	[
т	OTAL This Period (last page this line number of	only)		•••••	ĺ			,	7						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	I UNDERWRITERS PA	C (HUPAC)								
<u> </u>	Full Name (Last, First, Middle Initial) Dawn Barr			Date of Receipt								
	Mailing Address 1305 NE 29th St.			10 31 Y Y Y Y Y								
	City	State IA	Zip Code 50021-	Transaction ID : 16533								
	Ankeny	IA	50021-	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer	Occupation	1									
	Mercer	Broker										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		570.00									
в.	Full Name (Last, First, Middle Initial) Dawn Barr			Date of Receipt								
	Mailing Address 1305 NE 29th St.			10 22 2014								
	City	State	Zip Code	Transaction ID : 16496-P93122								
	Ankeny	IA	50021	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer Mercer	Occupation Broker	1	Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	(\$42.00 Monthly)								
<u>с</u> .	Full Name (Last, First, Middle Initial) William J. Barrett			Date of Receipt								
	Mailing Address 7400 West Campus Road			11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State OH	Zip Code	Transaction ID : 16570-P93733								
	New Albany	Un	43054	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer	Occupation	1	Payroll Deduction								
	Aetna	Broker										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		330.00	(\$30.00 Monthly)								
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			252.00								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			n category d Summary		×	1		11b	11c	12		47
	ny information copied from such Reports and St for commercial purposes, other than using the							purp				butio	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDE	RWRIT	ERS PA	C (H	UPA	AC)					
Α.	Full Name (Last, First, Middle Initial) Diane L. Barton-Lewis						Date of	f Red	ceipt				
	Mailing Address 3856 S. Boulevard, Suite 100						м м 10	/	22	/ Y	2014		ſ
	City Edmond	State OK	Zip Co 73013						-	16495-P			
			75015	,	_	_ A	mount	t of I	Each R	eceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С							,	9		30.0	00
	Name of Employer	Occupation				- Pa	ayroll [Dedu	iction				
	Gallagher Benefit Services, Inc.	Broker											
	Receipt For:	Aggregate	Year-to-Da	ite 🔻									
	Primary General Other (specify) ▼		y	7	300.00	(\$:	30.00 I	Mont	thly)				
В.	Full Name (Last, First, Middle Initial) John Baskett						Date of	f Red	ceipt				
	Mailing Address 2601C Blanding Ave #222						M ■ M 11	/	24	/ Y	_2014	Y 1	
	City	State	Zip Co	ode			Trans	actio	on ID : '	16570-P			
	Alameda	CA	94501			A	mount	t of I	Each R	eceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С							,			60.0	0
	Name of Employer	Occupation	1			- Pa	ayroll D)edu	ction				
	John Baskett Insurance Services	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	ite 🔻	330.00	(\$3	30.00 N	Mont	hly)				
C.	Full Name (Last, First, Middle Initial) David S. Bauer						Date of	f Red	ceipt				
	Mailing Address 1027 Tahoe Drive						м м 11	/	D D D 24	/ Y	2014		ſ
	City Belmont	State CA	Zip Co 94002							16570-P eceipt th		od	
	FEC ID number of contributing federal political committee.	С					inoun			eceipt in		60.0	00
	Name of Employer	Occupation	1			_ Pa	ayroll [Dedu	iction				
	Bauer Financial Services	Broker											
	Receipt For:	Aggregate	Voor to D-	ito 💌		-							
	Primary General Other (specify)	Aggregate	rear-to-Da		330.00	(\$	30.00	Mont	thly)				
s	UBTOTAL of Receipts This Page (optional)				>						1	50.0	0
	OTAL This Period (last page this line number of					j			7				
1 1		,,					-		7	7	the second second	1.0	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each categ Detailed Sumn		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				son for the purpose of soliciting contributions
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	RITERS PAG	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Chris J. Beach				Date of Receipt
	Mailing Address 4905 Dickens Road Suite 200	01.14	7. 0. 1.		M M / D D / Y Y Y Y Y 11 24 2014
	City Richmond	State VA	Zip Code 23230		Transaction ID : 16570-P93857
		VA	23230		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			60.00
	Name of Employer	Occupation	1		- Payroll Deduction
	TB&R Insurance, A Dawson Company	Broker			
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) ▼		7 7	330.00	(\$30.00 Monthly)
B.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 3922 Rampart ST				11 24 2014
	City	State	Zip Code		Transaction ID : 16570-P93489
	Boise	ID	83704		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			60.00
	Name of Employer Bean Insurance	Occupation Broker	I		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$30.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Debra Beaucoudray				Date of Receipt
	Mailing Address 5515 Superior Dr. Suite A-1				M M / D D / Y Y Y Y Y 11 24 2014
	City Baton Rouge	State LA	Zip Code 70816		Transaction ID : 16570-P93854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			84.00
	Name of Employer	Occupation			Payroll Deduction
	Beaucoudray Medica Insurance	Broker			
	Receipt For:		Year-to-Date ▼		-
	Primary General Other (specify) ▼			462.00	(\$42.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				204.00
	OTAL This Period (last page this line number of				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c 15		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS F	PAC (HUPA	AC)					
Α.	Full Name (Last, First, Middle Initial) William Brandon Beavers Mailing Address P O Box 1472				Date o	_	ceipt				
	City	State	Zip Code		11 Trans		24 on ID : 1	6570-F	20 ²	14	Ŷ
	Virginia Beach	VA	23451				Each Re				
	FEC ID number of contributing federal political committee.	С					,	7	_	42.0	00
	Name of Employer CPActuaries	Occupation Broker			Payroll I	Dedu	ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00		(\$42.00	Mont	hly)				
B.	Full Name (Last, First, Middle Initial) Annette Bechtold				Date o	f Red	ceipt				
	Mailing Address 400 Galleria Pkwy, #300				M M	/	24	/ Y	ү 201	4	ſ
	City Atlanta	State GA	Zip Code 30339				on ID : 1 Each Re				
	FEC ID number of contributing federal political committee.	С						7	_	60.0	00
	Name of Employer Digital Insurance, Inc.	Occupation Broker			Payroll [Dedu	ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00		\$30.00	Mont	hly)				
с.	Full Name (Last, First, Middle Initial) Ann C. Bell				Date o	f Red	ceipt				
	Mailing Address 2171 So. Pebblecreek Lane		7: 0 1		м м 10	/	D D 22	/ Y	201		Y
	City Boise	State ID	Zip Code 83706				<mark>on ID :</mark> 1 Each Re				
	FEC ID number of contributing federal political committee.	С					9	, ,		30.0	00
	Name of Employer	Occupation			Payroll	Dedu	iction				
	Self Employed	Broker									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		(\$30.00	Mont	thly)				
s	UBTOTAL of Receipts This Page (optional)			•			,	.,		132.0	0
т	OTAL This Period (last page this line number c	only)		•							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c	12					
	y information copied from such Reports and St for commercial purposes, other than using the				n for the	purpo	ose of	soliciting	g contri	outions				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS F	PAC	(HUPA	AC)								
Α.	Full Name (Last, First, Middle Initial) Marie D. Bell Mailing Address 701 4th Ave S. #1500				Date of		eipt 22	/ Y	2014					
	City	State	Zip Code		Trans	actio	n ID : '	16495-P	92475					
	Minneapolis	MN	55415		Amount	t of E	ach Re	eceipt th	nis Peri	bc				
	FEC ID number of contributing federal political committee.	С				,		,		30.00				
	Name of Employer	Occupation	1		Payroll [Deduc	ction							
	DeRuyter-Bell, LLC	Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		(\$30.00	Month	nly)							
в.	Full Name (Last, First, Middle Initial) Mark Bellman				Date of	f Rec	eipt				_			
	Mailing Address 1250 Capitol of Texas Hwy S E	Bldg			M M	/	D D D	/ Y	2014	Y				
	City	State	Zip Code	-	Transaction ID : 16570-P93656 Amount of Each Receipt this Period									
	Austin	ТХ	78746		Amount	t of E	ach Re	eceipt th	nis Peri	bc				
	FEC ID number of contributing federal political committee.	С				,				60.00				
	Name of Employer United Healthcare	Occupation Broker	1		Payroll D	educ)	tion							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00		(\$30.00	Month	nly)							
с.	Full Name (Last, First, Middle Initial) Chris Bender				Date of	f Rec	eipt							
	Mailing Address 516 Gibson Drive, Suite 240				M M 11	1	D D 24	/ Y	2014	Y				
	City Placer	State CA	Zip Code 95678	-				16570-F						
	FEC ID number of contributing federal political committee.	C			Amount	,		eceipt tr		20.00				
	Name of Employer	Occupation	1		Payroll [Deduc	ction							
	Warren G. Bender Co.	Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 265.00		(\$10.00	Month	hly)							
s	UBTOTAL of Receipts This Page (optional)			•					1	10.00				
	OTAL This Period (last page this line number of			_		,								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each categ Detailed Sumr		X	11a 13		11b 14	11c	12	Г	17	
	y information copied from such Reports and St for commercial purposes, other than using the					or the		ose of	f soliciting	g contrib		ns	_
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWF	RITERS PAG	C (H	UPA	AC)	I					
Α.	Full Name (Last, First, Middle Initial) Bob Bentley Mailing Address 4733 Tacoma Mall Blvd. Suite	200				Date of	f Re	ceipt	D / Y	Y Y	Y		
	City	State	Zip Code		41	11	١.	24		2014	_		
	Tacoma	WA	2ip Code 98411-		A			-	: 16570-P Receipt th		d		
	FEC ID number of contributing federal political committee.	С						7			60.00	0	
	Name of Employer Albers & Company, Inc.	Occupation Broker	1		– Pa	ayroll [Dedu	iction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00	(\$	30.00	Mon	thly)					
в.	Full Name (Last, First, Middle Initial) Bruce D. Benton					Date of	f Re	ceipt					-
	Mailing Address 17200 Ventura Blvd Suite 312					м м 10	/	22		2014	Y	1	
	City Encino	State CA	Zip Code 91316						16495-P Receipt th		d	_	
	FEC ID number of contributing federal political committee.	С						7		17	0.00	0	
	Name of Employer Genesis Financial & Insurance Services	Occupation Broker	I		– Pa	ayroll D)edu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1700.00	(\$^	170.00	Moi	nthly)					
c.	Full Name (Last, First, Middle Initial) Stephanie Berger					Date of	f Re	ceipt					
	Mailing Address 79 Daily Dr. #276					м м 11	/	24		2014	Y	1	
	City Camarillo	State CA	Zip Code 93010		A				: 16570-P Receipt th		d		
	FEC ID number of contributing federal political committee.	C						7			60.0	0	
	Name of Employer	Occupation	l		_ Pa	ayroll [Dedu	iction					
	HLS Insurance Services Receipt For:	Broker			_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)					
s	UBTOTAL of Receipts This Page (optional)									29	0.00)	
т	OTAL This Period (last page this line number c	only)		····· •	ĺ			, ,	,				

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category Detailed Summary		×	11a 13		11b 14		11c 15		12 16	17	
	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRIT	ERS PAC	C (H	UPA	AC))						
Α.	Full Name (Last, First, Middle Initial) Lori Bergsma				D	ate o	f Re	ceipt						
	Mailing Address 643 Canyon Drive					м м	/	2	24	/ Y)14	Y	
	City Twin Falls	State ID	Zip Code 83301							16570-F	9352	28		
	FEC ID number of contributing federal political committee.	С				moun	tor	Each	R	eceipt tl	nis Pe	eriod 60.	00	
	Name of Employer	Occupation Broker			Pa	ayroll I	Dedu	uction	1					
	Balanced Rock Insurance Agency, Inc. Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	330.00	(\$3	30.00	Mon	thly)						
В.	Full Name (Last, First, Middle Initial) Christian Bergstrom					ate o	f Re	ceipt						
	Mailing Address 300 1st Avenue South,#500		Zip Code	11 24 2014										
	City Saint Petersburg	State FL	Transaction ID : 16570-P93965 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						7		y		126.	00	
	Name of Employer Wallace Welch & Willingham, Inc.	Occupation Broker			- Pa	yroll E	Dedu	ction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	660.00	(\$6	63.00	Mon	thly)						
<u>с</u> .	Full Name (Last, First, Middle Initial) David A Berman				D	ate o	f Re	ceipt						
	Mailing Address 6510 N. Shadeland Avenue					м м 10	1	2	D 22	/ Y	20	ү 14	Y	
	City Indianapolis	State IN	Zip Code 46220							16495-F				
	FEC ID number of contributing federal political committee.	С						7		,		85.	00	
	Name of Employer	Occupation	I		– Pa	ayroll	Dedu	uction	۱					
	Neace Lukens Holding Company, Inc. Receipt For:	Broker	Year-to-Date ▼		-									
	Primary General Other (specify) ▼	Aggregate		975.00	(\$8	85.00	Mon	thly)						
F	UBTOTAL of Receipts This Page (optional)					-	-	7			-	271.(00	

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category o Detailed Summary I		×	11a 13		11b 14		11c		2 6 [17
	ny information copied from such Reports and St for commercial purposes, other than using the					or the		oose		oliciting	g cont	ributic	ons
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITE	RS PAC) (⊢	IUP/	AC))					
Α.	Full Name (Last, First, Middle Initial) Ernest Berry Mailing Address 5121 69th St., A9A				_ [Date o		ceipt	D	/ Y	Y	Y Y	
	City	State	Zip Code			10 Trans	sacti		22):10	6495-P	201 92542		
	Lubbock	ТХ	79424		A					ceipt th		-	
	FEC ID number of contributing federal political committee.	С]				7				30.0	0
	Name of Employer Berry Agency	Occupation Broker			- P	ayroll	Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3	300.00	(\$	30.00	Mon	ithly)					
в.	Full Name (Last, First, Middle Initial) Thomas Besselman					Date o	f Re	ceipt					
	Mailing Address 6421 Perkins Rd., # 2B, Bldg A					M M	/		D 24	/ Y	201		
	City Baton Rouge	State LA	Zip Code 70808		-					5570-P ceipt th			
	FEC ID number of contributing federal political committee.	С						,		7		500.0	0
	Name of Employer Gallagher Benefit Services	Occupation Broker			- Pa	ayroll [Dedu	iction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 27	'50.00	(\$	250.00) Mo	nthly)					
С.	Full Name (Last, First, Middle Initial) James P Better					Date o	f Re	ceipt					
	Mailing Address 11 Summer Street, Suite 6					M M			24	/ Y	201		
	City Chelmsford	State MA	Zip Code 01824		-					6570-P ceipt th			
	FEC ID number of contributing federal political committee.	С						7		7		170.0	0
	Name of Employer	Occupation			P	ayroll	Dedi	uction	1				
	New England Medical Insurance Agency	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 9	935.00	(\$	85.00	Mon	thly)					
s	UBTOTAL of Receipts This Page (optional)							40			-	700.0)
т	OTAL This Period (last page this line number of	only)		····· •	j			,		,			

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

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	
	y information copied from such Reports and St for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS PA	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Spencer Biegel			Date of Receipt
	Mailing Address 4225 Trapline Drive			M M / D D / Y Y Y Y Y 10 22 2014
	City	State AK	Zip Code 99516	Transaction ID : 16496-P92909
	Anchorage	AN	99010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		Payroll Deduction
	Alaskan Benefit Insurance Consultants	Broker		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Robert J Bishop			Date of Receipt
	Mailing Address 205 E. Warm Springs Rd., Suite	e 108		M M / D D / Y Y Y Y Y 11 24 _ 2014 _
	City	State	Zip Code	Transaction ID : 16570-P93699
	Las Vegas	NV	89119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		 Payroll Deduction
	National Healthcare Access Inc.	Broker		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1350.00	(\$100.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Bradford H. Blain			Date of Receipt
	Mailing Address Al Torstrick Insurance Agency,	In		M = M / D = D / Y = Y = Y = Y 11 24 2014
	City	State	Zip Code	Transaction ID : 16570-P93684
	Lexington	KY	40504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation		Payroll Deduction
	Al Torstrick Insurance Agency, Inc.	Broker		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		(\$30.00 Monthly)
	Other (specify)		330.00	
s	UBTOTAL of Receipts This Page (optional)		•	290.00
т	OTAL This Period (last page this line number o	nly)	••••••	

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	I UNDERWRITERS PA	AC (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Russ Blakely Mailing Address PO Box 11310			Date of Receipt
	City Chattanooga	State TN	Zip Code 37401	Transaction ID : 16570-P93475 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Russ Blakely & Associates, LLC Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate	Year-to-Date ▼ 330.00	Payroll Deduction (\$30.00 Monthly)
B.	Full Name (Last, First, Middle Initial) Donna J. Blizman Mailing Address 1939 Racimo Dr			Date of Receipt
	City Sarasota	State FL	Zip Code 34240	Transaction ID : 16495-P92696 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Employee Benefits Marketing Group	C		30.00 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)
C.	Full Name (Last, First, Middle Initial) David M. Block Mailing Address P O Box 1809			Date of Receipt
	City Candler	State NC	Zip Code 28715	10 22 2014 Transaction ID : 16495-P92605 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00 Payroll Deduction
	Name of Employer Insurance Specialties, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number c	only)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAC	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Michele B. Bloom				Date of Receipt
	Mailing Address 4507 N Front Street	State	Zip Code		10 22 2014
	Harrisburg	PA	17110		Transaction ID : 16495-P92712 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.42
	Name of Employer Emerson, Reid & Co	Occupation Broker			 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	304.20	(\$30.42 Monthly)
В.	Full Name (Last, First, Middle Initial) Daniel J. Boaz				Date of Receipt
	Mailing Address 5565 Roberts Drive Suite 100				M M / D D / Y Y Y Y Y 11 24 2014
	City Atlanta	State GA	Zip Code 30338		Transaction ID : 16570-P93881 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			60.00
	Name of Employer HealthLife Group, LLC	Occupation Broker	I		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	- (\$30.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Christine M. Bogott				Date of Receipt
	Mailing Address 125 Grand Avenue, Unit B				M M / D D / Y Y Y Y 11 24 2014
	City Grand Junction	State CO	Zip Code 81501		Transaction ID : 16570-P93697 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			60.00
	Name of Employer	Occupation	1		Payroll Deduction
	MHIB Group	Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				150.42
т	OTAL This Period (last page this line number of	only)		····· •	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each catego Detailed Summa		×	11a 13		11b 14		11c 15	12	г	17
or	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose c		oliciting	g contri	butic	ons
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	TERS PAC	C (⊦	IUP/	۹C))					
Α.	Full Name (Last, First, Middle Initial) Tonya S. Booth Mailing Address 1801 Gateway Blvd. Suite 200)			_ [Date o		eceipt	D	/ Y	Y	Y Y	-
	City	State	Zip Code			11		24			2014	L .	
	Richardson	TX	75080					-		6570-P ceint th	93898 nis Peri	od	
	FEC ID number of contributing federal political committee.	С				unoun		,		,		60.0	0
	Name of Employer Upshaw Insurance Agency	Occupation Broker	1		– P	ayroll	Dedu	uction					
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼	450.00	(\$	30.00	Mon	ithly)					
	Full Name (Last, First, Middle Initial) James C. Bosier				1	Date o	f Re	eceipt					
	Mailing Address 602 Main Street	2	7. 0			M M	/	24	D 4	/ Y	2014		
	City Cedar Falls	State IA	Zip Code 50613							6 570-P ceipt th	93736 nis Peri	od	
	FEC ID number of contributing federal political committee.	С						7				70.0	0
	Name of Employer The Accel Group	Occupation Broker	I		- Pa	ayroll [Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$	85.00	Mon	thly)					
	Full Name (Last, First, Middle Initial) Victoria J. Braden				1	Date o	f Re	eceipt					
	Mailing Address 11555 Medlock Bridge Rd					м м 10	/	D 2:		/ Y	2014		
	City Johns Creek	State GA	Zip Code 30097							6495-P	92670 nis Peri	od	
	FEC ID number of contributing federal political committee.	С						7		, 1		250.0	0
	Name of Employer	Occupation	1		_ P	ayroll	Dedu	uction					
	Braden Benefit Strategies, Inc	Broker											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	2500.00	(\$	6250.0	0 Ma	onthly)					
s	UBTOTAL of Receipts This Page (optional)			•••••	_						48	80.00)
т	OTAL This Period (last page this line number	only)		····· •	ĺ			, ,		,			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using	nd Statements may not be sold or used by any g the name and address of any political committ	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION (OF HEALTH UNDERWRITERS P	PAC (HUPAC)							
Full Name (Last, First, Middle Initial) A. Jodie E. Braner Mailing Address 3348 Peachtree Road, NI	= Tower 200	Date of Receipt							
City	State Zip Code	11 24 2014							
Atlanta	GA 30326	Transaction ID : 16570-P93905 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer Hays Companies of Georgia	Occupation Broker	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	(\$25.00 Monthly)							
Full Name (Last, First, Middle Initial) B. William J. Brannon	Date of Receipt								
Mailing Address 2 Terrace Way, Suite B		11 24 2014							
City Greensboro	StateZip CodeNC27403	Transaction ID : 16570-P93928 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	60.00								
Name of Employer Group US, Inc.	Occupation Broker	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)							
Full Name (Last, First, Middle Initial) C. Emily Black Bremer		Date of Receipt							
Mailing Address 8000 Bonhomme Ave., #		M M / D D / Y Y Y Y 10 22 2014							
City Saint Louis	StateZip CodeMO63105	Transaction ID : 16496-P93371 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	42.00							
Name of Employer	Occupation	Payroll Deduction							
Bremer Conley LLC	Broker								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	(\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (optiona	l)	152.00							
	, ber only)								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITE	RS PAC	C (HUPAC)									
Α.	Full Name (Last, First, Middle Initial) Sydney K. Briley	Date of Receipt												
	Mailing Address 605 E. Van Buren St.	State	Zip Code		11 24 2014									
	Broken Arrow	OK	74011		Transaction ID : 16570-P93485 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			60.00									
	Name of Employer Employee Benefit Solutions, Inc.	Occupation Broker			- Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 33	30.00	- (\$30.00 Monthly)									
в.	Full Name (Last, First, Middle Initial)	Date of Receipt												
	Mailing Address 208 N. Mill	11 24 Y Y Y Y Y 11 24 2014												
	City Pryor	State OK	Zip Code 74361		Transaction ID : 16570-P93618 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			60.00									
	Name of Employer Brown & Brown, Inc.	Occupation Broker		Payroll Deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 33	30.00	(\$30.00 Monthly)									
с.	Full Name (Last, First, Middle Initial) Eleanor M. Brockhurst				Date of Receipt									
	Mailing Address 1212 East Osborn Road, Suite				11 24 2014									
	City Phoenix	State AZ	Zip Code 85014		Transaction ID : 16570-P93641 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			60.00									
	Name of Employer	Occupation	I		Payroll Deduction									
	Brockhurst & Associates, Inc. Receipt For:	Broker			-									
	Primary General Other (specify) ▼	Aggregate	30.00	(\$30.00 Monthly)										
s	UBTOTAL of Receipts This Page (optional)			····· >	180.00									
т	OTAL This Period (last page this line number of	only)		····· ►										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) Belinda Brooks Mailing Address PO Box 460 City Luckey	State OH	Zip Code 43443	Date of Receipt				
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Broker		Payroll Deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	(\$30.00 Monthly)				
Β.	Full Name (Last, First, Middle Initial) Mark Brooks Mailing Address P. O. Box 10876			Date of Receipt				
	City Lynchburg FEC ID number of contributing federal political committee.	State VA	Zip Code 24506	Transaction ID : 16570-P93896 Amount of Each Receipt this Period 60.00				
	Name of Employer Personal Design Financial Services, I Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate	Year-to-Date ▼ 240.00	 Payroll Deduction (\$30.00 Monthly) 				
C.	Full Name (Last, First, Middle Initial) Madeleine Brown Mailing Address P.O. Box 1490, City Jackson	State	Zip Code 39215	Date of Receipt				
	FEC ID number of contributing federal political committee. Name of Employer Fisher Brown Bottrell Insurance, Inc Receipt For:	Occupation Broker		Amount of Each Receipt this Period 170.00 Payroll Deduction (\$85.00 Monthly)				
s	UBTOTAL of Receipts This Page (optional)		•••••	260.00				
т	OTAL This Period (last page this line number of	only)	•					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than usin	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITERS F	PAC (HUPAC)										
Full Name (Last, First, Middle Initial) A. Keith Brownrigg Mailing Address, 8156 E South Wadworth												
City	State Zip Code	11 24 2014 Transaction ID : 16570-P93992										
Littleton	CO 80128	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	84.00										
Name of Employer The Benefit Team, LLC	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	(\$42.00 Monthly)										
Full Name (Last, First, Middle Initial) B. Anthony C Buechler	Date of Receipt											
Mailing Address 1203 Colonial Circle												
City Papillion	StateZip CodeNE68046	Transaction ID : 16570-P93466 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	60.00										
Name of Employer Buechler Insurance Services	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)										
Full Name (Last, First, Middle Initial) C. Ronald S. Buffum		Date of Receipt										
Mailing Address 106 South Harris Street		11 / Y Y Y Y Y 2014										
City Round Rock	StateZip CodeTX78664	Transaction ID : 16570-P93647 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	84.00										
Name of Employer	Occupation	Payroll Deduction										
The Buffum Group Receipt For:	Broker											
Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	(\$42.00 Monthly)										
SUBTOTAL of Receipts This Page (option	al)	228.00										
TOTAL This Period (last page this line nu	mber only)											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	AC (HUPAC)									
Α.	Full Name (Last, First, Middle Initial) Scott T. Buie Mailing Address 6440 South Wasatch Blvd., #19	50		Date of Receipt									
	City Solt Loke City	State UT	Zip Code 84121	10 22 2014 Transaction ID : 16495-P92616									
	Salt Lake City FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer Buie Insurance Services Receipt For:	Occupation Broker		Payroll Deduction									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	(\$50.00 Monthly)									
в.	Full Name (Last, First, Middle Initial) Jennifer Bundy-Cobb			Date of Receipt									
	Mailing Address 3000 A Street, Suite 400			10 22 2014									
	City Anchorage	State AK	Zip Code 99503	Transaction ID : 16495-P92615 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer The Wilson Agency, LLC	Occupation Broker		Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)									
с.	Full Name (Last, First, Middle Initial) Patrick Burns			Date of Receipt									
	Mailing Address 5653 Maxwelton Road		7.0.1	11 24 Y Y Y Y 11 24									
	City Oakland	State CA	Zip Code 94618	Transaction ID : 16570-P93501 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		170.00 Payroll Deduction									
	Name of Employer Burns Employee Benefits Insurance Ser	Occupation Broker											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 935.00	(\$85.00 Monthly)									
s	UBTOTAL of Receipts This Page (optional)			250.00									
т	OTAL This Period (last page this line number of	only)											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		X	11a 13		11b 14	11c	12	Г	17			
Any information copied from such Reports and St or for commercial purposes, other than using the					or the		oose of	f soliciting	contrib		าร			
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UI	NDERWRITERS	PAC	(H	UPA	AC))							
Full Name (Last, First, Middle Initial) A. Joseph W. Buyalos Mailing Address 9713 Key West Ave, Suite 401				Date of Receipt 11 24 2014 Transaction ID : 16570-P93510 Amount of Each Receipt this Period										
City	State	Zip Code												
Rockville	MD	20850	-											
FEC ID number of contributing federal political committee.	С						,			70.00				
Name of Employer	Occupation			Pa	yroll [Dedu	uction							
The Insurance Exchange, Inc.	Broker													
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 935.00	0	(\$8	35.00	Mon	thly)							
Full Name (Last, First, Middle Initial)														
B. Raymond F. Buza				D	ate of	f Re	ceipt							
Mailing Address 214 East Lakewood Road	Chata	Zin Ooda		11 24 2014										
City West Palm Beach	State FL	Zip Code 33405	-	Transaction ID : 16570-P93924										
			Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			60.00										
Name of Employer Palm Beach Insurance Advisory Group,	Occupation Broker			Pa	yroll D)edu	iction							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 505.00)	(\$3	80.00 I	Mon	thly)							
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	7												
c . Tim Byrne				D	ate of	f Re	ceipt							
Mailing Address P O Box 8950				E	м м 10	/	22		ү 2014	Y	1			
City	State	Zip Code	_		Trans	acti	ion ID :	: 16495-P	92639					
Madison	WI	53708		A	mount	t of	Each F	Receipt th	is Perio	d				
FEC ID number of contributing federal political committee.	C						7	7		25.00)			
Name of Employer	Occupation			Ра	ayroll [Jedi	LCTION							
M3 Insurance	Broker													
Receipt For:	Aggregate Yea	r-to-Date ▼												
Primary General Other (specify) ▼		250.0	0	(\$2	25.00	Mon	ithly)							
SUBTOTAL of Receipts This Page (optional)			🕨	ļ			7		25	5.00	_			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	I UNDERWRITERS PA	C (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) William V. Cable			Date of Receipt							
	Mailing Address 1770 Independence Court			11 24 2014							
	City Vestavia	State AL	Zip Code 35216	Transaction ID : 16570-P93972 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer Alterntive Insurance Resources	Occupation Broker	1	Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)							
	Full Name (Last, First, Middle Initial) Kareim R. Cade	Date of Receipt									
	Mailing Address 28411 Northwestern Hwy., Ste										
	City Southfield	State MI	Zip Code 48034	Transaction ID : 16495-P92593 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer Great Lakes Benefit Group	Occupation Broker	1	Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00	(\$85.00 Monthly)							
c.	Full Name (Last, First, Middle Initial) David A. Cagliola			Date of Receipt							
	Mailing Address 1500 Liberty Ridge Drive, Suite	e 3		11 24 2014							
	City Wayne	State PA	Zip Code 19087	Transaction ID : 16570-P93720 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		170.00							
	Name of Employer	Occupation	1	Payroll Deduction							
	Radnor Benefits Group, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 935.00	(\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			315.00							
-	OTAL This Period (last page this line number of		· · ·								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or fo	r commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	AME OF COMMITTEE (In Full)	HEALTH	UNDERWRITERS PA	C (HUPAC)									
A l	ull Name (Last, First, Middle Initial) Loretta L. Camp ailing Address 10101 Reunion Place, Ste 300)		Date of Receipt									
	ity	State	Zip Code	11 24 2014 Transaction ID : 16570-P93847									
	San Antonio	TX	78216	Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		60.00									
D	ame of Employer avidson Camp Insurance Services	Occupation Broker		Payroll Deduction									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)									
	ull Name (Last, First, Middle Initial) Daryl Carlson			Date of Receipt									
_	ailing Address 200 W Vine Street Ste 300	11 / 24 / 2014											
	ity exington	State KY	Zip Code 40507	Transaction ID : 16570-P93598 Amount of Each Receipt this Period									
F	EC ID number of contributing deral political committee.	С		30.00									
	ame of Employer B&T Insurance Services, Inc.	Occupation Broker		Payroll Deduction									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	(\$15.00 Monthly)									
	ull Name (Last, First, Middle Initial) Lori Carter			Date of Receipt									
Μ	ailing Address 1937 Thomson Dr			11 24 2014									
	ity .ynchburg	State VA	Zip Code 24501	Transaction ID : 16570-P93708 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		84.00									
N	ame of Employer	Occupation		Payroll Deduction									
	iedmont Community Heath Plan, Inc.	Broker		_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 448.00	(\$42.00 Monthly)									
SUI	BTOTAL of Receipts This Page (optional)			174.00									
то	TAL This Period (last page this line number of	only)											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee							
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION C	OF HEALTH UNDERWRITERS PA	C (HUPAC)						
Full Name (Last, First, Middle Initial) A. Louie L. Cason Mailing Address PO Box 11229 City Columbia FEC ID number of contributing federal political committee. Name of Employer The Cason Group, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code SC 29211 C Occupation Broker Aggregate Year-to-Date ▼ 935.00	Date of Receipt M / 24 2014 Transaction ID : 16570-P94002 Amount of Each Receipt this Period 170.00 Payroll Deduction (\$85.00 Monthly)						
Full Name (Last, First, Middle Initial) Lorelei G. Castellani Mailing Address PO Box 905 City Branchville	State Zip Code NJ 07826	Date of Receipt 11 24 2014 Transaction ID : 16570-P93981 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer Benefit Guidance Systems Receipt For: Primary General Other (specify) ▼ 	C Occupation Broker Aggregate Year-to-Date ▼ 275.00	Payroll Deduction (\$25.00 Monthly)						
Full Name (Last, First, Middle Initial) Russell B. Childers Mailing Address PO Box 1547 City Americus FEC ID number of contributing federal political committee. Name of Employer Russ Childers, CLU Receipt For: Primary General Other (specify)	State Zip Code GA 31709 C Occupation Broker Aggregate Year-to-Date ▼ 1160.00	Date of Receipt 11 24 2014 Transaction ID : 16570-P93568 Amount of Each Receipt this Period Payroll Deduction (\$90.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)		400.00						
TOTAL This Period (last page this line numb	per only)							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	AC (HUPAC)									
Α.	Full Name (Last, First, Middle Initial) Shelley A Chornak Mailing Address 7251 Engle Rd. Suite 103			Date of Receipt									
	City	State	Zip Code	11 24 2014 Transaction ID : 16570-P93728									
	Middleburg Hts	OH	44130	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		84.00									
	Name of Employer Sage Partners, LLC Receipt For:	Occupation Broker	Year-to-Date ▼	Payroll Deduction									
	Primary General Other (specify) ▼	Aygregate	294.00	(\$42.00 Monthly)									
в.	Full Name (Last, First, Middle Initial) H Elizabeth Christensen			Date of Receipt									
	Mailing Address 503 B Mercedes Street	M M / D D / Y Y Y Y Y 11 24 2014											
	City Benbrook	State TX	Zip Code 76126	Transaction ID : 16570-P94020 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer Copeland Insurance Group	Occupation Broker	1	Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	(\$30.00 Monthly)									
c.	Full Name (Last, First, Middle Initial) Jonathan S. Clark			Date of Receipt									
	Mailing Address 6084 South 900 East, Suite 10			11 24 2014									
	City Salt Lake City	State UT	Zip Code 84121	Transaction ID : 16570-P93634 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		60.00									
	Name of Employer	Occupation	1	Payroll Deduction									
	Fringe Benefit Analysts	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)									
s	UBTOTAL of Receipts This Page (optional)			204.00									
т	OTAL This Period (last page this line number of	only)											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	I UNDERWRITERS PA	C (HUPAC)								
Α.	Full Name (Last, First, Middle Initial) Robert S. Clark			Date of Receipt								
	Mailing Address 7548 Preston Road			M = M / D = D / Y = Y = Y = Y Y 10 22 2014								
	City Frisco	State TX	Zip Code 75034	Transaction ID : 16495-P92493 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer Clark Insurance Associates, PLLC Receipt For:	Occupation Broker		Payroll Deduction								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	(\$42.00 Monthly)								
B.	Full Name (Last, First, Middle Initial) Natalie Dawn Clawson	Date of Receipt										
	Mailing Address 2355 W Pinnacle Peak Rd #380	11 24 2014										
	City Phoenix	State AZ	Zip Code 85026	Transaction ID : 16570-P93757 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	170.00										
	Name of Employer Aflac	Occupation Broker	1	- Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 785.00	(\$85.00 Monthly)								
C.	Full Name (Last, First, Middle Initial) Rita H. Cleveland			Date of Receipt								
	Mailing Address 3342 Greystone Way			M = M / D = D / Y = Y = Y = Y 11 24 2014								
	City Valdosta	State GA	Zip Code 31605	Transaction ID : 16570-P93707 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		84.00								
	Name of Employer	Occupation	1	Payroll Deduction								
	H&H Insurance Solutions, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 462.00	(\$42.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			296.00								
т	OTAL This Period (last page this line number o	only)	·····									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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175

	EMIZED RECEIPTS		for each cate Detailed Sum		X 11a 11b 11c 12 13 14 15 16					17								
	ny information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose d		oliciting		ntributi	ons					
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWI	RITERS PAC	C (⊢	IUP/	۹C))										
Α.	Full Name (Last, First, Middle Initial) Jeff Cloer							Date of Receipt										
	Mailing Address 295 East Palmer Street	State	Zip Code		M M / D D / Y Y Y Y 11 24 2014 Transaction ID : 16570-P93861													
	Franklin	NC	28734															
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period													
	Name of Employer Wayah Insurance Group	Occupation Broker			- P	ayroll	Dedu	uction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	(\$	30.00	Mon	thly)												
в.	Full Name (Last, First, Middle Initial) Richard P. Coburn							Date of Receipt										
	Mailing Address 19 Minor Court							11 24 2014										
	City San Rafael	State CA	Zip Code 94903			Transaction ID : 16570-P93705 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		60.00														
	Name of Employer The Word and Brown	Occupation Broker			 Payroll Deduction 													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)										
C.	Full Name (Last, First, Middle Initial) Dorothy M. Cociu					Date o	f Re	eceipt										
	Mailing Address P.O. Box 6677	0	7-0-1		M M / D D / Y Y Y Y 11 24 2014													
	City Fullerton	State CA	Zip Code 92834							6570-F ceipt th								
	FEC ID number of contributing federal political committee.	С						7		J	115 17	170.	00					
	Name of Employer	Occupation			- P	ayroll	Dedu	uction										
	Advanced Benefit Consulting & Insuran	Broker																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$85.00 Monthly)													
s	UBTOTAL of Receipts This Page (optional)							7				290.0	0					
т	OTAL This Period (last page this line number o	nly)		•••••														

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using the	Statements may not be sold or used by any pole name and address of any political committee											
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OI	F HEALTH UNDERWRITERS PA	C (HUPAC)										
A. Full Name (Last, First, Middle Initial) Barry S. Cohn Mailing Address 21515 Vanowen St Ste 200		Date of Receipt										
City	State Zip Code	11 24 2014 Transaction ID : 16570-P94056										
Canoga Park	CA 91303	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	60.00										
Name of Employer RGEB Receipt For:	Occupation Broker	Payroll Deduction										
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)										
Full Name (Last, First, Middle Initial) B. Maggie Coley		Date of Receipt										
Mailing Address 29 Olde Gate Court		10 22 2014										
City Pooler	State Zip Code GA 31322	Transaction ID : 16495-P92484 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	42.00										
Name of Employer Coley Benefit Services, Inc	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	(\$42.00 Monthly)										
Full Name (Last, First, Middle Initial) C. John Conkling		Date of Receipt										
Mailing Address 11910 Anderson Mill Rd		10 23 Y Y Y Y Y 2014										
City Austin	State Zip Code TX 78726-	Transaction ID : 16497 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	150.00										
Name of Employer	Occupation											
Fringe Benefit Group	Broker											
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00											
SUBTOTAL of Receipts This Page (optional)		252.00										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
$\left \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)										
Α.	Full Name (Last, First, Middle Initial) Kevin M. Conley Mailing Address 8000 Bonhomme Ave Suite 21	3 State	Zip Code	Date of Receipt										
	Clayton	MO	63105	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		Payroll Deduction										
	Name of Employer	Occupation												
	Bremer Conley LLC Receipt For: Primary General Other (specify)	Broker Aggregate	Year-to-Date ▼ 420.00	(\$42.00 Monthly)										
D	Full Name (Last, First, Middle Initial) Teresa Conto			Date of Receipt										
в.	Mailing Address 15800 Crabbs Branch Way #35	50		10 / Y Y Y Y 22 2014										
	City	State	Zip Code	Transaction ID : 16495-P92742										
	Rockville	MD	20855	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		170.00										
	Name of Employer Independent Benefit Services LLC	Occupation Broker		Payroll Deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1190.00	(\$170.00 Monthly)										
с.	Full Name (Last, First, Middle Initial) David Contorno			Date of Receipt										
	Mailing Address 109 Professional Park Dr Ste 1	03		11 24 2014										
	City	State NC	Zip Code	Transaction ID : 16570-P93801										
	Mooresville	NC	28117	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		60.00										
	Name of Employer	Occupation		Payroll Deduction										
	Lake Norman Benefits, Inc. Receipt For:	Broker		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)										
s	UBTOTAL of Receipts This Page (optional)		•••••	272.00										

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

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	
or for commercial purposes, other than usir		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITER	S PAC (HUPAC)
Full Name (Last, First, Middle Initial) A. Troy J. Cook		Date of Receipt
Mailing Address 6428 Wilcot Ct.	Chata Tin Code	10 22 2014
City Johnston	State Zip Code IA 50131	Transaction ID : 16495-P92457 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Mercer Voluntary Benefits	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850	0.00 (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) B. Catherine L. Cooper		Date of Receipt
Mailing Address 39500 High Pointe Blvd.	Suite 400	10 22 2014
City Novi	StateZip CodeMI48375	Transaction ID : 16496-P92990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Health Alliance Administrators	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 890	.00 (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) C. Bob Copeland		Date of Receipt
Mailing Address 700 Larkspur Landing C		M = M / D = D / Y = Y = Y 11 24 2014
City Larkspur	State Zip Code CA 94939	Transaction ID : 16570-P93569
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	Payroll Deduction
Copeland Insurance Services	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
Other (specify)	935	5.00
SUBTOTAL of Receipts This Page (option	al)	340.00
TOTAL This Period (last page this line num	nber only)	······

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS PA	AC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) Steven G. Cosby			Date of Receipt							
	Mailing Address 53 South 3rd Street Ste 220			10 22 2014							
	City Warrenton	State VA	Zip Code 20187	Transaction ID : 16496-P92818 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer Cosby Insurance Group	Occupation Broker	1	Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	(\$85.00 Monthly)							
	Full Name (Last, First, Middle Initial) John B. Crable			Date of Receipt							
	Mailing Address 5000 Dearborn Cir. Ste 100			M M / D D / Y Y Y Y 11 24 2014							
	City Mount Laurel	State NJ	Zip Code 08054	Transaction ID : 16570-P93507 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		Payroll Deduction							
	Name of Employer Corporate Synergies Group, Inc.	Occupation Broker	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	(\$50.00 Monthly)							
c.	Full Name (Last, First, Middle Initial) Valerie Lynn Cramer			Date of Receipt							
	Mailing Address 588 3 Mile Road NW Suite 10	1		10 22 2014							
	City Grand Rapids	State MI	Zip Code 49544	Transaction ID : 16495-P92470 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer	Occupation	1	Payroll Deduction							
	Grotenhuis Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 650.00	(\$50.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			235.00							
-	OTAL This Period (last page this line number of										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	< 11a 13	11b 14	11c		2	17		
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	ΙU	NDERWRITERS PA	C (ŀ	HUPA	C)						
Α.	Full Name (Last, First, Middle Initial) Marcus Creasy Mailing Address P. O. Box 220					Date of	Receipt		Y V	V			
	City	State		Zip Code	_	10 Transa	22 action ID	2 : 16495-F	201 9244				
	Heber Springs	AR		72543	_	Amount	of Each	Receipt t	his Pe	riod			
	FEC ID number of contributing federal political committee.	С					7			30.0	0		
	Name of Employer Adams & Creasy Insurance Agency, Inc.	Occupation Broker	n			Payroll D	eduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 220.00	(\$	\$30.00 N	Nonthly)						
в.	Full Name (Last, First, Middle Initial) Craig Thomas Currier					Date of	Receipt						
	Mailing Address 11213 Davenport St. Ste. 201					11 24 2014							
	City	State NE		Zip Code				: 16570-F					
	Omaha FEC ID number of contributing federal political committee.	C		68154		Amount of Each Receipt this Period 41.66							
	Name of Employer Aon Risk Solutions	Occupation Broker	n		- P	 Payroll Deduction 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 229.13	(\$20.83 Monthly)								
c.	Full Name (Last, First, Middle Initial)					Date of	Receipt						
	Mailing Address 5880 Live Oak Parkway, Suite	250				M M 11	/ D 24		201	Y Y 4			
	City Norcross	State GA		Zip Code 30093				: 16570-F Receipt tl					
	FEC ID number of contributing federal political committee.	С								170.0	0		
	Name of Employer	Occupation	n			-ayroll L	eduction						
	HIRE Benefits, Inc.	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 935.00	(;	\$85.00 N	Monthly)						
s	UBTOTAL of Receipts This Page (optional)									241.66	3		
-	OTAL This Period (last page this line number of						,						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	d Statements may not be sold or used by any pe the name and address of any political committee								
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION (OF HEALTH UNDERWRITERS PA	C (HUPAC)							
Full Name (Last, First, Middle Initial) A. Melissa Davies		Date of Receipt							
Mailing Address 730 Sandhill Rd STE 310		M = M / D = D / Y = Y = Y = Y 11 24 2014							
City Reno	StateZip CodeNV89521	Transaction ID : 16570-P93910 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	60.00							
Name of Employer Clark and Associates	Occupation Broker	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	(\$30.00 Monthly)							
Full Name (Last, First, Middle Initial) B. Johnny Dawkins		Date of Receipt							
Mailing Address 921-C S. McPherson Chu	rch Road	M M / D D / Y Y Y Y 10 22 _2014 _							
City Fayetteville	StateZip CodeNC28303	Transaction ID : 16496-P92857 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	120.00							
Name of Employer Ebenconcepts	Occupation Broker	- Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.00	(\$120.00 Monthly)							
Full Name (Last, First, Middle Initial) C. Teresa F. DeBruin		Date of Receipt							
Mailing Address 5880 Live Oak Parkway S	uite 230	M M / D D / Y Y Y Y Y 11 24 2014							
City Norcross	StateZip CodeGA30093	Transaction ID : 16570-P93614 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	84.00							
Name of Employer	Occupation	Payroll Deduction							
DeBruin Benefit Services, Inc./ The L Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 637.00	(\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)	264.00							
	per only)								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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175

	EMIZED RECEIPTS		for each catego Detailed Summ		×	11a 13		11b 14		11c 15		r	17			
or	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose (oliciting	g contr	ributic	ons			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAC	C (⊢	IUP/	AC))								
Α.	Full Name (Last, First, Middle Initial) Nathan Dee Mailing Address 9900 Covington Cross Dr #210				[Date o		· ·					_			
	City	State	Zip Code		11 24 2014 Transaction ID : 16570-P93563											
	Las Vegas	NV	89144													
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 62.00											
	Name of Employer Business Benefits, Inc	Occupation Broker			– P	ayroll	Dedu	uction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	341.00	(\$	31.00	Mon	thly)								
	Full Name (Last, First, Middle Initial) Scott A Delisi		Date of Receipt													
	Mailing Address 475 Fallbrook Blvd		_		10 22 2014											
	City Lincoln	State NE	Zip Code 68521		Transaction ID : 16495-P92523 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				ayroll [30.0	0							
	Name of Employer Ameritas Life Insurance Group	Occupation Broker			– Pa											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$30.00 Monthly)											
	Full Name (Last, First, Middle Initial) Al DeRuyter				[Date o	f Re	eceipt								
	Mailing Address 10201 Wayzata Blvd., Ste 135		7.0.1			^M 10			2	/ Y	2014					
	City Hopkins	State MN	Zip Code 55305							6495-P ceipt th						
	FEC ID number of contributing federal political committee.	C														
	Name of Employer	Occupation			- P	ayroll	Dedu	uction								
	DeRuyter Associates	Broker														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mon	nthly)								
s	UBTOTAL of Receipts This Page (optional)										1	22.0)			
	OTAL This Period (last page this line number o				j			,		7						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11	· -	11c		12 16	17					
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pos	e of	solicitin		ntribut	ions					
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	.C (⊦	HUP.	AC)										
<u>к</u>	Full Name (Last, First, Middle Initial) Pamela Devos				Date c	of Re	ecei	pt									
	Mailing Address 5437 Breckenridge Ct.			10 23 / Y Y Y Y Y 2014													
	City Frisco	State TX	Zip Code 75034-		Transaction ID : 16504												
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period													
	Name of Employer Pamela J. Devos Insurance Agency	Occupation Broker															
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00														
в.	Full Name (Last, First, Middle Initial) Kathleen A Dibble				Date o	of Re	ecei	pt									
	Mailing Address 835 Calle Compo							M M / D D / Y Y Y Y 11 24 2014									
	City Thousand Oaks	State CA	Zip Code 91360						16570-F leceipt t								
	FEC ID number of contributing federal political committee.	С			20.00												
	Name of Employer Aetna	Occupation Broker			ayroll	Dedu	uctio	on									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	(\$	— (\$20.00 Monthly)												
<u>с</u> .	Full Name (Last, First, Middle Initial) Russell R. Dixon				Date o	of Re	ecei	pt									
	Mailing Address PO Box 27				M 11	/		24)14	Y					
	City Wheaton	State IL	Zip Code 60187	-					16570-I								
	FEC ID number of contributing federal political committee.	С					7		leceipt t	nis P		.00					
	Name of Employer	Occupation		F	Payroll	Ded	ucti	on									
	Colonial Life	Broker															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 472.00	(\$	\$27.00	Mor	nthly	y)									
⊢	UBTOTAL of Receipts This Page (optional)		· · ·	-		-	7			+	274.	00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X	11a 13		11b		11c		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose		solicitin		ontribut	ions	
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH		RS PAC	(H	UP	AC))						
Α.	Full Name (Last, First, Middle Initial) Claudia S. Dodge				C	Date o								
	Mailing Address 2108 W Laburnum Ave., # 300 City	State	Zip Code			11 Trans		L	24 ID : 1	6570-F	2	014 6 89	Y	
	Richmond	VA	23227		A	moun	t of	Eac	h Re	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С						,		- 1		60.	00	
	Name of Employer BB&T Benefit Consultants of Virginia	Occupation Broker			Pa	ayroll I	Dedu	uctic	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2	70.00	(\$:	30.00	Mon	thly))					
в.	Full Name (Last, First, Middle Initial) Cynthia H. Doucet				С	Date o	f Re	eceip	ot					
	Mailing Address 104 Mondrian Way				10 22 2014									
	City Lafayette	State LA	Zip Code 70501			Transaction ID : 16495-P92677 Amount of Each Receipt this Period 30.00								
	FEC ID number of contributing federal political committee.	С												
	Name of Employer Global Financial Resources, Inc.	Occupation Broker			Pa									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3	00.00	(\$30.00 Monthly)									
с.	Full Name (Last, First, Middle Initial) Joseph F. Dowd				С	Date o	f Re	eceip	ot					
	Mailing Address 10000 Midlantic Dr. #301 West		7.0.1		[м м 11		L	24	/	2	ү 014	Y	
	City Mt. Laurel	State NJ	Zip Code 08054		Δ					1 6570-I eceipt t				
	FEC ID number of contributing federal political committee.	С]				,				60	.00	
	Name of Employer	Occupation			Pa	ayroll	Dedu	uctio	on					
	Kistler Tiffany Benefits	Broker												
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 3	330.00	(\$	30.00	Mon	nthly)						
s	UBTOTAL of Receipts This Page (optional)			····· ►	[,		- 1		150.	00	
т	OTAL This Period (last page this line number c	only)		····· >				,						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than	orts and Statements may not be sold or used by any per using the name and address of any political committee											
NAME OF COMMITTEE (In Full)	ON OF HEALTH UNDERWRITERS PAG	C (HUPAC)										
Full Name (Last, First, Middle Initial A. Betty R. Doyle		Date of Receipt										
Mailing Address 108 SE 3rd, Suite A	State Zip Code	M = M / D = D / Y = Y = Y = Y 10 22 2014										
Moore	OK 73160	Transaction ID : 16495-P92512 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer Doyle-Crow & Associates	Occupation Broker	 Payroll Deduction 										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)										
Full Name (Last, First, Middle Initial B. Sam Drysdale)	Date of Receipt										
Mailing Address 4520 S National		M = M / D = D / Y = Y = Y = Y 11 24 2014										
City Springfield	StateZip CodeMO65810	Transaction ID : 16570-P93880 Amount of Each Receipt this Period 84.00										
FEC ID number of contributing federal political committee.	C											
Name of Employer Coventry Health Care	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)										
Full Name (Last, First, Middle Initial C. Keith M. Duhon		Date of Receipt										
Mailing Address PO Box 80158		10 22 2014										
City Lafayette	State Zip Code LA 70598	Transaction ID : 16495-P92452 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer	Occupation	Payroll Deduction										
The Family Insurance Center, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (o	ptional)	144.00										
	e number only)											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than using		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION C	OF HEALTH UNDERWRITER	S PAC (HUPAC)
Full Name (Last, First, Middle Initial) A. Tina Durand		Date of Receipt
Mailing Address P.O.Box 61157		10 22 2014
City	State Zip Code TX 78466	Transaction ID : 16495-P92731
Corpus Christi	1 / 76400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	Payroll Deduction
Heavin & Associates Insurance	Broker	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.	.00 (\$42.00 Monthly)
Full Name (Last, First, Middle Initial) B. Eugene Denny Ebersole	Date of Receipt	
Mailing Address 840 Tchoupitoulas St., Uni	t 212	M M / D D / Y Y Y Y 10 22 2014
City	State Zip Code	Transaction ID : 16496-P92783
New Orleans	LA 70130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	85.00
Name of Employer LouisianaBenefits.com	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.	00 (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) C. David H. Eblen		Date of Receipt
Mailing Address 112 South Liberty, # 221		11 24 2014
City	State Zip Code	Transaction ID : 16570-P93612
Jackson	TN 38301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	Payroll Deduction
The Eblen Agency/A Divison of IPSEO	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	330	.00 (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional		187.00
TOTAL This Period (last page this line numl	per only)	······ •

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	ED RECEIPTS		for each cat Detailed Sur		×	11a 13		11b	11c	12	17			
or for com	nation copied from such Reports and Si mercial purposes, other than using the					or the		ose of s	soliciting	g contrib	utions			
	OF COMMITTEE (In Full) ONAL ASSOCIATION OF	HEALTH	UNDERW	RITERS PA	AC (HUPAC)									
A. Mike	•				C	Date of	Ree	ceipt						
Mailing City	Address P O Box 2021	State	Zip Code		_ [M M 10 Trans	/	22 on ID : 1	/ Y	2014	Y			
Ridgela	and	MS	39158		A			Each Re			d			
	number of contributing political committee.	С						7			0.00			
Colonial		Occupation Broker			— Pa	ayroll E	Dedu	iction						
	For: rimary General ther (specify) V	Aggregate	Year-to-Date ▼	270.00	(\$	30.00 I	Mont	thly)						
B. Grego	me (Last, First, Middle Initial) ory Engle					Date of	Red	ceipt						
	Address 1151 Red Mile Road					11 24 2014								
City		State KY	Zip Code					on ID : 1						
	number of contributing political committee.	С	40504		Amount of Each Receipt this Period 84.00									
	of Employer Insurance Marketing	Occupation Broker			— Pa	 Payroll Deduction 								
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼	462.00	(\$4	(\$42.00 Monthly)								
	me (Last, First, Middle Initial) G. Fagen					Date of	Ree	ceipt						
	Address PO Box 19		7:0.1			м м 11	/	D D 24	/ Y	үү 2014	Y			
City Demott	ie.	State IN	Zip Code 46310					on ID : 1			4			
FEC ID	number of contributing political committee.	С						Each Re			0.00			
Name o	of Employer	Occupation			Pa	ayroll [Dedu	uction						
	al Arts Inc.	Broker												
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼	275.00	(\$	25.00	Mon	thly)						
SUBTOTA	AL of Receipts This Page (optional)			•••••				,		164	4.00			
TOTAL T	his Period (last page this line number o	only)		····· ►				,	,					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	15	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE	(In Full) OCIATION OF HEALTH	UNDERWRITERS PA	C (HUPAC)										
A. Full Name (Last, First, M Nicole Fairbairn Wo Mailing Address 8069 Lit	nnell tle Circle Road		Date of Receipt										
City	State	Zip Code	Transaction ID : 16570-P94046										
Noblesville	IN	46060	Amount of Each Receipt this Period										
FEC ID number of contri federal political committee	ů.		60.00										
Name of Employer	Occupation		Payroll Deduction										
Creative Insurance Conce	epts Inc. Broker												
Receipt For: Primary G Other (specify) ▼	ieneral Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)										
Full Name (Last, First, M	iddle Initial)												
B. Dominick Fanuele			Date of Receipt										
Mailing Address 214 Little		11 24 2014											
City Fairfield	State NJ	Zip Code 07004	Transaction ID : 16570-P94016										
FEC ID number of contri federal political committee	buting		Amount of Each Receipt this Period										
Name of Employer Fanuele Financial Group I	LC Occupation		Payroll Deduction										
Receipt For: Primary G Other (specify) ▼	ieneral Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)										
Full Name (Last, First, M C. Jennifer Liane Fai			Date of Receipt										
	orth Central Avenue 9th Flo		11 24 2014										
City Phoenix	State AZ	Zip Code 85012	Transaction ID : 16570-P93858 Amount of Each Receipt this Period										
FEC ID number of contri federal political committee	J J J J J J J J J J J J J J J J J J J		80.00										
Name of Employer	Occupation		Payroll Deduction										
Black Gould & Associates	Broker												
Receipt For:	Aggregate	Year-to-Date ▼	(\$40.00 Monthly)										
Other (specify)		460.00											
SUBTOTAL of Receipts Tr	is Page (optional)	•	200.00										

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	and Statements may not be sold or used by any ing the name and address of any political commi	y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITERS I	PAC (HUPAC)
A. Full Name (Last, First, Middle Initial) Mailing Address 1931 Georgetown Rd.,		Date of Receipt
City Hudson	State Zip Code OH 44236	Transaction ID : 16570-P93715
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00
Name of Employer	Occupation	Payroll Deduction
Sam Fiorentino & Associates Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)
Full Name (Last, First, Middle Initial) B. Jeffrey R Fishback		Date of Receipt
Mailing Address 736 Johnson Ferry Roa	d Building C	11 04 2014
City	State Zip Code	Transaction ID : 16547
Marietta	GA 30068-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer Purchasing Alliance Solutions, Inc.	Occupation	
Receipt For:	Broker	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. Erin B. Fisher		Date of Receipt
Mailing Address 131-6 Courtland Avenu		11 24 2014
City Stamford	State Zip Code CT 06902	Transaction ID : 16570-P93645
	00902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00 Payroll Deduction
Name of Employer	Occupation	
Find Medicare Plans Receipt For:	Broker	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	(\$100.00 Monthly)
SUBTOTAL of Receipts This Page (option	nal)	649.00

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

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		111	· -	11c		12 16	17					
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pos	e of	solicitin		ntributi	ons					
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	/C (F	1UP	AC)										
Α.	Full Name (Last, First, Middle Initial) Robert Mark Fitzgerald				Date c	of Re	eceij	pt									
	Mailing Address 2842 Landing Way			11 24 2014 Transaction ID : 15570-P93008													
	City Marietta	State GA	Zip Code 30066		Transaction ID : 16570-P93908 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period													
	Name of Employer	Occupation		- Payroll Deduction													
	Robert Fitzgerald Insurance Agency, I	Broker															
	Receipt For: Primary General		Year-to-Date ▼	(\$	63.00	Mor	nthly	()									
	Other (specify)		588.00														
в.	Full Name (Last, First, Middle Initial) Albert Fogle						Date of Receipt										
	Mailing Address 3111 C St., Suite 500																
	City	State	Zip Code						16570-F								
	Anchorage	AK	99503		Amour	nt of	Ead	ch R	Receipt t	nis P	eriod						
	FEC ID number of contributing federal political committee.		60.00 Payroll Deduction														
	Name of Employer Northrim Benefits Group	Occupation Broker		- P													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$	(\$30.00 Monthly)												
<u>с</u> .	Full Name (Last, First, Middle Initial) Jeffrey M. Ford				Date c	of Re	ecei	pt									
	Mailing Address P O Box 515				M N	/		24		20	Y 14	Y					
	City Cloverdale	State VA	Zip Code 24077						16570-F								
	FEC ID number of contributing	C		'	Amour	nt of	Ead	on H	Receipt t	nis P	eriod 84.	00					
	federal political committee.	U			Payroll	Dod	J			_	04.	00					
	Name of Employer	Occupation	l		ayroli	Deu	ucu	on									
	JM Ford and Associates, LLC	Broker															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	(5	\$42.00	Mor	nthly	/)									
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			-		-	7	-		-	270.0	00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	IMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or	for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS PA	C (HUPAC)										
A.	Full Name (Last, First, Middle Initial) H. Larry Fortenberry Mailing Address PO Box 16566	Date of Receipt												
	City	State	Zip Code	Transaction ID : 16495-P92463										
-	Jackson	MS	39236	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		42.00										
i	Name of Employer	Occupation		Payroll Deduction										
	Executive Planning Group, P.A. Receipt For:	Broker Aggregate	Year-to-Date ▼	_										
	Primary General Other (specify) ▼		420.00	(\$42.00 Monthly)										
	Full Name (Last, First, Middle Initial) Wesley Foster			Date of Receipt										
	Mailing Address 411 Copper Circle			11 24 2014										
		State	Zip Code	Transaction ID : 16570-P94059										
-	Argyle	ТХ	76226	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	60.00												
	Name of Employer BenefitMall TX	Occupation Broker		Payroll Deduction										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)										
	Full Name (Last, First, Middle Initial) Patrick J. Freeman			Date of Receipt										
	Mailing Address 625 Oak Street			M = M / D = D / Y = Y = Y = Y Y 11 24 2014										
-	City Laguna Beach	State CA	Zip Code 92651	Transaction ID : 16570-P93821 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		60.00										
i	Name of Employer	Occupation	1	Payroll Deduction										
	Freeman Insurance Agency	Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)										
รเ	JBTOTAL of Receipts This Page (optional)			162.00										
Т	DTAL This Period (last page this line number of	only)		·										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than usi	and Statements may not be sold or used by any ng the name and address of any political committee										
NAME OF COMMITTEE (In Full)	OF HEALTH UNDERWRITERS P	AC (HUPAC)									
Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt									
Mailing Address 4435 O Street	State Zip Code	10 22 2014									
Lincoln	NE 68506	Transaction ID : 16495-P92691 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	50.00									
Name of Employer UNICO Financial Services, Inc.	Occupation Broker	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	(\$50.00 Monthly)									
Full Name (Last, First, Middle Initial) B. Kelly Don Fristoe		Date of Receipt									
Mailing Address 807 8th Street, Suite 30		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Wichita Falls	StateZip CodeTX76301	Transaction ID : 16495-P92462 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ů – Li – L										
Name of Employer Financial Partners	Occupation Broker	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General										
Full Name (Last, First, Middle Initial) C. Bruce Frizen		Date of Receipt									
Mailing Address 8058 Corporate Center		11 24 Y Y Y Y Y									
City Charlotte	StateZip CodeNC28226	Transaction ID : 16570-P93955 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	90.00									
Name of Employer	Occupation	Payroll Deduction									
L.E. Goodgame & Associates	Broker										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	(\$45.00 Monthly)									
SUBTOTAL of Receipts This Page (option	nal)	▶ 170.00									
TOTAL This Period (last page this line nu	imber only)										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any per address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)										
Α.	Full Name (Last, First, Middle Initial) Tyson Fuehrer			Date of Receipt										
	Mailing Address 412 Jefferson Parkway Suite 2	202												
	City	State	Zip Code	Transaction ID : 16570-P93457										
	Lake Oswego	OR	97035	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		60.00										
	Name of Employer	Occupation	1	 Payroll Deduction 										
	Polestar Benefits, Inc.	Broker												
	Receipt For:	Aggregate	Year-to-Date ▼	_										
	Primary General Other (specify) ▼		330.00	(\$30.00 Monthly)										
В.	Full Name (Last, First, Middle Initial) Kenneth Furr			Date of Receipt										
	Mailing Address 2786 Danbury Ct			M M / D D / Y Y Y Y Y										
				11 24 2014										
	City	State	Zip Code	Transaction ID : 16570-P93517										
	Reno	NV	89523	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer Menath Insurance Agency	Occupation Broker	1	 Payroll Deduction 										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	(\$10.00 Monthly)										
<u>с</u> .	Full Name (Last, First, Middle Initial) Joan A. Fusco			Date of Receipt										
	Mailing Address 25B Hanover Rd., Suite 220			11 24 Y Y Y Y 2014										
	City	State	Zip Code	Transaction ID : 16570-P93809										
	Florham Park	NJ	07932	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		100.00										
	Name of Employer	Occupation	1	Payroll Deduction										
	Savoy Associates	Broker												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		550.00	(\$50.00 Monthly)										
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			180.00										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using		person for the purpose of soliciting contributions the solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	OF HEALTH UNDERWRITERS F	PAC (HUPAC)										
Full Name (Last, First, Middle Initial) A. Joan L. Galletta		Date of Receipt										
Mailing Address 3342 Kori Road		11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City Jacksonville	State Zip Code FL 32257	Transaction ID : 16570-P93798										
FEC ID number of contributing	C	Amount of Each Receipt this Period										
federal political committee.		Payroll Deduction										
Name of Employer	Occupation											
JP Perry Insurance, Inc.	Broker											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	(\$85.00 Monthly)										
Full Name (Last, First, Middle Initial) B. Hollie Gandy		Date of Receipt										
Mailing Address 2920 Duniven Circle, #2		10 22 2014										
City	State Zip Code	Transaction ID : 16495-P92477										
Amarillo	TX 79109	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	30.00											
Name of Employer Senior Solutions Group	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General											
Full Name (Last, First, Middle Initial) C. James S. Garbina		Date of Receipt										
Mailing Address 14010 FNB Pkwy Ste 300		M M / D D / Y Y Y Y Y 10 22 2014										
City	State Zip Code NE 68154	Transaction ID : 16495-P92458										
Omaha	NE 68154	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	85.00										
Name of Employer	Occupation	Payroll Deduction										
The Harry A. Koch Co	Broker											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General Other (specify) ▼												
SUBTOTAL of Receipts This Page (optiona	l)	285.00										
TOTAL This Period (last page this line num	ber only)	•										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each catego Detailed Summ		X	11a 13	\square	11b 14	11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the					or the		ose of	soliciting	contribu	itions	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAG	C (H	UPA	AC)					
Α.	Full Name (Last, First, Middle Initial) Joy K. Gardner Mailing Address 9424 Double R Blvd)ate of ™■™	f Red	ceipt	D / Y	Y Y	Y	
	City	State	Zip Code		1	10 Trans	acti	22 on ID :	16495-P	2014 92577		
	Reno	NV	89521		A	mount	t of I	Each F	Receipt th	is Perioc	I	
	FEC ID number of contributing federal political committee.	С						,		4(0.00	
	Name of Employer Comstock Insurance Agencies, Inc. Receipt For: Primary General	Occupation Broker Aggregate	Year-to-Date ▼			ayroll [
	Other (specify) ▼		5 5 5	575.00	(\$4	40.00	Mont	thly)				
B.	Full Name (Last, First, Middle Initial) G. Russell Garner					ate of	f Red	ceipt				
	Mailing Address 1308 Murraywood Drive						/	24		у у 2014	Y	
	City Columbia	State SC	Zip Code 29212						16570-P9 Receipt th			
	FEC ID number of contributing federal political committee.					,		60	0.00			
	Name of Employer Self Employed		Payroll Deduction									
	Receipt For:	330.00) (\$30.00 Monthly)									
C.	Full Name (Last, First, Middle Initial) Charles Gartlan					ate of	f Red	ceipt				
	Mailing Address 19 Tarworth Terrace					м м 10	/	23		ү ү 2014	Y	
	City Manchester	State NJ	Zip Code 08759-		A				: 16502 Receipt th	is Perioc		
	FEC ID number of contributing federal political committee.	С						,		400	0.00	
	Name of Employer	Occupation			-							
	Emerson, Reid & Co.	Broker										
	Receipt For:	Aggregate	Year-to-Date ▼	1400.00								
	UBTOTAL of Receipts This Page (optional)			F		-		7		500	.00]
L 1	OTAL This Period (last page this line number of	////y/		•••••••	- L.			7			- I-	- I.

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		each category of the stailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UN	DERWRITERS PA	C (HUPAC)											
Α.	Full Name (Last, First, Middle Initial) Charles T. Gartlan Mailing Address 19 Tarworth Terrace	Date of Receipt													
	City	State 2	Zip Code	11 24 2014 Transaction ID : 16570-P93737											
	Manchester	NJ	08759-	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		200.00											
	Name of Employer Emerson, Reid & Co.	Occupation Broker		Payroll Deduction											
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1500.00	(\$100.00 Monthly)											
В.	Full Name (Last, First, Middle Initial) John P. Garven			Date of Receipt											
	Mailing Address P. O. Box 8 11715 East Main	Stre		M M / D D / Y Y Y Y Y 11 24 2014											
	City Huntley		Zip Code 60142	Transaction ID : 16570-P93551 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		84.00											
	Name of Employer Benico, LTD	Occupation Broker		Payroll Deduction											
	Receipt For: Primary General Other (specify) ▼	(\$42.00 Monthly)													
<u></u> с.	Full Name (Last, First, Middle Initial) Michele Gasparre			Date of Receipt											
	Mailing Address 80 Business Park Drive Suite	306		11 24 2014											
	City Armonk		Zip Code 10504	Transaction ID : 16570-P93975 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		84.00											
	Name of Employer	Occupation		Payroll Deduction											
	Meridian Benefits Consulting	Broker													
	Receipt For: Primary General Other (specify) V	Aggregate Year-	to-Date ▼ 420.00	(\$42.00 Monthly)											
	UBTOTAL of Receipts This Page (optional)			368.00											
ΙТ	OTAL This Period (last page this line number of	only)	••••••	•											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each categor Detailed Summa		×	11a 13		11b 14		11c 15		12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose of		liciting	g cont	tributio	ons				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC	С (Н	UPA	AC))									
Α.	Full Name (Last, First, Middle Initial) Jeffrey Wm. Gennaro Mailing Address 3820 W Happy Valley Rd Ste 1	41 P				ate of		ceipt	D	/	V	Y					
	City	State	Zip Code		11 24 2014 Transaction ID : 16570-P93714												
	Glendale	AZ	85310	A	moun	t of	Each F	Reco	eipt th	is Pe	eriod						
	FEC ID number of contributing federal political committee.	С			170.00 Payroll Deduction												
	Name of Employer Capitol Insurance Brokers, Inc.	Occupation Broker			- Pa	ayroll [Dedu	uction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	822.00	(\$8	35.00	Mon	thly)									
В.	Full Name (Last, First, Middle Initial) Charles J. Giardina					ate of	f Re	ceipt									
	Mailing Address 5440 Mounes Street, Suite 112 City State Zip Code						10 22 2014 Transaction ID : 16495-P92606										
	City New Orleans	State LA				on ID : Each F											
	FEC ID number of contributing federal political committee.	С	30.00														
	Name of Employer MetLife	Occupation Broker	 Payroll Deduction 														
	Receipt For: Primary General Other (specify) ▼	300.00	(\$30.00 Monthly)														
С.	Full Name (Last, First, Middle Initial) Richard R. Girdler					ate of	f Re	ceipt									
	Mailing Address 113 Seaboard Lane, Suite C-1					^M ^M 11	/	D 24	Ļ	/ Y	201						
	City Franklin	State TN	Zip Code 37067					on ID : Each F									
	FEC ID number of contributing federal political committee.	С						7	1ect	ייין דיין דיין דיין דיין דיין דיין דיין	IS Fe	200.0	00				
	Name of Employer	Occupation	I		_ Pa	ayroll I	Dedu	uction									
	Cowan Benefit Services, Inc.	Broker															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1010.00	(\$	100.00) Mo	nthly)									
s	UBTOTAL of Receipts This Page (optional)			•••••				7		7		400.0	0				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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175

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12					
	y information copied from such Reports and S					purp								
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to sol	licit co	ntribi	utions	from such	n commi	ttee.				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	AC (H	IUP/	AC)								
Α.	Full Name (Last, First, Middle Initial) Mark Glandon				Date o	f Red	ceipt							
	Mailing Address 1100 Laskin Rd. Suite 200			10 23 2014										
	City	State	Zip Code			sactio		16506	2011					
	Virginia Beach	VA	23451-	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,	7	30	0.00				
	Name of Employer	Occupation		_										
	Glandon Agency, Inc.	Broker												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	00 0		11										
	Other (specify)		300.00	4										
B	Full Name (Last, First, Middle Initial)			r	Date o	f Rec	reint							
υ.	Mailing Address 601 W. 5th Avenue Suite 510				M	/	D		VV	V				
	inamig / lai ooo 001 W. Sin Avenue Suite Sto				11	1	24		2014					
	City	State	Zip Code		Trans	actio	on ID :	16570-P						
	Anchorage	AK	99501	A	Amoun	t of I	Each F	Receipt th	is Period	k				
	FEC ID number of contributing federal political committee.	С				7	60	0.00						
	Name of Employer	Occupation		- Pa	Payroll Deduction									
	Moda Health	Broker												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			(\$30.00 Monthly)										
	Other (specify)	L	270.00	11										
с.	Full Name (Last, First, Middle Initial) Ryan P. Gordon				Date o	f Red	ceipt							
	Mailing Address 1813 Sweetbay Dr Ste 10				м м 11	/	24		y y 2014	Y				
	City	State	Zip Code		Trans	sacti	on ID :	: 16570-P	93832					
	Salisbury	MD	21804	A	Amoun	t of I	Each F	Receipt th	is Period	k				
	FEC ID number of contributing	С		11					6	0.00				
	federal political committee.	0					7	7		0.00				
	Name of Employer	P	ayroll	Dedu	iction									
	WorkforceTactix, Inc.	Broker												
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General	ieneral 330.00												
	Other (specify)		300.00											
s	UBTOTAL of Receipts This Page (optional)						,		420	0.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS	for each category of the Detailed Summary Page			×	11a 13		11b 14	11c	12		17	
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose o	f soliciting	g contri	buti	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	ITERS PAG	C (H	UPA	AC))					
Α.	Full Name (Last, First, Middle Initial) Beverly Gossage Mailing Address 9325 Evening Star Terr	0	7.0.1			Date of	1	24		2014		Ŷ	
	City Eudora	State KS	Zip Code 66025					-	<u>: 16570-P</u>				
	FEC ID number of contributing federal political committee.	C						,	Receipt th		od 84.(00	
	Name of Employer HSA Benefits Consulting	Occupation Broker			– Pa	ayroll [Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	926.00	(\$	42.00	Mon	nthly)					
D	Full Name (Last, First, Middle Initial) Arthur Granado						(D -						
в.	Mailing Address 418 Peoples, # 505					Date of	/ Re	22		_2014	. –	Y	
	City	State	Zip Code			Trans	acti	ion ID :	: 16495-P	92515			
	Corpus Christi	ТХ	78401	A	moun	t of	Each I	Receipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С		85.00									
	Name of Employer The Granado Group	Occupation Broker			Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	(\$85.00 Monthly)									
C.	Full Name (Last, First, Middle Initial) Colleen J. Gransee					Date of	f Re	eceipt					
	Mailing Address 1277 Deming Way	01.14	The Oak		[м м 10		D 22	2	2014		Y	
	City Madison	State WI	Zip Code 53717		Δ				: 16495-P Receipt th				
	FEC ID number of contributing federal political committee.	С				inoun			, teceipt ti		30.	00	
	Name of Employer	Occupation			_ Pa	ayroll I	Ded	uction					
	Dean Health Plan	Broker											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		a	300.00	(\$30.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			····· •	ļ	_	_	7		19	99.0	00	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (II NATIONAL ASSO	T Full) CIATION OF HEALTH	UNDERWRITERS PA	AC (HUPAC)
Full Name (Last, First, Mid A. Julie Grant Mailing Address 12011 NE City Bellevue FEC ID number of contribut federal political committee.	First Street Suite 203 State WA	Zip Code 98005-	Date of Receipt 10 24 2014 Transaction ID : 16511 Amount of Each Receipt this Period 1000.00
Other (specify) ▼	heral Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Mid B. Michael D. Gray Mailing Address 233 South			Date of Receipt
City Lincoln FEC ID number of contribu federal political committee. Name of Employer	State NE ting Occupation	Zip Code 68508	Transaction ID : 16495-P92617 Amount of Each Receipt this Period 85.00 Payroll Deduction
The Harry A. Koch Co Receipt For: Primary Get Other (specify) ▼	heral Broker	Year-to-Date ▼ 850.00	(\$85.00 Monthly)
C. J. J. Green Mailing Address 1219 W. 2			Date of Receipt
City Grand Island FEC ID number of contribu	State NE	Zip Code 68801	11 24 2014 Transaction ID : 16570-P93839 Amount of Each Receipt this Period 60.00
federal political committee. Name of Employer Primark, Inc.	Occupation Broker		Payroll Deduction
Receipt For: Primary Gen Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This	Page (optional)		1145.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any p g the name and address of any political committee	
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITERS PA	AC (HUPAC)
Full Name (Last, First, Middle Initial) A. Don R. Griffey Mailing Address 56294 Prim Rose Circle City Elkhart FEC ID number of contributing federal political committee. Name of Employer Hailey-Campbell, Inc Receipt For: Primary General	State Zip Code IN 46516 C Occupation Broker Aggregate Year-to-Date ▼	Date of Receipt 11 24 2014 Transaction ID : 16570-P93650 Amount of Each Receipt this Period 60.00 Payroll Deduction (\$30.00 Monthly)
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Patricia A. Griffey Mailing Address 53800 Generations Drive	330.00	Date of Receipt
City South Bend FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IN 46635	11 24 2014 Transaction ID : 16570-P93674 Amount of Each Receipt this Period 200.00 Payroll Deduction
Healy Group, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 1135.00	(\$100.00 Monthly)
Full Name (Last, First, Middle Initial) C. David Grosjean Mailing Address 4600 Jefferson Lane NE City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Grosjean Insurance Agency, Inc. Receipt For: Primary General Other (specify)	, Suite C State Zip Code NM 87109- C Occupation Broker Aggregate Year-to-Date ▼ 800.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	al)	560.00
TOTAL This Period (last page this line nur	nber only)	

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each categ Detailed Sumn		X	11a 13	\square	11b 14	11c	12	[17	7	
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	soliciting	contrik	outic	ons		
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAG	C (H	UPA	AC)							
Α.	Full Name (Last, First, Middle Initial) Robert A. Grundman Mailing Address 7412 Karl Drive Test					Date of	f Red	ceipt	D / Y	- Y - Y				
	City	State	Zip Code		10 22 2014 Transaction ID : 16495-P92481									
	Lincoln	NE	68516		_ A	mount	t of I	Each F	Receipt th	is Peric	bd			
	FEC ID number of contributing federal political committee.	С						,		:	50.0	0		
	Name of Employer Senior Benefit Strategies	1		– Pa	ayroll [Dedu	ction							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	500.00	(\$	50.00	Mont	hly)							
В.	Full Name (Last, First, Middle Initial) Craig Gussin					Date of	f Red	ceipt						
	Mailing Address 4330 La Jolla Village Dr.,# 330					™M 1_1	/	24		2014	Y			
	City San Diego	State CA	Zip Code 92122		A	bd								
	FEC ID number of contributing federal political committee.	С				10.0	0							
	Name of Employer Auerbach & Gussin Insurance and Finan	Occupation Broker	I		– Pa	ayroll D)edu	ction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1095.00	(\$^	105.00	Mor	nthly)						
c.	Full Name (Last, First, Middle Initial) Antonio Gutierrez					Date of	f Red	ceipt						
	Mailing Address 12833 Riverdance Dr.					м м 11	/	D 1		2014	Y			
	City Raleigh	State NC	Zip Code 27613						: 16570-P					
	FEC ID number of contributing federal political committee.	С						,	Receipt th		60.0	0]	
	Name of Employer	Occupation	1		_ Pa	ayroll [Dedu	ction						
	JBA Benefits LLC													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)						
s	UBTOTAL of Receipts This Page (optional)			•••••				7		32	20.0	0		
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting	g con	ntributi	ons			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	.C (F	IUP,	٩C)								
<u>А.</u>	Full Name (Last, First, Middle Initial) Teresa Gutierrez				Date c	of Re	eceipt	t							
	Mailing Address 12833 River Dance Dr.			11 24 Y Y Y Y Y 11 24											
	City	State	Zip Code		Transaction ID : 16570-P93633										
	Raleigh	NC	27613	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		170.00											
	Name of Employer	Occupation			ayroll	Dedu	uctior	n							
	JBA Benefits, Inc.	Broker													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		1085.00	\$	85.00	Mon	nthly)								
в.	Full Name (Last, First, Middle Initial) David R. Gwin			Date c	of Re	eceipt	t								
	Mailing Address I-20 At Alpine Rd. AV-100				M N	/		D 22	/ Y	20	ү 14	Y			
	City	State	Zip Code		Trans	sacti	ion II	D :	16495-P	<u>9249</u>	94				
	Columbia	SC	29219	_ /	Amour	nt of	Each	ו R	eceipt th	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С			42.00										
	Name of Employer BlueCross BlueShield of SC	Occupation Broker		Payroll Deduction											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	(\$	42.00	Mon	ithly)								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dwight Hall				Date c	of Re	eceipt	t							
	Mailing Address 6107 Hazelwood Ave.				M N	/		24	/ Y	20	ү 14	Y			
	City	State IN	Zip Code						16570-F						
	Indianapolis	lin	46228		Amour	nt of	Each	ו R	eceipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С				D. I	7	_	7		60.	00			
	Name of Employer	Occupation		۲ (×	Payroll	Ded	uctioi	n							
	D Hall & Associates	Broker													
	Receipt For:	Aggregate	Year-to-Date ▼	(\$	\$30.00	Mor	nthly)	ļ							
_	Other (specify)		330.00												
s	UBTOTAL of Receipts This Page (optional)		•				7			_	272.0	00			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC	; (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) Joseph Lee Hannah				Date of Receipt							
	Mailing Address 9414 Indianfield Drive	State	Zip Code		11 24 2014							
	Mechanicsville	VA	23116		Transaction ID : 16570-P93548 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			20.00							
	Name of Employer CIGNA Healthcare		Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00	(\$20.00 Monthly)							
В.	Full Name (Last, First, Middle Initial) Allen D. Hardy				Date of Receipt							
	Mailing Address 802 Kosciusko Road P.O. Box				10 22 2014							
	City Philadelphia	State MS	Zip Code 39350		Transaction ID : 16495-P92553 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			30.00							
	Name of Employer Philadelphia Security Insurance	Occupation Broker			Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00	(\$30.00 Monthly)							
c.	Full Name (Last, First, Middle Initial) Larry S. Harrison				Date of Receipt							
	Mailing Address 205 E. Warm Spring Rd, Suite		7. 0. 1		11 / D D / Y Y Y Y Y 124 2014							
	City Las Vegas	State NV	Zip Code 89119		Transaction ID : 16570-P93603 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			60.84							
	Name of Employer	Occupation	1		Payroll Deduction							
	National Healthcare Access Inc.	Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	334.62	(\$30.42 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			•••••	110.84							
т	OTAL This Period (last page this line number o	only)		····· ►								

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

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ITEMIZED RECEIPTS			for each categor Detailed Summa		×	11a 13		11b 14		11c 15	12	Γ	17	
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose		oliciting	g contril	outio	ns	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAC	C (⊢	IUP/	AC))						
Α.	Full Name (Last, First, Middle Initial) Daniel R Hart				[Date o	f Re	eceipt						
	Mailing Address 4200 East Skelly Drive Suite 3	320 State	Zip Code		11 24 2014 Transaction ID : 16570-P93469									
	Tulsa	OK	74135								193469 nis Perio	hd		
	FEC ID number of contributing federal political committee.	С						,		50 pt 4		60.0	0	
	Name of Employer Guardian Life		- P	ayroll	Dedu	uction	I							
	Receipt For: Primary General Other (specify)	330.00	(\$	30.00	Mon	nthly)								
в.	Full Name (Last, First, Middle Initial) Gerald G Hartman				[Date o	f Re	eceipt						
	Mailing Address PO Box 5716				M M	/		D 24	/ Y	2014	Y			
	City Boise	State ID	Zip Code 83705											
	FEC ID number of contributing federal political committee.	С				00.00	D							
	Name of Employer Insurance Network America Inc	Occupation Broker			- Pa	ayroll [Dedu	uction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	550.00	(\$	50.00	Mon	ithly)						
с.	Full Name (Last, First, Middle Initial) Matthew F. Hatfield				[Date o	f Re	eceipt						
	Mailing Address 2207 Springfield Avenue					^M ■ ^M		2	D 24	/ Y	2014	Y		
	City Fort Wayne	State IN	Zip Code 46805		-					6570-P ceipt th	193765 nis Perio	bc		
	FEC ID number of contributing federal political committee.	С						,				80.0	0	
	Name of Employer	Occupation			- P	ayroll	Dedu	uction	1					
	Self Employed	Broker												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	440.00	(\$	640.00	Mon	nthly)						
s	UBTOTAL of Receipts This Page (optional)				_			3			24	40.00)	
т	OTAL This Period (last page this line number	only)		••••••	ĺ			,		7				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17												
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions												
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH UNDERWRITERS PA	AC (HUPAC)												
Full Name (Last, First, Middle Initial) A. Leesa Kay Hayes Mailing Address 812 Lyndon Lane Suite 101 City	State Zip Code	Date of Receipt												
Louisville	KY 40222	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00 Payroll Deduction												
Name of Employer	Occupation													
Snowden & Associates, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)												
Full Name (Last, First, Middle Initial)														
B. Tom Hayes Mailing Address P O Box 3198		Date of Receipt												
City	State Zip Code	Transaction ID : 16570-P93948												
Little Rock	AR 72203	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	60.00												
Name of Employer Rebsamen Insurance	Occupation Broker	Payroll Deduction												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)												
Full Name (Last, First, Middle Initial) C. Hedy S. Hebert		Date of Receipt												
Mailing Address 550 Boardwalk Blvd.		11 24 Y Y Y Y Y 11 24												
City Bossier City	State Zip Code LA 71111	Transaction ID : 16570-P93639												
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period												
		Payroll Deduction												
Name of Employer Benefit Consulting Services	Occupation Broker													
Receipt For:	Aggregate Year-to-Date ▼													
Primary General Other (specify) ▼	935.00	(\$85.00 Monthly)												
SUBTOTAL of Receipts This Page (optional)	••••••	260.00												

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page		X 11a 13	11b	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purpose of	fsoliciting	contribu	itions				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS	SPAC (HUPA	NC)							
Α.	Full Name (Last, First, Middle Initial) Laura L. Hebert				Date of	Receipt							
	Mailing Address 935 Graham Road PO BOX 18				M M / D D / Y Y Y Y 11 24 2014								
	City Corpus Christi	State TX	Zip Code 78418			action ID :							
	•		70410		Amount	of Each F	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С						84	4.00				
	Name of Employer	Occupation			Payroll D	Deduction							
	Hebert Insurance Group	Broker											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		390.00		(\$42.00	Monthly)							
	Full Name (Last, First, Middle Initial) Debbie R. Hediger				Date of	Receipt							
	Mailing Address 400 N Tampa St Suite 2200		M M / D D / Y Y Y Y 10 22 2014										
	City	State	Zip Code		Trans	action ID :	16495-P						
	Tampa	FL	33600		Amount	of Each F	Receipt th	is Period	I				
FEC ID number of contributing federal political committee.					30.00								
	Name of Employer	Occupation			Payroll D	eduction							
	Lykes Insurance	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	D	(\$30.00 N	Monthly)							
c.	Full Name (Last, First, Middle Initial) John Heinz				Date of	Receipt							
	Mailing Address 2500 W. Higgins Rd., #1135				M M 11	/ D 24		y y 2014	Y				
	City	State	Zip Code		Trans	action ID	: 16570-P	94011					
	Hoffman Estates	IL	60169		Amount	of Each F	Receipt th	is Period	I				
	FEC ID number of contributing federal political committee.	С						2	0.00				
	Name of Employer	Occupation			Payroll D	Deduction							
	INSource Benefits Consultants	Broker											
	Receipt For:		Year-to-Date ▼										
	Primary General				(\$20.00 l	Monthly)							
	Other (specify)	L	220.00	0									
s	UBTOTAL of Receipts This Page (optional)							134	.00				
т	OTAL This Period (last page this line number o	nly)		▶			7						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the				son for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAC	C (HUPAC)									
Α.	Full Name (Last, First, Middle Initial) Karen E. Heller				Date of Receipt									
	Mailing Address 5028 Champions				10 / Y Y Y Y Y 22 2014									
	City Lufkin	State TX	Zip Code 75901		Transaction ID : 16495-P92598									
			75501		_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			30.00									
	Name of Employer	Occupation	1		- Payroll Deduction									
	Friesen-Strain Insurance Associates,	Broker												
	Receipt For:	Aggregate	Year-to-Date V		-									
	Primary General Other (specify) ▼		7 7	300.00	(\$30.00 Monthly)									
В.	Full Name (Last, First, Middle Initial) John S. Helms				Date of Receipt									
	Mailing Address 2940 Camino Diablo # 205				11 24 _2014 _									
	City	State	Zip Code		Transaction ID : 16570-P93591									
	Walnut Creek	CA	94597		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			60.00									
	Name of Employer John Helms Associates	Occupation Broker	I		 Payroll Deduction 									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	- (\$30.00 Monthly)									
C.	Full Name (Last, First, Middle Initial)				Date of Receipt									
	Mailing Address 1605 S Eucalyptus Ave				10 22 2014									
	City	State	Zip Code		Transaction ID : 16495-P92626									
	Broken Arrow	OK	74012		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer	Occupation	1		Payroll Deduction									
	Business Planning Group Of OK	Broker												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		g	900.00	(\$50.00 Monthly)									
	UBTOTAL of Receipts This Page (optional)				140.00									
i I	OTAL This Period (last page this line number of	only)		•••••• •										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each categor		X	11a 13	\square	11b 14	11c	12	r	1	7	
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	f soliciting	contrik	outic	ons	<u>.</u>
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC	C (H	UPA	AC)						
Α.	Full Name (Last, First, Middle Initial) Thomas L. Henry Mailing Address 19310 Sonoma Highway, #A					Date of	f Ree	ceipt		- Y - Y			
	City	State	Zip Code		2014 93560								
	Sonoma	CA	95476						Receipt th		bd		
	FEC ID number of contributing federal political committee.	С						,		17	70.0	0]
	Name of Employer RealCare Insurance Marketing, Inc.	Occupation Broker	1		– Pa	ayroll [Dedu	ction					
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	935.00	(\$	85.00	Mont	thly)						
В.	Full Name (Last, First, Middle Initial) William Hepscher					Date of	f Red	ceipt					
	Mailing Address 38176 Medical Center Avenue					™ M 11	/	D 1		2014	Y		
	City Zephyrhills	State FL	Zip Code 33540		A	bc	_						
	FEC ID number of contributing federal political committee.	С			Į I	70.0	0]					
	Name of Employer The Canadian Drugstore	Occupation Broker			– Pa	ayroll D)edu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2060.00	(\$8	35.00 I	Mont	hly)					
C.	Full Name (Last, First, Middle Initial) Timothy K. Hicks					Date of	f Red	ceipt					
	Mailing Address 7305 Hancock Village Dr. #333					м м 10	1	D 1		2014	Y		
	City Chesterfield	State VA	Zip Code 23832		_				: 16496-P				
	FEC ID number of contributing federal political committee.	С						, .	Receipt th		30.0	00]
	Name of Employer	Occupation	I		_ Pa	ayroll [Dedu	iction					
	Humana	Broker											
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	300.00	(\$	30.00	Mon	thly)						
s	UBTOTAL of Receipts This Page (optional)			•••••				,		37	70.0	0]
т	OTAL This Period (last page this line number o	nly)		····· ►				,	7]

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each catego Detailed Summa		X	11a 13		11b 14	11c	12	ſ	17	7
	y information copied from such Reports and St for commercial purposes, other than using the					or the		ose of	soliciting	contrib		ons	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	TERS PAG	C (H	UPA	AC)						
Α.	Full Name (Last, First, Middle Initial)					Date of	f Ree	ceipt					
	Mailing Address 2905 Premiere Parkway Suite 2	285 State	Zip Code		[11 24 2014 Transaction ID : 16570-P93845							
	Duluth	GA	30097					-	Receipt th		d		
	FEC ID number of contributing federal political committee.	С						,	, j		34.0	0	
	Name of Employer E2E Benefit Services Inc	I		– Pa	ayroll [Dedu	ction						
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	378.00	(\$4	42.00	Mont	thly)						
B.	Full Name (Last, First, Middle Initial) John H. Hinck					Date of	f Red	ceipt					
	Mailing Address 211 McLaws Circle, Ste2					™ M 11	/	D 1		2014	Y	1	
	City Williamsburg	State VA	Zip Code 23185			Trans mount	93966 is Perio	d					
	FEC ID number of contributing federal political committee.	С				\$0.0	0.00						
	Name of Employer Hinck Financial Services	Occupation Broker			– Pa								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$3	30.00 I	Mont	hly)					
c.	Full Name (Last, First, Middle Initial) Noel Hinman					Date of	f Red	ceipt					
	Mailing Address 25 West 80th Place#280 PO B					м м 11	/	D 1		2014	Y		
	City Merrillville	State IN	Zip Code 46410						: 16570-P Receipt th				
	FEC ID number of contributing federal political committee.	С						,			20.0	0	
	Name of Employer	Occupation	1		_ Pa	ayroll [Dedu	iction					
	Professional Services												
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	220.00	(\$	20.00	Mon	thly)						
s	UBTOTAL of Receipts This Page (optional)							,		16	64.00)	[
т	OTAL This Period (last page this line number c	only)						,	7				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS PA	AC (HUPAC)
Full Name (Last, First, Middle Initial) A. James H Hissong Mailing Address 8401 Widmer Rd City Lenexa FEC ID number of contributing federal political committee. Name of Employer Jim Hissong Insurance Receipt For:	State Zip Code KS 66215-5416 C Occupation Agent Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼	300.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) B. Crystal Hoffman Mailing Address P.O. Box 709		Date of Receipt
City Sugar Land	State Zip Code TX 77487	Transaction ID : 16570-P93773 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Payroll Deduction
Lone Star Health Plans Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 210.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial)	·	Data of Descript
C. Angela Hogan Mailing Address 2300 S. 16th Street		Date of Receipt
City Lincoln FEC ID number of contributing	State Zip Code NE 68502	Transaction ID : 16495-P92690 Amount of Each Receipt this Period
federal political committee.	Occupation	30.00 Payroll Deduction
Bryan Medical Center	Broker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	······]	90.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than us	and Statements may not be sold or used by any ing the name and address of any political committe	person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)	I OF HEALTH UNDERWRITERS P	AC (HUPAC)										
Full Name (Last, First, Middle Initial) Robert V. Holland Mailing Address PO Box 698		Date of Receipt										
City	State Zip Code	Transaction ID : 16495-P92551										
Centralia	WA 98531	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer Centralia General Agencies	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)										
Full Name (Last, First, Middle Initial) B. Michael Hollis		Date of Receipt										
Mailing Address 2800 Veterans Memori		11 24 2014										
City Metairie	State Zip Code LA 70002	Transaction ID : 16570-P93721 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00										
Name of Employer Hollis Companies	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	(\$42.00 Monthly)										
Full Name (Last, First, Middle Initial) C. Al Hombroek		Date of Receipt										
Mailing Address 30 Lumpkin St, Suite D		11 24 2014										
City Lawrenceville	State Zip Code GA 30046	Transaction ID : 16570-P93586 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C											
Name of Employer	Occupation	Payroll Deduction										
Multiple Benefits Corporation	Broker											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	(\$85.00 Monthly)										
SUBTOTAL of Receipts This Page (option	nal)	284.00										
	, umber only)											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRIT	ERS PAC	(HUPAC)
A.	Full Name (Last, First, Middle Initial) Kymberly J. Hopwood Mailing Address 530 Water Street, 7th Floor				Date of Receipt
	City	State	Zip Code		11 24 2014 Transaction ID : 16570-P93940
	Oakland	CA	94607		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			170.00
	Name of Employer Dealey, Renton & Associates	Occupation Broker			Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$85.00 Monthly)
В.	Full Name (Last, First, Middle Initial) Michelle S. Howard				Date of Receipt
	Mailing Address 2850 West Grand Boulevard				M M / D D / Y Y Y Y Y 11 24 2014
	City Detroit	State MI	Zip Code 48202		Transaction ID : 16570-P93542 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			170.00
	Name of Employer Health Alliance Plan	Occupation Broker			Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	853.00	(\$85.00 Monthly)
С.	Full Name (Last, First, Middle Initial) David L Hunt				Date of Receipt
	Mailing Address PO Box 4824				10 / Y Y Y Y Y 22 2014
	City Jackson	State MS	Zip Code 39296		Transaction ID : 16495-P92453 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			35.00
	Name of Employer	Occupation			Payroll Deduction
	Hunt Insurance Agency	Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	350.00	(\$35.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				375.00
т	OTAL This Period (last page this line number c	only)			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH UNDERWRITERS PA	C (HUPAC)
Full Name (Last, First, Middle Initial) A. Karen K. Irwin		Date of Receipt
Mailing Address 3912 Sunforest Ct		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toledo	State Zip Code OH 43623	Transaction ID : 16570-P93918
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Broker	 Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	(\$42.00 Monthly)
Full Name (Last, First, Middle Initial) B. Blake Izatt		Date of Receipt
Mailing Address 46 West 200 South		11 24 2014
City Bountiful	StateZip CodeUT84010	Transaction ID : 16570-P93667 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer RBI Benefits	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) C. Jerry D. Jackson		Date of Receipt
Mailing Address 5113 N. Executive Drive Suite		M - M / D - D / Y - Y - Y - Y Y 10 22 2014
City Peoria	State Zip Code IL 61614	Transaction ID : 16496-P92804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	Payroll Deduction
Jackson Financial Services	Broker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	(\$42.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	•	186.00
TOTAL This Period (last page this line number o	only)	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
				r person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS I	PAC (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Paul H. Jackson			Date of Receipt
	Mailing Address 311 Plantation Chase			11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City See Island	State GA	Zip Code 31561	Transaction ID : 16570-P93807
	Sea Island	GA	31301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation		Payroll Deduction
	Paul Jackson Ins. & Investments, Inc.	Broker		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		330.00	(\$30.00 Monthly)
В.	Full Name (Last, First, Middle Initial) Leah-Anne Janway			Date of Receipt
	Mailing Address PO Box 20626			10 22 _2014 _
	City	State	Zip Code	Transaction ID : 16495-P92683
	Oklahoma City	OK	73156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Bigbie, Hensley & Janway Insurance Ag	Occupation		Payroll Deduction
		Broker		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 3419 Via Lido #306			11 24 2014
	City	State	Zip Code	Transaction ID : 16570-P93812
	Newport Beach	CA	92663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation		Payroll Deduction
	Progressive Benefit Managers	Broker		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	riggioguto	330.00	(\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			150.00
т	OTAL This Period (last page this line number o	only)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each categ Detailed Summ		×	11a 13		11b 14		11c 15		12 16	17		
	y information copied from such Reports and Si for commercial purposes, other than using the					or the		pose		oliciting	g con	ntributio	ons		
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	RITERS PAC	C (⊢	IUP/	AC))							
Α.	Full Name (Last, First, Middle Initial) Julie A. Jennings Mailing Address 500 Faunce Corner Rd Bldg 10	00, Su			Date of Receipt										
	City	State	Zip Code		-	11 Trans	acti		24	6570-P	20				
	Dartmouth	MA	02747		A					ceipt th					
	FEC ID number of contributing federal political committee.	С						7		,	_	170.0	00		
	Name of Employer Sylvia & Co. Ins. Agency, Inc.	Occupation Broker			- P	ayroll	Dedu	uction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1060.00	(\$	85.00	Mon	thly)							
В.	Full Name (Last, First, Middle Initial) David S. Johnson					Date o	f Re	eceipt							
	Mailing Address 1482 Baron Court		7			M M	/		D 24	/ Y	201	ү 14			
	City Stone Mountain	State GA	Zip Code 30087							6 570-P ceipt th					
	FEC ID number of contributing federal political committee.	С						7		7		500.0	0		
	Name of Employer David S. Johnson Insurance	Occupation Broker			– Pa	ayroll [Dedu	uction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2925.00	(\$	250.00) Mo	nthly)							
с.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceipt							
	Mailing Address 12500 Network Blvd, # 403					M M	/	2	D 24	/ Y	Y 201	ү 14	ſ		
	City San Antonio	State TX	Zip Code 78249							6570-P ceipt th	9371	9	_		
	FEC ID number of contributing federal political committee.	С						, ,		7		60.0	00		
	Name of Employer	Occupation			- P	ayroll	Deal	uction							
	Hairston, Johnson & Associates, PLLC Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	nthly)							
s	UBTOTAL of Receipts This Page (optional)								_			730.0	0		
	OTAL This Period (last page this line number of			r	j			,		-7					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	F	11c		12 16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting	g cont	tributio	ons			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	.C (⊦	-UP	AC)								
Α.	Full Name (Last, First, Middle Initial) Suzanne K. Johnson			Date of Receipt											
	Mailing Address 5955 Carnegie Blvd Suite 150				M N 10	1 /		22	/ Y	201	Y 14	ſ			
	City	State NC	Zip Code						16496-F		-				
	Charlotte	NC	28209	- 4	Amour	nt of	Each	۱R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С					,	_	7	_	42.0	00			
	Name of Employer	Occupation			Payroll	Ded	uctior	۱							
	Employee Benefit Advisors of the Caro	Broker													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		336.00	(\$	\$42.00	Mor	nthly)								
в.	Full Name (Last, First, Middle Initial) Alan L. Jones				Date c	of Re	eceipt								
	Mailing Address 3420 Pump Road, #144			11 24 2014											
	City	State	Zip Code		Tran	sacti	ion IE):	16570-P	93876	5				
	Richmond	VA	23233		Amour	nt of	eceipt th	nis Pe	riod						
	FEC ID number of contributing federal political committee.	С					,	Ξ			60.0	0			
	Name of Employer TPA Benefits, LLC	Occupation Broker		P	ayroll	Dedu	uction	۱							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$	\$30.00	Mon	ithly)								
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt	t							
	Mailing Address 2633 State Route 59, Suite B				^M 10	1 /		22	/ Y	201	4	ſ			
	City	State OH	Zip Code		Tran	sact	ion II	D :	16495-F	<u>92509</u>	9				
	Ravenna	ОП	44266		Amour	nt of	Each	۱R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С					,	_	7	_	31.0	00			
	Name of Employer	Occupation		⊢∣⊦	Payroll	Ded	uction	ก							
	Kaczmarek Ins. Services Agency, Inc.	Broker													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		, 310.00	(\$	\$31.00	Mor	nthly)								
\vdash	UBTOTAL of Receipts This Page (optional)			-			3	-			133.0	0			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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175

	EMIZED RECEIPTS		for each category of Detailed Summary Pa		X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITE	RS PAC	(HUPAC)									
Α.	Full Name (Last, First, Middle Initial) T. Darlene Kaczmarek Mailing Address P O Box 345				Date of Receipt									
	City	State	Zip Code		Transaction ID : 16495-P92699									
	Ravenna	OH	44266		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С]	31.00									
	Name of Employer	Occupation	I		Payroll Deduction									
	Kaczmarek Ins. Services Agency, Inc. Receipt For: Primary General	Broker Aggregate	Year-to-Date ▼		(\$31.00 Monthly)									
	Other (specify)	L	31	0.00										
B.	Full Name (Last, First, Middle Initial) Ashley Wynkoop Kapostins				Date of Receipt									
	Mailing Address 255 Primera Blvd, Suite 264		Zip Code		11 24 2014									
	City Lake Mary	State FL	-	Transaction ID : 16570-P93717 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	32746]	Amount of Each Receipt this Period 84.00									
	Name of Employer CIGNA	Occupation	1		Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	0.00	(\$42.00 Monthly)									
<u>с.</u>	Full Name (Last, First, Middle Initial) Kristine M. Kassel				Date of Receipt									
	Mailing Address 8631 S Priest Drive #101				M M / D D / Y Y Y Y Y 10 22 2014									
	City Tempe	State AZ	Zip Code 85284		Transaction ID : 16495-P92630 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С]	42.00									
	Name of Employer	Occupation	I		Payroll Deduction									
	Benefits By Design, Inc.	Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 78	5.00	(\$42.00 Monthly)									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				157.00									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Jon Katz Mailing Address 1404 Northpoint Glen Ct.			Date of Receipt
	City	State	Zip Code	11 24 2014
	Herndon	VA	20170	Transaction ID : 16570-P93471 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Virginia Medical Plans	Occupation Broker		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) George R. Keeling			Date of Receipt
	Mailing Address P.O. Drawer K-1630 507 Avenu	ue G		10 22 _2014 _
	City Levelland	State TX	Zip Code 79336	Transaction ID : 16495-P92584 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer George R. Keeling Insurance Agency	Occupation Broker		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	(\$85.00 Monthly)
с.	Full Name (Last, First, Middle Initial) Dianne M. Kelley			Date of Receipt
	Mailing Address 7320 N La Cholla Blvd. Suite 1	54-		M M / D D / Y Y Y Y Y 10 22 2014
	City Tucson	State AZ	Zip Code 85741	Transaction ID : 16495-P92737 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll Deduction
	Sandbrook Benefits Group, LLC Receipt For:	Broker		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	(\$50.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			195.00
	OTAL This Period (last page this line number of			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	INIZED RECEIPTS		for each catego Detailed Summ		×	11a 13		11b 14		11c		12 16	17		
or fo	information copied from such Reports and S or commercial purposes, other than using the					or the		pose		oliciting	g cont	tributio	ons		
	NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	ITERS PAG	C (⊦	IUP/	۹C))							
A	ull Name (Last, First, Middle Initial) Roger J. Kelley <i>I</i> lailing Address 424 Lewis Hargett Circle Ste 1	00			Date of Receipt										
_	City	State	Zip Code			11 Trans	sacti		24) • 1	6570-P	201				
I	Lexington	KY	40503		1					ceipt th		-			
	EC ID number of contributing ederal political committee.	С						7				84.0	0		
	lame of Employer pic Insurance Solutions	Occupation Broker	I		- P	ayroll	Dedu	uction							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	462.00	(\$	42.00	Mon	ithly)							
	- Full Name (Last, First, Middle Initial) Jean Marie Kelly					Date o	f Re	eceipt							
Ν	Aailing Address 11 N. Starcrest Drive					M M	/		D 24	/ Y	201				
	City Clearwater	State FL	Zip Code 33765		Transaction ID : 16570-P93593 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С						3		7	_	60.0	0		
	lame of Employer Jouchard Insurance	Occupation Broker			- Pa	ayroll [Dedu	uction							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)							
	ull Name (Last, First, Middle Initial) Dierdre Kennedy-Simington				1	Date o	f Re	eceipt							
_	Aailing Address 17200 Ventura Blvd., Suite 31					M M	1	2	₽ 24	/ Y	201	4			
	Sity Encino	State CA	Zip Code 91316							6570-F					
	EC ID number of contributing ederal political committee.	С						7		7	_	84.0	00		
٨	lame of Employer	Occupation	 		- P	ayroll	Dedu	uction	I						
	Genesis Financial & Insurance Services	Broker													
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	462.00	(\$	642.00	Mon	nthly)							
su	BTOTAL of Receipts This Page (optional)											228.0	0		
то	TAL This Period (last page this line number of	only)		····· •	ĺ			,		,					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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175

	EMIZED RECEIPTS		for each catego Detailed Summa		×	11a 13		11b 14		11c 15	12	г	17			
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose c		oliciting	g contri	ibutic	ons			
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAC	C (⊢	IUP/	AC))								
Α.	Full Name (Last, First, Middle Initial) Roy W. Kern Mailing Address 3015 South Fort Avenue, Suite	B			Date of Receipt											
	City	State MO	Zip Code 65807					-	: 16	6570-P						
	Springfield FEC ID number of contributing federal political committee.	C	05007			Amoun	t of	Each	Red	ceipt th	iis Peri	iod 50.0	0			
	Name of Employer Kern Insurance Services, LLC Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate	Year-to-Date ▼	275.00		ayroll 25.00										
в.	Full Name (Last, First, Middle Initial) Carolyn J. King Mailing Address 6 Country Lane		7.0.1			Date o	/	24	4	/ Y	y 2014	Y Y				
	City Sussex FEC ID number of contributing federal political committee.	State NJ	Zip Code 07461		<i>A</i>					6570-P ceipt th	iis Peri	iod 60.0	0			
	Name of Employer New England Financial	Occupation Broker			- Pa	ayroll [Dedu	iction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mon	thly)								
C.	Full Name (Last, First, Middle Initial) Randy H. Klein					Date o	f Re	ceipt								
	Mailing Address 3555 Reserve Commons Dr					M M 10	/	D 22		/ Y	2014					
	City Medina	State OH	Zip Code 44256							6496-P ceipt th		iod				
	FEC ID number of contributing federal political committee.	С						,		y		30.0	0			
	Name of Employer DS Benefits Group	Occupation Broker				ayroll	Deal	uction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mon	nthly)								
s	UBTOTAL of Receipts This Page (optional)			••••••						7	1	40.00)			
т	OTAL This Period (last page this line number of	only)		····· ►				,								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c 15		12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose		solicitin	g con	ntributi	ons		
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	\C (H	IUP	AC)							
Α.	Full Name (Last, First, Middle Initial) Lonnie Klene Mailing Address 14339 Torrey Chase Blvd., Ste	F		Date of Receipt										
	City	State	Zip Code		11			24	6570-F	20)14	Ŷ		
	Houston	ТΧ	77014						ceipt tl					
	FEC ID number of contributing federal political committee.	С					7			_	60.0	00		
	Name of Employer Core Benefits			Payroll	Ded	uctior	า							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$	\$30.00) Mor	nthly)							
В.	Full Name (Last, First, Middle Initial) T. Brian Knauer				Date (of Re	eceipt	t						
	Mailing Address P.O. Box 340718				[™] 11	VI /		24	/ Y	201	ү 14	Y		
	City Tampa	State FL	Zip Code 33694		Transaction ID : 16570-P93810 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		7		60.0	00		
	Name of Employer Florida Insurance Brokers, Inc.	Occupation Broker			ayroll	Dedi	uction	1						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$	\$30.00	Mor	nthly)							
с.	Full Name (Last, First, Middle Initial) Valerie S. Koch				Date (of Re	eceipt	t						
	Mailing Address 2429 North Avenue	Ctata	Zin Code		м 11			24	/ Y	201	-	Ŷ		
	City Bridgeport	State CT	Zip Code 06604						6570-F					
	FEC ID number of contributing federal political committee.	С					7				90.0	00		
	Name of Employer	Occupation		F	Payroll	Ded	luctio	n						
	The Ganim Group, Inc.	Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00) (\$45.00) Mor	nthly)							
s	UBTOTAL of Receipts This Page (optional)			•			1				210.0	0		
т	OTAL This Period (last page this line number c	only)					7		- 1					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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175

	EMIZED RECEIPTS		for each catego Detailed Summ		X 11a 11b 11c 12
	y information copied from such Reports and St for commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAC	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 235 Main Street	State	Zip Code		
	Pleasanton	CA	94566		Transaction ID : 16495-P92740 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			85.00
	Name of Employer Herzog Insurance Agency	Occupation Broker			- Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	850.00	(\$85.00 Monthly)
в.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 1501 Ingersoll Ave Suite 200	-			11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Des Moines	State IA	Zip Code 50309-		Transaction ID : 16549 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Prisma Strategies	Occupation Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1525.00	
C.	Full Name (Last, First, Middle Initial) Eric Kohlsdorf				Date of Receipt
	Mailing Address 1501 Ingersoll Ave Suite 200				M M / D D / Y Y Y Y Y 11 24 2014
	City Des Moines	State IA	Zip Code 50309		Transaction ID : 16570-P93654 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer	Occupation	I		Payroll Deduction
	Prisma Strategies	Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1575.00	(\$50.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				685.00
т	OTAL This Period (last page this line number c	only)		····· ►	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each catego Detailed Summ		×	11a 13		11b 14		11c 15	\square	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose (oliciting		ntributi	ons
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	ITERS PAC	C (⊢	IUP/	AC))					
Α.	Full Name (Last, First, Middle Initial) Mark Kolterman				[Date o		· ·					
	Mailing Address P O Box 426 341 North 6th Str City	State	Zip Code			11 Trans			4	́ ч 6570-Р	20)14 5 1	Y
	Seward	NE	68434		Ā					ceipt th			
	FEC ID number of contributing federal political committee.	С						7				70.0	00
	Name of Employer Kolterman Agency, Inc.	Occupation Broker			– P	ayroll	Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	385.00	(\$	35.00	Mon	nthly)					
В.	Full Name (Last, First, Middle Initial) Suzanne Kolterman				[Date o	f Re	eceipt					
	Mailing Address 341 N. 6th Street PO Box 426					M M	/		D 2	/ Y	20	ү 14	ſ
	City Seward	State NE	Zip Code 68434					-		6495-P ceipt th		-	
	FEC ID number of contributing federal political committee.	С						,		,	_	50.0	00
	Name of Employer Kolterman Agency, Inc.	Occupation Broker			- Pa	ayroll [Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00	(\$	50.00	Mon	ithly)					
с.	Full Name (Last, First, Middle Initial) Mary B. Kramer				[Date o	f Re	eceipt					
	Mailing Address 2637 S. 158th Plaza #200					^M 10			22	/ Y	20		Y
	City Omaha	State NE	Zip Code 68116							6495-F			
	FEC ID number of contributing federal political committee.	C						3		ceipt th		42.0	00
	Name of Employer	Occupation			- P	ayroll	Dedu	uction					
	Holmes Murphy & Associates	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	(\$	642.00	Mon	nthly)					
s	UBTOTAL of Receipts This Page (optional)			•••••				,				162.0	0
т	OTAL This Period (last page this line number of	only)		····· ►				7					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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175

	EMIZED RECEIPTS		for each category Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H	HEALTH	UNDERWRIT	TERS PAC	C(HUPAC)
Α.	Full Name (Last, First, Middle Initial) Daniel C. LaBroad				Date of Receipt
	Mailing Address 17304 Preston Road Suite 800		Zin Oada		M M / D D / Y Y Y Y 11 24 2014
	City Dallas	State TX	Zip Code 75252		Transaction ID : 16570-P93877
	FEC ID number of contributing federal political committee.	C	13232		Amount of Each Receipt this Period
	Name of Employer Ovation Health & Life Services, Inc.	Occupation Broker			- Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	935.00	(\$85.00 Monthly)
B.	Full Name (Last, First, Middle Initial) Stacey S. LaFay				Date of Receipt
	Mailing Address 2444 East Hill Rd.				M = M / D = D / Y = Y = Y = Y 11 24 2014
	City Grand Blanc	State MI	Zip Code 48439		Transaction ID : 16570-P93712 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Franklin Benefit Solutions	Occupation Broker			Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	210.00	(\$30.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Andrew M. LaRocco				Date of Receipt
	Mailing Address 5880 Live Oak Parkway, # 230		7.0.1		11 / 24 / 2014
	City Norcross	State GA	Zip Code 30093		Transaction ID : 16570-P93514 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			80.00
	Name of Employer	Occupation	l		Payroll Deduction
	The LaRocco Companies	Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	440.00	(\$40.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			•••••	280.00
т	OTAL This Period (last page this line number o	nly)		•••••	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each categor Detailed Summa		×	11a 13		11b 14		11c 15		2 6 [17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose c		oliciting	g conti	ributio	ons
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H	HEALTH	UNDERWRI	TERS PAC	C (⊦	IUP/	۹C))					
Α.	Full Name (Last, First, Middle Initial) Jim Lawless Mailing Address 989 Governors Ln Ste 350				_	Date o		eceipt		/ Y	201	Y = Y 4 _	7
	City	State	Zip Code			Trans	sacti	ion ID	: 10	6570-P			
	Lexington	KY	40513		_ /	Amoun	t of	Each	Red	ceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С						,		ŋ		84.0	0
	Name of Employer Benefit Advisors Receipt For:	Occupation Broker			– P –	ayroll	Dedu	uction					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	462.00	(\$	42.00	Mon	ithly)					
в.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceipt					
	Mailing Address 12988 W. Paint Dr.					M M	/	D 24	D 4	/ Y	201		
	City Boise	State ID	Zip Code 83713					-		6570-P			
	FEC ID number of contributing federal political committee.	С						,		y		60.0	0
	Name of Employer Scott Leavitt Insurance	Occupation Broker			- Pa	ayroll [Dedu	iction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00	(\$	30.00	Mon	thly)					
с.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceipt					
	Mailing Address 2145 E. Tahquitz Cnyn Wy. Su	ite 4				^M ■ ^M	/	D 24		/ Y	201	4	
	City Palm Springs	State CA	Zip Code 92262							6570-P ceipt th			
	FEC ID number of contributing federal political committee.	С						,		J		170.0	0
	Name of Employer	Occupation			- P	ayroll	Dedu	uction					
	Lehmann/Wood & Associates, Inc.	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	575.00	(\$	85.00	Mon	nthly)					
s	UBTOTAL of Receipts This Page (optional)										3	314.0	D
	OTAL This Period (last page this line number o			F	j			,		7			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each categor Detailed Summa		×	11a 13		11b		11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose		oliciting	g con	tributio	ons
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC) (Н	IUPA	AC))					
Α.	Full Name (Last, First, Middle Initial) Emma Stacey Leigh Mailing Address 600 TownPark Lane NW Suite	11-1000				Date o			t	<i>(</i>) (Y	Y	
	City	State	Zip Code			11		2	24	6570-P	20	14	
	Kennesaw	GA	30144		Δ			-		ceipt th			
	FEC ID number of contributing federal political committee.	С						,				100.0	0
	Name of Employer Alliant Health Plans, Inc.	Occupation Broker			- Pa	ayroll I	Dedu	uctior	ı				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	550.00	(\$	50.00	Mon	ithly)					
В.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceipt	t.				
	Mailing Address PO Box 107 108 E. Texas Ave.					м м 11	/		24	/ Y	y 201		
	City Rayne	State LA	Zip Code 70578							6570-P ceipt th			
	FEC ID number of contributing federal political committee.	С						7		3		60.0	0
	Name of Employer Health Insurance Services	Occupation Broker				ayroll E	Jedu	iction	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$:	30.00	Mon	thly)					
с.	Full Name (Last, First, Middle Initial) Karen B. Leonard					Date o	f Re	ceipt	t				
	Mailing Address 435 Washington Street PO Box					м м 11			D 24	/ Y	201		
	City Hackettstown	State NJ	Zip Code 07840		A					6570-F ceipt th			
	FEC ID number of contributing federal political committee.	С						7			_	170.0	00
	Name of Employer	Occupation			- P	ayroll	Dedu	uctior	n				
	Leonard Financial Group, LLC	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$	85.00	Mon	nthly)					
s	UBTOTAL of Receipts This Page (optional)							1		-		330.0	0
т	OTAL This Period (last page this line number o	nly)		•••••	ĺ			7		-			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Robert Lindsay			Date of Receipt
	Mailing Address 220 Emerson Place	Ototo	Zin Oada	M M / D D / Y Y Y Y Y 11 24 2014
	City Davenport	State IA	Zip Code 52801	Transaction ID : 16570-P93885 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer Gallagher Benefit Services, Inc.	Occupation Broker		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	(\$85.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Betty J. Lindstrom			Date of Receipt
	Mailing Address PO Box 4026			M M / D D / Y Y Y Y Y 11 24 _2014 _
	City Felton	State CA	Zip Code 95018	Transaction ID : 16570-P93630 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Lindstrom Insurance	Occupation Broker		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)
С.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1851 E. First, #1100			11 24 2014
	City Santa Ana	State CA	Zip Code 92705	Transaction ID : 16570-P93523 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer	Occupation	1	Payroll Deduction
	Kaiser Permanente	Broker		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	(\$85.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	400.00
	OTAL This Period (last page this line number of			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each categor Detailed Summa		X 11a	11b	11c	12	17
or for commercial p	pied from such Reports and purposes, other than using t				son for the p	ourpose o	f soliciting	contribut	tions
	IMITTEE (In Full) ASSOCIATION O	F HEALTH	UNDERWRI	TERS PAC	C (HUPA	C)			
A. Douglas Lub	t, First, Middle Initial) enow 214 West Main Street Suite	203			Date of	Receipt	D / Y	YY	Y
City		State	Zip Code		11 Transs	24	: 16570-P9	2014	
Moorestown		NJ	08057				Receipt thi		
FEC ID number federal political o	0	С					J	84	.00
Name of Employ Lubenow Agency Receipt For:	, ,	Occupation Broker			Payroll D	eduction			
Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼	462.00	(\$42.00 N	Ionthly)			
Full Name (Last B. Maurice Lyo	t, First, Middle Initial) DNS				Date of	Receipt			
Mailing Address	301 Madison Avenue, 4th F	loor			M M 11	/ D 24		2014	Y
City New York		State NY	Zip Code 10017				16570-P9 Receipt thi		
FEC ID number federal political of	0	С				7		250.	.00
Name of Employ The Medical Link	•	Occupation Broker	I		- Payroll De	eduction			
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼	2550.00	(\$250.00	Monthly)			
Full Name (Last C. Kelly A. Ma	t, First, Middle Initial) adison				Date of	Receipt			
Mailing Address	PO Box 370				M M 11	/ D 24		2014	Y
City Meridian		State ID	Zip Code 83680				: 16570-PS Receipt thi		
FEC ID number federal political o	0	С							.00
Name of Employ	yer	Occupation	1		Payroll D	eduction			
Myriad Benefits Receipt For:		Broker			_				
Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼	210.00	(\$30.00 N	<i>l</i> onthly)			
SUBTOTAL of Re	eceipts This Page (optional).							364.	00
	d (last page this line number			F		,	- 7		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS PA	IC (HUPAC)
Full Name (Last, First, Middle Initial) Victoria A. Major-Bell Mailing Address 3602 Harwich Ct		Date of Receipt 10 22 2014
City	State Zip Code	Transaction ID : 16495-P92648
Greenacres	FL 33467	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	Payroll Deduction
VMB Solutions	Broker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) B. Benji Marrs		Date of Receipt
Mailing Address 1151 Red Mile Rd		11 24 2014
City	State Zip Code	Transaction ID : 16570-P93706
Lexington	KY 40504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer Benefit Insurance Marketing	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) C. Ingrid L. Martin		Date of Receipt
Mailing Address 6050 Oak Tree Blvd. South S		11 24 Y Y Y Y Y Y
City Cleveland	State Zip Code OH 44131	Transaction ID : 16570-P93555 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	Payroll Deduction
CBIZ	Broker	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		260.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category Detailed Summary		X	11a 13		11b 14		11c	12	г	17
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose o		oliciting	contri	butic	ons
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRIT	ERS PAC	C (⊢	IUP/	AC))					
Α.	Full Name (Last, First, Middle Initial) Kimberly C. Martin Mailing Address 1027 S Pendleton Street Suite	e B-2				Date o		eceipt	D	/ Y	YY	Y Y	7
	City	State	Zip Code		-	10 Trans	sacti	22 ion ID		6495-P	2014 92671		
	Easley	SC	29642								is Peri	bd	
	FEC ID number of contributing federal political committee.	С						,	_	7		40.0	0
	Name of Employer Ebenconcepts	Occupation Broker			– P	ayroll	Dedu	uction					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	400.00	(\$	40.00	Mon	ithly)					
в.	Full Name (Last, First, Middle Initial) Phyllis Martinsen					Date o	f Re	eceipt					
	Mailing Address 1108 West Boise Avenue, Sui					M M	/	24		/ Y	2014		
	City Boise	State ID	Zip Code 83706							570-P ceipt th	93873 is Peri	bd	
	FEC ID number of contributing federal political committee.	С						,		7		60.0	0
	Name of Employer Byron Hyatt Erstad & Co	Occupation Broker			- Pa	ayroll [Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)					
с.	Full Name (Last, First, Middle Initial) Donald L. Mathern				[Date o	f Re	eceipt					
	Mailing Address 7650 Cherrywood Drive					M M	1	D 24		/ Y	2014		
	City Boise	State ID	Zip Code 83704							6570-P	93540 is Peri	bd	
	FEC ID number of contributing federal political committee.	С						,		7		60.0	0
	Name of Employer	Occupation	1		_ P	ayroll	Dedu	uction					
	Insurance Specialists Receipt For:	Broker			_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	nthly)					
s	UBTOTAL of Receipts This Page (optional)										16	60.00)
т	OTAL This Period (last page this line number	only)		•••••	j			,		7			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITE	RS PAC	; (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Carol Matznick				Date of Receipt
	Mailing Address PO Box 38905	State	Zip Code		10 / 22 2014
	Greensboro	NC	27438		Transaction ID : 16495-P92586 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer North Carolina AHU	Occupation Broker			- Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3	20.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Michael E. Matznick				Date of Receipt
	Mailing Address 3150 N. Elm Street Suite 201				11 24 2014
	City Greensboro	State NC	Zip Code 27408		Transaction ID : 16570-P94028 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer EbenConcepts Company	Occupation Broker			Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	00.00	(\$100.00 Monthly)
с.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address PO Box 710571				11 24 2014
	City Santee	State CA	Zip Code 92072		Transaction ID : 16570-P93529 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			20.00
	Name of Employer	Occupation			Payroll Deduction
	Self Employed Receipt For:	Broker			-
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2	220.00	(\$20.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			····· ►	250.00
т	OTAL This Period (last page this line number of	only)		····· ►	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Pag		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH		S PAC	(HUPAC)
Α.	Full Name (Last, First, Middle Initial) Barbara A. McClaskey Mailing Address 1965 Pine Street				Date of Receipt
	City Redding	State CA	Zip Code 96001		Transaction ID : 16570-P93776 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			60.00
	Name of Employer Barbara McClaskey Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate	Year-to-Date ▼ 330.0	00	Payroll Deduction (\$30.00 Monthly)
В.	Full Name (Last, First, Middle Initial) John R. McConnaughey Mailing Address PO Box 805	0	7.0.1		Date of Receipt
	City West Chester	State OH	Zip Code 45071		Transaction ID : 16570-P93764 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			84.00 Payroll Deduction
	JRM & Associates Agency, Inc Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 462.0		(\$42.00 Monthly)
C.	Full Name (Last, First, Middle Initial) Randy L. McDaniel				Date of Receipt
	Mailing Address 575 Chambers Road	State	Zip Code		10 / Y Y Y Y Y 10 22 2014
	McDonough	GA	30253		Transaction ID : 16495-P92641 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			42.00
	Name of Employer Self Employed Receipt For:	Occupation Broker Aggregate	Year-to-Date ▼		Payroll Deduction
	Primary General Other (specify) ▼		420.0	00	(\$42.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			····· ►	186.00
т	OTAL This Period (last page this line number of	only)		····· ►	

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

Use separate schedule(s) for each category of the

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(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OI	F HEALTH UNDERWRITERS PA	C (HUPAC)
A. Full Name (Last, First, Middle Initial) Heather Lee McDougall Mailing Address 2852 S. Carriage Lane	State Zip Code	Date of Receipt 10 22 2014 Transaction ID : 16495-P92727
Mesa FEC ID number of contributing federal political committee. Name of Employer	AZ 85202	Amount of Each Receipt this Period 30.00 Payroll Deduction
Affiliated Insurance Solutions Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) B. Dwane C. McFerrin Mailing Address 8420 West Dodge Road Sui	te 510	Date of Receipt
City Omaha FEC ID number of contributing	State Zip Code NE 68114-	Transaction ID : 16552 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Senior Market Sales, Inc. Receipt For: Primary	Occupation Broker Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	665.00	
C. Leslie E. McGerr Mailing Address 6510 Mesaverde Dr		Date of Receipt
City Lincoln	State Zip Code NE 68510	Transaction ID : 16570-P93729 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	60.00 Payroll Deduction
Les McGerr & Company Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	•	140.00

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRIT	TERS PAC	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Frank H. McGill				Date of Receipt
	Mailing Address 200 Arbor Lake Dr Ste 200	01-1-	7. 0.1		10 / Y Y Y Y Y 2014
	City Columbia	State SC	Zip Code 29223		Transaction ID : 16496-P92833
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer HealthPlan of South Carolina	Occupation Broker	I		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00	(\$30.00 Monthly)
В.	Full Name (Last, First, Middle Initial) Susan Marie McGinnis				Date of Receipt
	Mailing Address 8516 East 101st, Suite H				10 22 2014
	City Tulsa	State OK	Zip Code 74137		Transaction ID : 16495-P92625 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer BenEx Insurance Agency	Occupation Broker	1		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$30.00 Monthly)
с.	Full Name (Last, First, Middle Initial) Matthew J. McGrath				Date of Receipt
	Mailing Address 625 Maryville Center Drive Sui				11 24 Y Y Y Y Y 11 24 2014
	City Saint Louis	State MO	Zip Code 63141		Transaction ID : 16570-P93456
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 84.00
	Name of Employer	Occupation	1		Payroll Deduction
	CBIZ Benefits & Insurance Services, I	Broker			_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	(\$42.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				144.00
т	OTAL This Period (last page this line number c	only)		•••••	

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS P	AC (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) Victor C. McKnight			Date of Receipt					
	Mailing Address 502 Tunney Place			M M / D D / Y Y Y Y Y 11 24 2014					
	City Santa Rosa	State CA	Zip Code 95403	Transaction ID : 16570-P93951 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		60.00					
	Name of Employer Edgewood Partners Insurance Center Receipt For:	Occupation Broker		Payroll Deduction					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	(\$30.00 Monthly)					
B.	Full Name (Last, First, Middle Initial) Mark A. McLane			Date of Receipt					
	Mailing Address 401 West Front Street Suite 4			10 22 2014					
	City Traverse City	State MI	Zip Code 49684	Transaction ID : 16495-P92676 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer Wright & Associates Insurance	Occupation Broker		Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	(\$10.00 Monthly)					
c.	Full Name (Last, First, Middle Initial) Kenneth McLaughlin			Date of Receipt					
	Mailing Address 1001 Elm Street, Suite 301			11 24 2014					
	City Manchester	State NH	Zip Code 03101	Transaction ID : 16570-P94058 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		170.00					
	Name of Employer	Occupation	1	Payroll Deduction					
	Granite Group Benefits, LLC	Broker							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	(\$85.00 Monthly)					
s	UBTOTAL of Receipts This Page (optional)			240.00					
т	OTAL This Period (last page this line number o	only)							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS	for each catego Detailed Summ		X	11a 13		11b 14	11c	12		17				
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose o	f soliciting	, contri	buti	ons	-		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAG	C (H	UPA	AC))							
Α.	Full Name (Last, First, Middle Initial) Andrea McLoy Mailing Address 5300 Orange Ave., Ste 208					Date of	_	eceipt	D / Y	Y	/	V			
	City	State	Zip Code			11		24		2014		T			
	Cypress	CA	90630		Δ			-	Receipt th		od				
	FEC ID number of contributing federal political committee.	С						,	, 10001pt 11		70.(00			
	Name of Employer	Occupation			- Pa	ayroll [Dedu	uction							
	Robbins Financial & Insurance Service	Broker													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$	85.00	Mon	nthly)							
B	Full Name (Last, First, Middle Initial)				Г	Date of	f Ro	ocoint							
D .	Mailing Address 7200 Redwood Blvd. Suite 400					M M	/	04		2014		Y			
	City	State Zip Code						Transaction ID : 16545							
	Novato	CA	94945-		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			[,	7	10	00.0	00			
	Name of Employer McNeil Benefits Insurance Services	Occupation													
	Receipt For:	Broker			_										
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)			1000.00											
c.	Full Name (Last, First, Middle Initial) Griffin L. Meredith					Date of	f Re	eceipt							
	Mailing Address 550 South 5th Street, Unit 303				11	M M	1	24		2014		Y			
	City Louisville	State KY	Zip Code 40202-			Trans		ion ID	: 16570-P Receipt th	93447					
	FEC ID number of contributing federal political committee.	С						7	7	1	70.	00			
	Name of Employer	Occupation			Payroll Deduction										
	The Benefits Firm	Insurance E	Broker												
		Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		<u>л і л і</u>	1000.00	(\$	85.00	Mor	nthly)							
s	UBTOTAL of Receipts This Page (optional)			•••••						134	40.0	0			
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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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Nicholas Metcalf Mailing Address 100 Andover Park W. Suite 15	0-251		Date of Receipt
	City Tukwila	State WA	Zip Code 98188-	Transaction ID : 16538
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 365.00
	Name of Employer	Occupation		_
	OMNI Insurance Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Jennifer Meyhoff Mailing Address 1031 W 4th Ave., Ste 400			Date of Receipt
	City	State	Zip Code	11242014 Transaction ID : 16570-P93552
	Anchorage	AK	99501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Marsh & McLennan Agency LLC	Occupation Broker		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 320.00	(\$30.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Patricia Mihalyi-Stiffler			Date of Receipt
	Mailing Address 155 N. Riverview Drive			M M / D D / Y Y Y Y Y 10 22 2014
	City Anaheim Hills	State CA	Zip Code 92808	Transaction ID : 16495-P92715 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer	Occupation	1	Payroll Deduction
	Options in Insurance	Broker		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 348.00	(\$42.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		▶	467.00

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH UNDERWRITERS PA	C (HUPAC)
Full Name (Last, First, Middle Initial) Jeffrey R. Miles Mailing Address 3420 Valley Brook Rd. City Nashville FEC ID number of contributing federal political committee. Name of Employer The Miles Organization, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37215 C Occupation Broker Aggregate Year-to-Date ▼ 850.00 850.00	Date of Receipt ID / 22 2014 Transaction ID : 16496-P93212 Amount of Each Receipt this Period 85.00 Payroll Deduction (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) B. Dennis F. Mobley Mailing Address 137 Executive Drive Suite D City Madison FEC ID number of contributing federal political committee. Name of Employer Mobley Insurance Agency, LLC Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39110 C Occupation Broker Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt 10 22 2014 Transaction ID : 16495-P92531 Amount of Each Receipt this Period Payroll Deduction (\$50.00 Monthly)
Full Name (Last, First, Middle Initial) Sandra V. Mobley Mailing Address 137 Executive Dr. Suite D City Madison FEC ID number of contributing federal political committee. Name of Employer Mobley Insurance Agency LLC Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39110 C Occupation Broker Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt 10 22 2014 Transaction ID : 16495-P92588 Amount of Each Receipt this Period 50.00 Payroll Deduction (\$50.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		185.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b	F	11c		12 16	17	
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose		solicitin		ntributi	ons	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	.C (⊦	iUP,	٩C)						
A.	Full Name (Last, First, Middle Initial) Douglas F. Moore				Date c	of Re	eceip	t					
	Mailing Address 1010 Ohio River Blvd				M N	/		24) / Y		у 014	Y	
	City	State	Zip Code		Tran	sacti	ion I	D :	16570-F	29393	38		
	Pittsburgh	PA	15202	_	Amour	nt of	Each	ז R	leceipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	С					,	_	9	_	60.	00	
	Name of Employer	Occupation			ayroll	Dedu	uctio	n					
	Seubert & Associates, Inc.	Broker											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		264.00	(\$	30.00	Mon	nthly)						
в.	Full Name (Last, First, Middle Initial) Julia T. Moore				Date c	of Re	eceip	t					
	Mailing Address 9208 Clinton Anderson Drive NW					11 24 2014							
	City	State Zip Code					ion II	<u>D:</u>	16570-F	<u>9404</u>	14		
	Albuquerque	NM	87114	Amount of Each					leceipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	С	84.00										
	Name of Employer J. Moore Insurance	- P	 Payroll Deduction 										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	(\$	42.00	Mon	ithly)						
<u>с</u> .	Full Name (Last, First, Middle Initial) Wesley P. Moore				Date c	of Re	eceip	t					
	Mailing Address P O Box 604				10 22 2014								
	City	State SC	Zip Code						16495-F				
	Darlington	30	29540		Amour	nt of	Each	ו R	leceipt t	nis P	eriod		
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer	Occupation			Payroll	Dea	uctio	n					
	Moore Insurance Agency, LLC	Broker											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)									
_			g										
s	UBTOTAL of Receipts This Page (optional)		••••••				7	-		_	174.0	00	
т	OTAL This Period (last page this line number	only)					-						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		son for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H	EALTH UNDERWRITERS PAG	C (HUPAC)						
Full Name (Last, First, Middle Initial) A. David Mordo		Date of Receipt						
Mailing Address 718 River Road		M M / D D / Y Y Y Y Y 11 24 2014						
City Fair Haven	State Zip Code NJ 07704	Transaction ID : 16570-P93584						
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period						
Name of Employer Walsh Benefits	Occupation Broker	 Payroll Deduction 						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	- (\$35.00 Monthly)						
Full Name (Last, First, Middle Initial) B. Reine C. Morris		Date of Receipt						
Mailing Address 500 NE Multnomah		11 24 2014						
City Portland	StateZip CodeOR97232-	Transaction ID : 16570-P93754 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer Kaiser Permanente	Occupation Mgr Large Group Acct Mgmt	 Payroll Deduction 						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	(\$20.00 Monthly)						
Full Name (Last, First, Middle Initial)		Date of Receipt						
Mailing Address 1173 Brittmore		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Houston	StateZip CodeTX77043	Transaction ID : 16570-P94049 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	84.00						
Name of Employer	Occupation	Payroll Deduction						
Benefit Concepts, Inc.	Broker							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)						
SUBTOTAL of Receipts This Page (optional)		174.00						
TOTAL This Period (last page this line number or	nly)							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	-							
Full Name (Last, First, Middle Initial) A. Ray M. Musser			Date of Receipt					
Mailing Address 404 North Second Aven			M = M / D = D / Y = Y = Y = Y Y 10 22 2014 2					
City	State	Zip Code	Transaction ID : 16496-P93233					
Upland	CA	91786	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer	Occupation		Payroll Deduction					
Ray Musser & Associates Insurance Ser	Broker							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	(\$85.00 Monthly)					
Full Name (Last, First, Middle Initial)								
B. Rita A. Musser			Date of Receipt					
Mailing Address 3330 Thames Drive	10 22 2014							
City	State	Zip Code	Transaction ID : 16495-P92705					
Fort Wayne	IN	46815	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer Senior Insurance Solutions	Occupation Broker		Payroll Deduction					
Receipt For:		Veer te Dete 🗮	_					
Primary General	Aggregale	Year-to-Date ▼	(\$30.00 Monthly)					
Other (specify)		300.00						
Full Name (Last, First, Middle Initial) C. Amy D. Mutter			Date of Receipt					
	Mailing Address 15 South Jefferson Street							
City	State	Zip Code	Transaction ID : 16570-P94021					
Roanoke	VA	24011	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		84.00					
Name of Employer	Occupation		Payroll Deduction					
Benefits Group, Inc.	Broker							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		420.00	(\$42.00 Monthly)					
SUBTOTAL of Receipts This Page (option	al)		199.00					

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAC	C(HUPAC)
Α.	Full Name (Last, First, Middle Initial) Joshua D. Nace Mailing Address 100 W. Harrison Street, Suite	440			Date of Receipt
	City	State	Zip Code		10 22 2014 Transaction ID : 16495-P92675
	Seattle FEC ID number of contributing federal political committee.	C	98199		Amount of Each Receipt this Period
	Name of Employer Dental Health Services Receipt For:	Occupation Broker	Year-to-Date ▼		Payroll Deduction
	Primary General Other (specify)		, , , ,	300.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Marco Navarro Mailing Address PO Box 2339				Date of Receipt
	City Seal Beach	State CA	Zip Code 90740-		10 31 2014 Transaction ID : 16539 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			365.00
	Name of Employer Vinclair Insurance Services	Occupation Broker			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	365.00	
C.	Full Name (Last, First, Middle Initial) Ryan Neace				Date of Receipt
	Mailing Address 555 W Shaw Ave Ste C-1 City	State	Zip Code		10 / Y Y Y Y 10 22 2014
	Fresno	CA	93704		Transaction ID : 16495-P92560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer	Occupation	I		Payroll Deduction
	Administrative Solutions, Inc. Receipt For:	Broker			-
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼	300.00	(\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			••••••	425.00
т	OTAL This Period (last page this line number	only)		•••••	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a 13	11b	11c	12	r.	17	
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purpose	of solicitin	g contril	butic	ons	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH		AC (F	HUPA	AC)					
Α.	Full Name (Last, First, Middle Initial) Penny E. Nikel Mailing Address 917 S Main St., Ste 200					f Receip					
	City	State	Zip Code		10 Trans		22 D : 16495-F	2014 292490			
	Longmont	CO	80501		Amoun	t of Each	n Receipt ti	his Peri	od		
	FEC ID number of contributing federal political committee.	С				7			30.0	0	
	Name of Employer Nikel Insurance Associates LLC	Occupation Broker	1		Payroll [Deductio	n				
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		300.00		\$30.00	Monthly)					
в.	Full Name (Last, First, Middle Initial) Michael A. Norris				Date o	f Receipt	t				
Mailing Address PO Box 999 295 E Palmer Street					м м 10		22	_2014	Y	Γ	
	City Franklin	State NC	Zip Code 28744		Transaction ID : 16495-P92506 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			30.00						
	Name of Employer Wayah Employee Benefits / EbenConcept	Occupation Broker	1	P	Payroll E	Deductior	ו				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	;	\$30.00	Monthly)					
с.	Full Name (Last, First, Middle Initial) Pamela Nygaard				Date o	f Receipt	t				
	Mailing Address 1014 4th St W				м м 10		22 / Y	2014			
	City Kirkland	State WA	Zip Code 98033-5337				D : 16495-F n Receipt tl		od		
	FEC ID number of contributing federal political committee.	С				,			30.0	00	
	Name of Employer	Occupation	1	ŀ	Payroll I	Deductio	n				
	Spectera	Agent									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		\$30.00	Monthly)					
s	UBTOTAL of Receipts This Page (optional)			•				ę	90.0	0	
т	OTAL This Period (last page this line number c	only)		▶							

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION C	OF HEALTH UNDERWRITERS P	AC (HUPAC)					
Full Name (Last, First, Middle Initial) A. Angela Oakes Mailing Address 1323 Highway 2, Ste. 300		Date of Receipt					
City	State Zip Code	10 22 2014 Transaction ID : 16495-P92710					
Sandpoint	ID 83864	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer Summit Insurance Resource Group	Occupation Broker	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)					
Full Name (Last, First, Middle Initial) B. Terri M. Olson		Date of Receipt					
Mailing Address P. O. Box 21479		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Keizer	StateZip CodeOR97307	Transaction ID : 16495-P92546 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	50.00						
Name of Employer Olson Insurance	Occupation Broker	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	(\$50.00 Monthly)					
Full Name (Last, First, Middle Initial) C. Mike Osborne		Date of Receipt					
Mailing Address 1308 Woodmanor Dr,		11 / Y Y Y Y 24 2014					
City Raleigh	StateZip CodeNC27614	Transaction ID : 16570-P93498 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	Payroll Deduction					
Osborne Insurance Services, Inc.	Broker						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	(\$25.00 Monthly)					
SUBTOTAL of Receipts This Page (optional)		130.00					
TOTAL This Period (last page this line numb	per only)						

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE	EALTH UNDERWRITERS PAG	C (HUPAC)
Jacksonville FEC ID number of contributing federal political committee.	State Zip Code FL 32260	Date of Receipt
Poppint For:	roker ggregate Year-to-Date ▼ 240.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) B. Jeffrey Papenfus Mailing Address 32110 Agoura Road		Date of Receipt 11 24 2014
5	State Zip Code CA 91361	Transaction ID : 16570-P93865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll Deduction
Poppint For:	ggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) C. John C. Parker		Date of Receipt
Mailing Address 47 Laurel Hill Drive		10 22 Y Y Y Y Y
City Niantic	State Zip Code CT 06357	Transaction ID : 16495-P92738 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer O	ccupation	Payroll Deduction
Boosint For:	roker	_
Primary General A Other (specify) ▼	ggregate Year-to-Date ▼ 1125.00	(\$100.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		220.00

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) Jesse A. Patton Mailing Address 1112 Maple Street			Date of Receipt					
	City	State	Zip Code	11 24 2014 Transaction ID : 16570-P93541					
	West Des Moines	IA	50265	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		700.00					
	Name of Employer Associations Marketing Group, Inc.	Occupation Broker	1	Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4100.00	(\$350.00 Monthly)					
B.	Full Name (Last, First, Middle Initial) JIII L. Pedersen			Date of Receipt					
	Mailing Address 16325 Boones Ferry Rd #204			11 24 2014					
	City Lake Oswego	State OR	Zip Code 97035	Transaction ID : 16570-P93730 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		60.00					
	Name of Employer Columbia Benefit Solutions, Inc.	Occupation Broker	1	Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)					
c.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address 1635 Mt. McKinley Drive			M M / D D / Y Y Y Y 10 22 2014					
	City Grayson	State GA	Zip Code 30017	Transaction ID : 16495-P92585 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer	Occupation	1	Payroll Deduction					
	Pender & Associates	Broker							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)					
s	UBTOTAL of Receipts This Page (optional)			790.00					
-	OTAL This Period (last page this line number of		· ·						

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category Detailed Summar		X	11a 13		11b 14	11c	12	r	1 1	7								
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	f soliciting	contri	ibutic	ons									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC	С (Н	UPA	AC)														
Α.	Full Name (Last, First, Middle Initial) Ross W. Pendergraft Mailing Address 21600 Oxnard Street, 8th Floor	s W. Pendergraft										Date of Receipt									
	City	State	Zip Code	11 24 2014 Transaction ID : 16570-P94010																	
	Woodland Hills	CA	91367		Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С						7			70.0	00]								
	Name of Employer USI Insurance Services	Occupation Broker	I		Payroll Deduction																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1085.00	(\$85.00 Monthly)																
В.	Full Name (Last, First, Middle Initial) Paul Pendorf					ate of	f Re	ceipt													
	Mailing Address 31666 W. Nine Dr.			11 24 2014																	
	City Laguna Niguel	State CA	Zip Code 92677			Transaction ID : 16570-P93516 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С	170.00																		
	Name of Employer Self Employed	Occupation Broker			- Pa	iyroll D	Dedu	ction													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$8	35.00 I	Mont	thly)													
C.	Full Name (Last, First, Middle Initial) Kenneth G. Penn					ate of	f Re	ceipt													
	Mailing Address 218 North St					™M 11	/	24		2014		ľ									
	City Portsmouth	State VA	Zip Code 23704-2602						: 16570-P Receipt th		ad										
	FEC ID number of contributing federal political committee.	С						7			60.C	00]								
	Name of Employer	Occupation	I		_ Pa	ayroll [Dedu	uction													
	ChamberSolutions	President																			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)													
s	UBTOTAL of Receipts This Page (optional)				[,		4(00.0	0]								
т	OTAL This Period (last page this line number o	nly)		····· ►				,													

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of t Detailed Summary Pa		11b 11c 12 14 15 16	17								
Any information copied from such Reports and S or for commercial purposes, other than using the		any person for the	e purpose of soliciting contribution	าร								
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITER	S PAC (HUP	AC)									
Full Name (Last, First, Middle Initial) A. Juna M. Penney Mailing Address 2091 Shepherdia Drive	ina M. Penney											
City	State Zip Code	Trar	saction ID : 16496-P93275									
Anchorage	AK 99508	Amou	nt of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer	Occupation	Payroll	Deduction									
Providence Health & Services Alaska	Broker											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 76:	.00 (\$85.00) Monthly)									
Full Name (Last, First, Middle Initial)												
B. Carol C. Pennington		Date	of Receipt									
Mailing Address 4640 Woodbridge Drive	State Zip Code	11	11 24 2014 Transaction ID : 16570-P94037									
Kernersville	NC 27284											
FEC ID number of contributing federal political committee.	С		nt of Each Receipt this Period 60.00									
Name of Employer Pennington Associates	Occupation Broker	Payroll	Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00 (\$30.00	Monthly)									
Full Name (Last, First, Middle Initial) C. William H. Pennington		Date	of Receipt									
Mailing Address 4640 Woodbridge Drive		11	24 2014									
City Kernersville	State Zip Code NC 27284		nsaction ID : 16570-P94027									
	10 27204	Amou	nt of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	Payral	80.00 Deduction)								
Name of Employer	Occupation	T ayion	Deduction									
Pennington Associates Inc.	Broker											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify)	400	.00) Monthly)									
SUBTOTAL of Receipts This Page (optional)			225.00	Д								

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each catego Detailed Summa		X	11a 13		11b 14	110 15	;	12 16	17						
or for commercial purpos	om such Reports and Stateme es, other than using the name																
NAME OF COMMITTE	E (In Full) SOCIATION OF HEA	ALTH (JNDERWRI	TERS PAC	C (⊦	IUPA	AC)										
Full Name (Last, First, A. Les Perlson						Date of	Red	ceipt									
Mailing Address 250 C		ate	Zip Code		11 24 2014 Transaction ID : 16570-P93661												
Woodbury	N		11797		Amount of Each Receipt this Period												
FEC ID number of cor federal political commi	ş				60.00												
Name of Employer CB Planning	Occu Brok	upation ker			Payroll Deduction												
Receipt For: Primary Other (specify)	ceipt For: Aggregate Year-to-Date ▼																
Full Name (Last, First, B. Jeff Perry	Middle Initial)				Date of	Red	ceipt										
Mailing Address POE	Mailing Address P O Box 51019							11 24 2014									
City Idaho Falls	Sta ID	ate)	Zip Code 83405					on ID : Each R			817 Period						
FEC ID number of cor federal political commi	ş			30.00													
Name of Employer The Hartwell Corporation	on Occu Broke			- Pa	ayroll D	edu(ction										
Receipt For: Primary Other (specify)	General	ear-to-Date ▼	210.00	(\$30.00 Monthly)													
Full Name (Last, First, Paige W. Phillip						Date of	Red	ceipt									
Mailing Address 1434	•					м м 10	/	D D D 22			y y 2014	Y					
City Calera	Sta	ate L	Zip Code 35040					on ID : Each B			2 621 Period						
FEC ID number of cor federal political commi	ş							,	,			8.50					
Name of Employer	Осси	upation			_ P	ayroll [Dedu	ction									
Benefit Partners, LLC	Brok	ker															
Receipt For: Primary Other (specify)	General	regate Ye	ear-to-Date ▼	807.50	(\$98.50 Monthly)												
SUBTOTAL of Receipts	This Page (optional)			•••••							188	.50					
	page this line number only)				j			,									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each catego Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17												
	y information copied from such Reports and Si for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	ITERS PAC	C (HUPAC)												
Α.	Full Name (Last, First, Middle Initial) Joseph E. Pittman				Date of Receipt												
	Mailing Address P O Box 24133	State	Zip Code		11 24 2014 Transaction ID : 16570-P93657												
	Omaha	NE	68124		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			70.00												
	Name of Employer Creative Association Management	Occupation Broker			- Payroll Deduction												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	385.00	(\$35.00 Monthly)												
В.	Full Name (Last, First, Middle Initial) Susan R. Pittman				Date of Receipt												
	Mailing Address 32418 51st Avenue, SW				10 / Y Y Y Y 22 2014												
	City Federal Way	State WA	Zip Code 98023		Transaction ID : 16495-P92723 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			50.00 Payroll Deduction												
	Name of Employer Insure NW Inc.																
	Receipt For: Primary General Other (specify) ▼	Aggregate	500.00	(\$50.00 Monthly)													
с.	Full Name (Last, First, Middle Initial) Tom G. Polenzani				Date of Receipt												
	Mailing Address 3452 E. Foothill Blvd. #514				M M / D D / Y Y Y Y Y 11 24 2014												
	City Pasadena	State CA	Zip Code 91107		Transaction ID : 16570-P93619 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			340.00												
	Name of Employer	Occupation			Payroll Deduction												
	Polenzani Benefits & Ins. Svcs., Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼	1360.00	(\$170.00 Monthly)												
s	UBTOTAL of Receipts This Page (optional)				460.00												
	OTAL This Period (last page this line number of																

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each categ Detailed Sumr	X	11a 13		11b 14	11c	12		17						
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	f soliciting	contrib							
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWF	RITERS PAC	С (Н	UPA	AC)										
Α.	Full Name (Last, First, Middle Initial) Robert P. Poli Mailing Address 6101 Executive Boulevard, Sui	ert P. Poli															
	City	State Zip Code						11 24 2014 Transaction ID : 16570-P93887									
	Rockville	MD	20852					-	Receipt th		1						
	FEC ID number of contributing federal political committee.	С						,			0.00						
	Name of Employer Insurance Marketing Center, Inc.	Occupation Broker			Payroll Deduction												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$8	85.00	Mon	thly)									
В.	Full Name (Last, First, Middle Initial) Sandra Lee Powers-Booth					ate of	f Re	ceipt									
	Mailing Address 4817 S. 175th Street			10 22 2014													
	City Seatac	State WA	Zip Code 98188		Transaction ID : 16495-P92706 Amount of Each Receipt this Period 42.00												
	FEC ID number of contributing federal political committee.	С															
	Name of Employer Health Benefits Northwest	Occupation Broker	I		Payroll Deduction												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	228.00	(\$4	42.00 I	Mont	thly)									
C.	Full Name (Last, First, Middle Initial) D. Michael Pressley					ate of	f Re	ceipt									
	Mailing Address P. O. Box 139					м м 10	1	D 1		ү ү 2014	Y						
	City Nashville	State TN	Zip Code 37202						: 16495-P Receipt th								
	FEC ID number of contributing federal political committee.	С						,		3	0.00						
	Name of Employer	Occupation	I		_ Pa	ayroll [Jedu	iction									
	BB&T Insurance Services, Inc. Receipt For:	Broker			_												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mon	thly)									
s	UBTOTAL of Receipts This Page (optional)									242	2.00						
т	OTAL This Period (last page this line number o	nly)		····· •	Ī			,	,								

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS P	AC (HUPAC)
Full Name (Last, First, Middle Initial) Rebecca L. Purdy Mailing Address 770 E Warm Springs Rd. Ste 3 City Las Vegas FEC ID number of contributing federal political committee.	340 State Zip Code NV 89119	Date of Receipt 11 24 2014 Transaction ID : 16570-P93592 Amount of Each Receipt this Period 84.00
Name of Employer Humana Receipt For: Primary General Other (specify)	Occupation Broker Aggregate Year-to-Date ▼ 378.00	Payroll Deduction (\$42.00 Monthly)
Full Name (Last, First, Middle Initial) B. Kathy M. Rainwater Mailing Address 515 West Southwest Loop 323 City	State Zip Code	Date of Receipt 10 22 2014 Transaction ID : 16495-P92537
Tyler FEC ID number of contributing federal political committee. Name of Employer Threlkeld & Company Insurance	TX 75701 C Occupation Broker	Amount of Each Receipt this Period Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	(\$85.00 Monthly)
Full Name (Last, First, Middle Initial) C. Susan Maley Rash Mailing Address 2108 West Laburnum Avenue	, Suite	Date of Receipt
City Richmond FEC ID number of contributing federal political committee.	State Zip Code VA 23227	11 24 2014 Transaction ID : 16570-P93844 Amount of Each Receipt this Period 340.00 340.00
Name of Employer BB&T Benefit Consultants of Virginia, Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate Year-to-Date ▼ 2020.00	Payroll Deduction (\$170.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		► <u>509.00</u>

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS P	AC (HUPAC)										
Full Name (Last, First, Middle Initial) A. Dennis J. Recker Mailing Address 971 North Perry Street P.O. City	Box 2 State Zip Code	Date of Receipt 10 22 2014 Transaction ID : 16495-P92697										
Ottawa	OH 45875	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer	Occupation	Payroll Deduction										
Fawcett, Lammon, Recker & Associates Receipt For: Primary General Other (specify) ▼	Broker Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)										
Full Name (Last, First, Middle Initial) B. Joni Robin Reents		Data of Despirat										
Mailing Address 5760 W. 120th Avenue Suite		Date of Receipt										
City Broomfield	State Zip Code CO 80020	Transaction ID : 16570-P93952										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00										
Name of Employer Reents Insurance Agency	Occupation Broker	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)										
Full Name (Last, First, Middle Initial) C. Valerie Reeves		Date of Receipt										
Mailing Address 3702 Brownsboro Rd		11 24 Y Y Y Y 2014										
City Louisville	State Zip Code KY 40207	Transaction ID : 16570-P93566 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	42.00										
Name of Employer	Occupation											
Preferred Benefits, LLC	Broker											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	(\$42.00 Monthly)										
SUBTOTAL of Receipts This Page (optional)		▶ 156.00										

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Pag		X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the				n for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITER	S PAC	(HUPAC)							
Α.	Full Name (Last, First, Middle Initial) R Dane Rianhard											
	Mailing Address 1 E. Pratt St., Unit 902				M = M / D = D / Y = Y = Y = Y Y 11 24 _2014 _							
	City Baltimore	State MD	Zip Code 21202	-	Transaction ID : 16570-P93474							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 220.00							
	Name of Employer	Occupation			Payroll Deduction							
	TriBridge Partners, LLC	Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1210.	00	(\$110.00 Monthly)							
В.	Full Name (Last, First, Middle Initial)				Date of Receipt							
	Mailing Address 1221 South Main Street Suite 2	208			11 24 2014							
	City	State	Zip Code		Transaction ID : 16570-P93849							
	Boerne	TX	78006		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		60.00									
	Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker	1		Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.	00	(\$30.00 Monthly)							
c.	Full Name (Last, First, Middle Initial) Russell Lee Rice				Date of Receipt							
	Mailing Address 8000 IH-10 West, # 715				M M / D D / Y Y Y Y 11 24 2014							
	City San Antonio	State TX	Zip Code 78230	-	Transaction ID : 16570-P93716							
		_	10230		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			170.00 Payroll Deduction							
	Name of Employer	Occupation										
	AVESIS, Inc. Receipt For:	Broker										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.	00	(\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)				450.00							
т	OTAL This Period (last page this line number o	only)		····· ►								

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the				son for the purpose of soliciting contributions								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRIT	TERS PAC	C (HUPAC)								
A.	Full Name (Last, First, Middle Initial) Tammy M. Riddle	nmy M. Riddle											
	Mailing Address 3718 W. Lancer Rd.	01-1-	7.0.1		10 / Y Y Y Y 22 2014								
	City Peoria	State IL	Zip Code 61615		Transaction ID : 16495-P92570								
			01013		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			10.00								
	Name of Employer	Occupation	1		- Payroll Deduction								
	Pearl Benefits	Broker											
	Receipt For:	Aggregate	Year-to-Date ▼		1								
	Primary General Other (specify) ▼			330.00	(\$10.00 Monthly)								
В.	Full Name (Last, First, Middle Initial)				Date of Receipt								
	Mailing Address 1402 N Capital #400			10 / Y Y Y Y 22 _ 2014 _									
	City	State	Zip Code		Transaction ID : 16495-P92673								
	Indianapolis	IN	46202		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.		30.00										
	Name of Employer		Payroll Deduction										
	Gregory & Appel Insurance	Occupation Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	425.00	(\$30.00 Monthly)								
c.	Full Name (Last, First, Middle Initial) Robert L. Rifkin				Date of Receipt								
	Mailing Address 7 Stonewall Lane				M M / D D / Y Y Y Y 11 24 2014								
	City	State NY	Zip Code		Transaction ID : 16570-P93899								
	Mamaroneck	INT	10543		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			84.00								
	Name of Employer	Occupation	1		Payroll Deduction								
	Insurance & Financial Services	Broker											
	Receipt For:	Aggregate	Year-to-Date ▼		1								
	Primary General Other (specify) ▼		7 7	462.00	(\$42.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			•••••	124.00								
т	OTAL This Period (last page this line number o	only)		••••••									

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$												
	I nd Statements may not be sold or used by any g the name and address of any political commit	person for the purpose of soliciting contributions												
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITERS F	PAC (HUPAC)												
Full Name (Last, First, Middle Initial) A. Debra L. Righter Mailing Address 1804 Juan Tabo Blvd, NE	bra L. Righter													
City	State Zip Code	10 22 2014 Transaction ID : 16495-P92640												
Albuquerque	NM 87112	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	30.00												
Name of Employer Righter Insurance, LLC	Occupation Broker	Payroll Deduction												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)												
Full Name (Last, First, Middle Initial) B. Elizabeth E. Rios-Carl		Date of Receipt												
Mailing Address 210 North Campbell		M = M / D = D / Y = Y = Y = Y Y 10 22 2014												
City El Paso	StateZip CodeTX79901	Transaction ID : 16495-P92504 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	50.00												
Name of Employer Self Employed	Occupation Broker	Payroll Deduction												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	(\$50.00 Monthly)												
Full Name (Last, First, Middle Initial) C. John F. Rippinger		Date of Receipt												
Mailing Address 1501 East Woodfield Rd.		10 / Y Y Y Y Y 22 2014												
City Schaumburg	StateZip CodeIL60173	Transaction ID : 16495-P92627 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	30.00												
Name of Employer	Occupation	Payroll Deduction												
Rippinger Financial Group, Inc.	Broker													
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)												
SUBTOTAL of Receipts This Page (optiona	ป)	110.00												
TOTAL This Period (last page this line num	nber only)													

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each catego Detailed Summ	×	11a 13	\square	11b 14	11c	12	r	1.	7										
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	soliciting	contrik	butic	ons										
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAC	С (Н	UPA	AC)															
Α.	Full Name (Last, First, Middle Initial) Michael A. Rivera Mailing Address 12200 Northwest Frwy, Suite 6	nael A. Rivera										Date of Receipt										
	City	State	Zip Code	11 24 2014 Transaction ID : 16570-P93755																		
	Houston	ТΧ	77092						Receipt th		bc											
	FEC ID number of contributing federal political committee.	С						,		1	70.0	0]									
	Name of Employer Northwest General Insurance	Occupation Broker	I		Payroll Deduction																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1060.00	(\$8	35.00 I	Mont	hly)														
в.	Full Name (Last, First, Middle Initial) Joseph K. Roberts					ate of	f Red	ceipt														
	Mailing Address 7101 S. 82nd St., #B			10 / Y Y Y Y 22 2014																		
	City Lincoln	State Zip Code NE 68516					Transaction ID : 16495-P92535 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С	170.00																			
	Name of Employer Midlands Financial Benefits	Occupation Broker			– Pa	yroll D)edu	ction														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	1700.00	(\$1	170.00	Mor	nthly)														
C.	Full Name (Last, First, Middle Initial) Judith L. Robinson					ate of	f Red	ceipt														
	Mailing Address P O Box 10071					^{м м} 10	1	D 1		y y 2014												
	City Tyler	State TX	Zip Code 75711						: 16495-P													
	FEC ID number of contributing federal political committee.	С						,	Receipt th		30.0	00]									
	Name of Employer	Occupation	I		_ Pa	ayroll [Dedu	ction														
	CFG Insurance	Broker																				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mon	thly)														
s	UBTOTAL of Receipts This Page (optional)				[,		37	70.0	0	Ī									
т	OTAL This Period (last page this line number o	only)						,	7				1									

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

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	EMIZED RECEIPTS		for each catego Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and St for commercial purposes, other than using the				son for the purpose of soliciting contributions											
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC	C (HUPAC)											
Α.	Full Name (Last, First, Middle Initial) William D. Robinson		Date of Receipt													
	Mailing Address 739 East Jackson Street	State	Zip Code		11 24 2014 Transaction ID : 16570-P94029											
	Martinsville	IN	46151		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			60.00											
	Name of Employer NewDay! Marketing	Occupation Broker	I		Payroll Deduction											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$30.00 Monthly)											
В.	Full Name (Last, First, Middle Initial) William T. Robinson				Date of Receipt											
	Mailing Address 1775 E Palm Canyon Dr, Ste 1				10 22 2014											
	City Palm Springs	State CA	Zip Code 92264		Transaction ID : 16495-P92645 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.		85.00													
	Name of Employer Palm Canyon Insurance Agency	Occupation Broker			 Payroll Deduction 											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	850.00	(\$85.00 Monthly)											
c.	Full Name (Last, First, Middle Initial) Mario Roiz				Date of Receipt											
	Mailing Address 10446 NW 31st Terrace		7.0.1		11 / 24 / Y Y Y Y 11 24 2014											
	City Miami	State FL	Zip Code 33172		Transaction ID : 16570-P93513 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			84.00											
	Name of Employer	Occupation	l		_ Payroll Deduction											
	HR Benefit Services, Inc.	Broker														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	462.00	(\$42.00 Monthly)											
s	UBTOTAL of Receipts This Page (optional)			•••••	229.00											
т	OTAL This Period (last page this line number c	only)														

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	I UNDERWRITERS PA	C (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) Laurie Rood			Date of Receipt					
	Mailing Address 601 University Avenue Suite 2	250		M M / D D / Y Y Y Y 11 01 _ 2014					
	City	State	Zip Code	Transaction ID : 16540					
	Sacramento	CA	95825-	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1000.00					
	Name of Employer	Occupatior	1	_					
	Benefits Done Right Insurance Agency,	Broker							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		1000.00						
в.	Full Name (Last, First, Middle Initial) Charla S. Rose			Date of Receipt					
	Mailing Address PO Box 1299	11 24 2014							
	City	State	Transaction ID : 16570-P93777						
	Amarillo	ТХ	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	60.00							
	Name of Employer Upshaw Insurance Agency	Occupation Broker	1	 Payroll Deduction 					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)					
с.	Full Name (Last, First, Middle Initial) Mark Rose			Date of Receipt					
	Mailing Address 14432 SE Eastgate Way Ste	400		11 24 2014					
	City	State WA	Zip Code	Transaction ID : 16570-P93913					
	Bellevue	WA	98007	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		340.00					
	Name of Employer	Occupation	1	Payroll Deduction					
	The Partners Group	Broker							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	(\$470.00 Marsh)					
	Other (specify)		1700.00	(\$170.00 Monthly)					
⊢	UBTOTAL of Receipts This Page (optional)			1400.00					
1.1	OTAL This Period (last page this line number	only)							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usi	and Statements may not be sold or used by any pering the name and address of any political committee						
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITERS PAG	C (HUPAC)					
Full Name (Last, First, Middle Initial) A. Joel Rosenblum		Date of Receipt					
Mailing Address 230 Lipan Way	State Zip Code	11 24 2014					
Boulder	CO 80303	Transaction ID : 16570-P93713 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	84.00					
Name of Employer Insurance for Asset Protection	Occupation Broker	 Payroll Deduction 					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)					
Full Name (Last, First, Middle Initial) B. Eugene L. Rowe		Date of Receipt					
Mailing Address 16000 Ventura Blvd		10 22 2014					
City Encino	State Zip Code CA 91436	Transaction ID : 16495-P92694 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer R & R Retirement and Insurance Servic	Occupation Broker	 Payroll Deduction 					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)					
Full Name (Last, First, Middle Initial) C. Peter L. Rowe		Date of Receipt					
Mailing Address PO. Box 22212		M M / D D / Y Y Y Y 11 24 2014					
City Phoenix	StateZip CodeAZ85028	Transaction ID : 16570-P93991 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer	Occupation	Payroll Deduction					
Sunwest Benefits Consulting, Inc. Receipt For: Primary General Other (specify)	Broker Aggregate Year-to-Date ▼ 1010.00	(\$100.00 Monthly)					
SUBTOTAL of Receipts This Page (optior	al) 🕨	314.00					
TOTAL This Period (last page this line nu	mber only)						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each catego Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the				son for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H	HEALTH	UNDERWR	ITERS PAC	C (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) Donna M. Rudner				Date of Receipt							
	Mailing Address 4665 lvygate Circle				M M / D D / Y Y Y Y Y 11 24 2014							
	City	State GA	Zip Code 30080		Transaction ID : 16570-P93960							
	Smyrna	GA	30080		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			60.00							
	Name of Employer	Occupation	1		Payroll Deduction							
	Employer Relief, Inc.	Broker										
	Receipt For:	Aggregate	Year-to-Date V		-							
	Primary General Other (specify) ▼		л <u>л</u> .	330.00	(\$30.00 Monthly)							
В.	Full Name (Last, First, Middle Initial)				Date of Receipt							
	Mailing Address 15 New England Executive Park	K			11 24 _2014 _							
	City	State	Zip Code		Transaction ID : 16570-P93683							
	Burlington	MA	01803		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			60.00 Payroll Deduction							
	Name of Employer BenefitsMart LLC	Occupation Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$30.00 Monthly)							
c.	Full Name (Last, First, Middle Initial) Raymer M. Sale				Date of Receipt							
	Mailing Address 2905 Premiere Parkway Suite 2	285			M M / D D / Y Y Y Y Y 11 24 2014							
	City	State	Zip Code		Transaction ID : 16570-P93956							
	Duluth	GA	30097		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			340.00							
	Name of Employer	Occupation	1		Payroll Deduction							
	E2E Benefits Services, Inc.	Broker										
	Receipt For:	Aggregate	Year-to-Date ▼	1870.00	(\$170.00 Monthly)							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o				460.00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
				erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (HUPAC)								
Α.				Date of Receipt								
	Mailing Address 200 Sandy Springs PI., # 300	OA State	Zip Code	11 24 2014								
	Atlanta	GA	30328	Transaction ID : 16570-P93479 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		90.00								
	Name of Employer	Occupation		Payroll Deduction								
	Schiebel & Associates, LLC dba Shopbe	Broker										
	Receipt For: Primary General Other (specify) ▼	(\$45.00 Monthly)										
в.	Full Name (Last, First, Middle Initial) Mel A. Schlesinger			Date of Receipt								
	Mailing Address PO Box 21533	11 24 2014										
	City	State	Zip Code	Transaction ID : 16570-P93687								
	Winston Salem	NC	27120	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		170.00								
	Name of Employer Self Employed	Occupation Broker		Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	(\$85.00 Monthly)								
с.	Full Name (Last, First, Middle Initial) Mike Schlosser			Date of Receipt								
	Mailing Address 15950 W. Dodge Rd.			10 22 2014								
	City	State	Zip Code	Transaction ID : 16496-P93167								
	Omaha	NE	68118	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer	Occupation		Payroll Deduction								
	Coventry Health Care	Broker										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		270.00	(\$30.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			290.00								

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I		
Full Name (Last, First, Middle Initial) Kenneth Schmidt Mailing Address 1332 Hunters Hollow Court City Eureka FEC ID number of contributing federal political committee. Name of Employer Sonus Benefits by MSMF Receipt For: Primary General Other (specify) ▼	State Zip Code MO 63025- C Occupation Broker Aggregate Year-to-Date ▼ 850.00 850.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Chad P. Schneider Mailing Address 2211 Michelson Drive Suite 115 City Irvine FEC ID number of contributing federal political committee. Name of Employer Aflac Receipt For: Drimony	50 State Zip Code CA 92612 C Occupation Broker Aggregate Year-to-Date ▼	Date of Receipt 11 24 2014 Transaction ID : 16570-P93574 Amount of Each Receipt this Period 85.00 Payroll Deduction
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John E Schneider Mailing Address 4300 Sidco Drive, Suite 200 City Nashville FEC ID number of contributing federal political committee. Name of Employer Colonial Life Receipt For: Primary General Other (specify)	State Zip Code TN 37204 C Occupation Broker Aggregate Year-to-Date ▼ 300.00 300.00	(\$85.00 Monthly) Date of Receipt Date of Receipt 10 22 2014 Transaction ID : 16495-P92717 Amount of Each Receipt this Period 30.00 Payroll Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	••••••	215.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS PA	C (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) Paul Joseph Scholz			Date of Receipt							
	Mailing Address 17445 Arbor St Suite 310			10 22 2014							
	City Omaha	State NE	Zip Code 68130	Transaction ID : 16496-P93330							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00							
	Name of Employer OCI Insurance and Financial Services	Occupation	1	Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00	(\$85.00 Monthly)							
в.	Full Name (Last, First, Middle Initial) Patricia A. Schrade			Date of Receipt							
	Mailing Address 3950 Chain Bridge Road Suite		7.0.1	11 24 Y Y Y Y 2014							
	City Fairfax	State VA	Zip Code 22030	Transaction ID : 16570-P93690 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer Blue Kamen Benefits, LLC	Occupation Broker	I	 Payroll Deduction 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)							
C.	Full Name (Last, First, Middle Initial) Matt B. Schwartz			Date of Receipt							
	Mailing Address 2950 Breckenridge Lane, Suite			11 / D D / Y Y Y Y 11 24 2014							
	City Louisville	State KY	Zip Code 40220	Transaction ID : 16570-P94022 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		170.00							
	Name of Employer	Occupation	l	Payroll Deduction							
	Schwartz Insurance Group Receipt For:	Broker	Year-to-Date ▼	_							
	Primary General Other (specify) ▼		935.00	(\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)		•	315.00							
т	OTAL This Period (last page this line number c	only)	••••••								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS PA	C (HUPAC)				
Full Name (Last, First, Middle Initial) Nicole Scott Mailing Address 6200 Northwest Pkwy City San Antonio	State Zip Code TX 78249	Date of Receipt 11 24 2014 Transaction ID : 16570-P93663 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer United Healthcare Receipt For:	C Occupation Broker Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$30.00 Monthly)				
B. Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 317 City	State Zip Code	Date of Receipt 11 24 2014 Transaction ID : 16570-P93963				
Driftwood FEC ID number of contributing federal political committee. Name of Employer Advanced Benefits Solutions	TX 78619 C Occupation Broker	Amount of Each Receipt this Period 60.00 Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)				
C. Full Name (Last, First, Middle Initial) Gregory J. Seifert Mailing Address PO Box 189 916 Main Street City	State Zip Code	Date of Receipt 11 24 2014 Transaction ID : 16570-P93580				
Vancouver FEC ID number of contributing federal political committee. Name of Employer Biggs Insurance Services Receipt For: Primary General Other (specify)	WA 98666 C Occupation Broker Aggregate Year-to-Date ▼ 1870.00	Amount of Each Receipt this Period Amount Of Each Receipt this Period Bayroll Deduction (\$170.00 Monthly)				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		430.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 1	17					
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS	S PAC ((HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Steven Selinsky				Date of Receipt						
	Mailing Address 28638 Oak Point Drive				M M / D D / Y Y Y Y 11 24 2014						
	City Farmington Hills	State MI	Zip Code 48331		Transaction ID : 16570-P93906 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			84.00]					
	Name of Employer Self Employed	Occupation Broker			Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General									
в.	Full Name (Last, First, Middle Initial) Bruce J. Setlik				Date of Receipt						
	Mailing Address 17808 Harney St				M M / D D / Y Y Y Y Y 10 22 2014 Transaction ID : 16495-P92429 Amount of Each Receipt this Period						
	City Omaha	State NE	Zip Code 68118-3500								
	FEC ID number of contributing federal political committee.	С			30.00						
	Name of Employer American Community Mutual, Inc.	Occupation Agent			Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.0		(\$30.00 Monthly)						
с.	Full Name (Last, First, Middle Initial) Daniel Severo				Date of Receipt						
	Mailing Address 231 Chestnut St. #410				M M / D D / Y Y Y Y 11 24 2014						
	City Meadville	State PA	Zip Code 16335		Transaction ID : 16570-P93607 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			60.00]					
	Name of Employer	Occupation			Payroll Deduction						
	The DJB Group, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 330.0		(\$30.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)				174.00	1					
	OTAL This Period (last page this line number of					j					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS	S PAC	(HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Annette Shaffer				Date of Receipt						
	Mailing Address 418 South Main Street				M M / D D / Y Y Y Y Y Y 10 22 2014						
	City Findlay	State OH	Zip Code 45840		Transaction ID : 16495-P92700 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			30.00						
	Name of Employer Group Benefit Consultants	Occupation Broker	1		Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	0	(\$30.00 Monthly)						
B.	Full Name (Last, First, Middle Initial) Douglas W Sheffer				Date of Receipt						
	Mailing Address 110 International Way				11 24 2014						
	City Springfield	State OR	Zip Code 97477		Transaction ID : 16570-P93502 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			60.00						
	Name of Employer PacificSource Health Plans	Occupation Broker	1		Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	0	(\$30.00 Monthly)						
C.	Full Name (Last, First, Middle Initial) Julie A. Shepard-Hall				Date of Receipt						
	Mailing Address 3913 N. Post				M M / D D / Y Y Y Y Y 11 24 2014						
	City Spokane	State WA	Zip Code 99205		Transaction ID : 16570-P93488 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			30.00						
	Name of Employer	Occupation	1		Payroll Deduction						
	Integrity Insurance Solutions, LLC Receipt For:	Broker Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		210.00	0	(\$30.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)			►	120.00						
т	OTAL This Period (last page this line number o	nly)		····· Þ							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11	· –	11c 15		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		rpos	e of s	solicitin		ntributi	ons
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS P	AC (ŀ	HUP	AC	;)					
Α.	Full Name (Last, First, Middle Initial) David M. Sherrill Mailing Address 407 Centerpointe Circle, Suite	16			Date						V -	W
	City	State	Zip Code		11 Trar		L	24 ID:1	6570-F	20	014 00	Ť
	Altamonte Springs	FL	32701-						eceipt t			
	FEC ID number of contributing federal political committee.	С					7				60.	00
	Name of Employer Sherrill Insurance Brokerage, Inc.	Occupation Broker			Payroll	Ded	ductio	on				
	Receipt For: Primary General Other (specify) ▼	Aggregate) (\$30.00) Mor	nthly	()					
в.	Full Name (Last, First, Middle Initial)				Date	of Re	eceij	pt				
	Mailing Address 5800 Granite Parkway Suite 70			11 24 Y Y Y Y Y 11 24 2014								
	City Plano	State TX	Zip Code 75024	_	Transaction ID : 16570-P93570 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			60.00							
	Name of Employer United Healthcare Group	Occupation Broker		— P	ayroll	Ded	uctio	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	3	\$30.00) Mor	nthly	')				
с.	Full Name (Last, First, Middle Initial) Sean G. Shoemake				Date	of Re	eceij	pt				
	Mailing Address 169A Lameuse St	Chata	Zin Onda		[™] 11		L	24	/ Y	20)14	Y
	City Biloxi	State MS	Zip Code 39530	-					1 6570-F eceipt t			
	FEC ID number of contributing federal political committee.	С					7				170.	00
	Name of Employer	Occupation		F	Payrol	Ded	ductio	on				
	Employee Benefit Specialists, P.A.	Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	(\$85.00) Moi	nthly	/)				
s	UBTOTAL of Receipts This Page (optional)			•		l	7		- 1		290.0	00
т	OTAL This Period (last page this line number o	nly)		•								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b	11c	12	17						
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of :	soliciting	g contribu	tions						
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS	S PAC (ł	HUP	AC))									
Α.	Full Name (Last, First, Middle Initial) Thomas E. Shores Mailing Address 8596 W Bolsa Ct.				Date o		ceipt	/ Y	YY	Y						
	City	State	Zip Code		11 Tron		24 ion ID : 1	6570 B	2014							
	Boise	ID	83709						nis Period							
	FEC ID number of contributing federal political committee.	С					7	7	84	.00						
	Name of Employer T.A. Shores Inc.	Occupation Broker		F	Payroll	Dedu	uction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00		\$42.00	Mon	thly)									
В.	Full Name (Last, First, Middle Initial) Thomas Siino				Date o	of Re	ceipt									
	Mailing Address 1126 Clifton Avenue					11 24 Y Y Y Y 11 24 2014										
	City Clifton	State NJ	Zip Code 07013		Transaction ID : 16570-P93490 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	°							60.00							
	Name of Employer Executive Benefits Group, LLC	Occupation Broker		P	 Payroll Deduction 											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	0 (5	\$30.00	Mon	thly)									
C.	Full Name (Last, First, Middle Initial) Michael John Simmang				Date o	of Re	ceipt									
	Mailing Address 143 E Austin St				11	/	24	/ Y	ү ү 2014	Y						
	City Giddings	State TX	Zip Code 78942				i on ID :		93702 his Period							
	FEC ID number of contributing federal political committee.	С					7	,		0.00						
	Name of Employer	Occupation		F	Payroll	Ded	uction									
	The Nitsche Group Receipt For:	Broker														
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00		\$30.00	Mon	ithly)									
s	UBTOTAL of Receipts This Page (optional)								204	.00						
т	OTAL This Period (last page this line number of	only)		····· >			,	,								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	15	for each category of the Detailed Summary Page		1c 12					
	such Reports and Statements ma other than using the name and ad		erson for the purpose of soli	citing contributions					
NAME OF COMMITTEE	(In Full) DCIATION OF HEALTH	UNDERWRITERS PA	AC (HUPAC)						
Full Name (Last, First, M A. Neil R. Simons Mailing Address 15800 C	iddle Initial) rabbs Branch Way, Suite 350		Date of Receipt	YYYYY					
City	State	Zip Code	11 04 Transaction ID : 165	2014					
Rockville	MD	20855-	Amount of Each Rece	ipt this Period					
FEC ID number of contril federal political committee	ŝ.			4000.00					
Name of Employer	Occupation								
Independent Benefit Servi Receipt For:									
	eneral Aggregate	Year-to-Date ▼ 4000.00	1						
Full Name (Last, First, M B. Roger W. Skinner	iddle Initial)		Date of Receipt						
Mailing Address 5518 Ha	mmock Glen Drive	10 22 2014							
City	State	Zip Code	Transaction ID : 164	95-P92451					
Indianapolis	IN	46235	Amount of Each Recei	ipt this Period					
FEC ID number of contril federal political committee	ŝ.		30.50						
Name of Employer Specialized Benefit Plans	Occupation Broker		Payroll Deduction						
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 305.00	(\$30.50 Monthly)						
Full Name (Last, First, M C. Erika Sklar	iddle Initial)		Date of Receipt	Date of Receipt					
Mailing Address 1415 Wa	alton Blvd		10 / D D / 22						
City Rochester Hills	State MI	Zip Code 48309	Transaction ID : 164 Amount of Each Rece						
FEC ID number of contril federal political committee	ŝ.			10.00					
Name of Employer	Occupation	Payroll Deduction							
Tim Crawford Insurance A	gency, Inc. Broker								
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 275.00	(\$10.00 Monthly)						
SUBTOTAL of Receipts Th	is Page (optional)			4040.50					

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each catego Detailed Summ		X	-		11b		11c		2	47
	information copied from such Reports and Sta r commercial purposes, other than using the									g cont			
	AME OF COMMITTEE (In Full)	HEALTH	UNDERWR	ITERS PAC	C (⊢	IUP/	AC))					
A . [ull Name (Last, First, Middle Initial) David C. Smith					Date c	of Re	eceip	t				
_	ailing Address 1012 Alemany Street	State	Zip Code		10 22 2014 Transaction ID : 16495-P92609						4		
	forrisville	NC	27560					-		ceipt th			
	EC ID number of contributing deral political committee.	С						1				85.0	0
	ame of Employer benconcepts Company	Occupation Broker			– P	ayroll	Dedu	uctio	n				
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	850.00	(\$85.00 Monthly)								
Full Name (Last, First, Middle Initial) B. Gregory S. Smith						Date of Receipt							
_	ailing Address 2201 Woodlawn Road PO Box		7. 0 .		M = M / D = D / Y = Y = Y = Y 11 24 _2014 _2014 Transaction ID : 16570-P93959 Amount of Each Receipt this Period								
L	ity incoln	State IL	Zip Code 62656										
	EC ID number of contributing deral political committee.	С	60.00						0				
R.	ame of Employer W. Garrett Agency, Inc.	Occupation Broker				ayroli i	Jedu	UCTIO	n				
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00	(\$	30.00	Mon	nthly)					
	ull Name (Last, First, Middle Initial) Kevin W. Smith					Date c	of Re	eceip	t				
	ailing Address 2000 RiverEdge Parkway Suite		7. 0. 1			м м 10			D 22	/ Y	201		
	ity Sandy Springs	State GA	Zip Code 30328							6496-F			
	EC ID number of contributing deral political committee.	С						7				30.0	0
N	ame of Employer	Occupation			_ P	ayroll	Ded	uctio	n				
	SA Insurance Agency	Broker											
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mor	nthly))				
SUE	BTOTAL of Receipts This Page (optional)			•••••	_							175.0)
тот	TAL This Period (last page this line number o	nly)		····· ►				1		,			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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175

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF H	HEALTH UNDERWRITERS PA	C (HUPAC)
Full Name (Last, First, Middle Initial) Myron Smith Mailing Address 17200 Ventura Blvd Suite 312 City Encino FEC ID number of contributing federal political committee. Name of Employer Genesis Financial Insurance Services Receipt For: Primary Other (specify) ▼	State Zip Code CA 91316- C Occupation Broker Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 365.00	Date of Receipt
Full Name (Last, First, Middle Initial) Paul E. Smith Mailing Address 100 Queen Street City Southington FEC ID number of contributing federal political committee. Name of Employer Paul E Smith Insurance, LLC Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06489 C Image: Comparison Occupation Image: Comparison Broker Zoo0.00 Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 11 24 2014 Transaction ID : 16570-P93616 Amount of Each Receipt this Period 250.00 Payroll Deduction (\$125.00 Monthly)
Full Name (Last, First, Middle Initial) C. Thomas E. Snell Mailing Address P.O. Box 818 310 N. Horner Bh City Sanford FEC ID number of contributing federal political committee. Name of Employer Digital Benefit Advisors Receipt For: Primary General Other (specify) ▼	vd. State Zip Code NC 27331 C Occupation Broker Aggregate Year-to-Date ▼ 300.00	Date of Receipt 10 22 2014 Transaction ID : 16496-P92985 Amount of Each Receipt this Period 30.00 Payroll Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	•	645.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11k	b	11c	\square	12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the				or the		pose		solicitin		ntribut	ions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (H	UPA	AC))					
Α.	Full Name (Last, First, Middle Initial) Scott D. Snowden			D	ate o	f Re	ceip	ot				
	Mailing Address 812 Lyndon Lane, Suite 101			M M	/	D	24	/ Y)) 14	Y	
	City	State	Zip Code		Trans	sacti	ion	ID :	16570-F	9395	53	
	Louisville	KY	40222	_ A	moun	t of	Ead	h R	eceipt t	his P	eriod	
	FEC ID number of contributing federal political committee.	С					3				60.	.00
	Name of Employer	Occupation	I	- Pa	ayroll I	Dedu	uctio	on				
	Snowden & Associates, Inc.	Broker										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	(\$?	30.00	Mon	thly)				
	Other (specify)		330.00	(ψε	50.00	IVIO1	itiny)				
В.	Full Name (Last, First, Middle Initial) Tamela L. Southan			D	ate o	f Re	ceir	ot				
	Mailing Address 101 W. Renner Rd., Ste 160		1 г	M M	/		D	/ Y	Y	Y	Y	
	City	State	Zip Code	14	11 T rono			24	16570-F		014 70	
	Richardson	ТХ	75082						eceipt t			
	FEC ID number of contributing federal political committee.	С					7				84.	00
	Name of Employer Benefit Solutions By Design	Occupation Broker				 Payroll Deduction 						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	(\$4	12.00	Mon	thly)				
<u>с</u> .	Full Name (Last, First, Middle Initial) James Randall Southard			D	ate o	f Re	ceip	ot				
	Mailing Address PO Box 487				M M	/	D	24	/ Y	20) 14	Y
	City	State NC	Zip Code						16570-F			
	Stokesdale	NC	27357	A	moun	t of	Ead	h R	eceipt t	his P	eriod	
	FEC ID number of contributing federal political committee.	C				Ded	7	_			130	.00
	Name of Employer	Occupation		Pa	ayroll	Deal	ucuo	חכ				
	Self Employed											
Receipt For: Aggregat			Year-to-Date ▼	(\$4	65.00	Mon	thly	0				
	Other (specify)		715.00	(\$0	05.00	NO	iti ii y)				
F	UBTOTAL of Receipts This Page (optional)				-		7	-	5		274.	00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category o Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITE	ERS PAC	(HUPAC)
Α.	Full Name (Last, First, Middle Initial) Sher Sparano				Date of Receipt
	Mailing Address 70-20 108th St, #5-0				11 24 Y Y Y Y Y 10 D D / Y Y Y Y Y 2014
	City Forest Hills	State NY	Zip Code 11375	-	Transaction ID : 16570-P93872
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 30.00
	Name of Employer Benefits Advisory Service	Occupation Broker	1		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	210.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Richard Blake Spell				Date of Receipt
	Mailing Address 3803 North Elm Street				11 24 2014
	City Greensboro	State NC	Zip Code 27455		Transaction ID : 16570-P93870 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			40.00
	Name of Employer United Healthcare	Occupation Broker			Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00	(\$20.00 Monthly)
C.	Full Name (Last, First, Middle Initial) Anne P. Sperling				Date of Receipt
	Mailing Address 805 St. Michael's Drive		7: 0 1		11 / P P / Y Y Y Y 11 24 2014
	City Santa Fe	State NM	Zip Code 87505	-	Transaction ID : 16570-P93494 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			120.00
	Name of Employer	Occupation			Payroll Deduction
Daniels Insurance Agency, Inc. Broker					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	430.00	(\$60.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				190.00
т	OTAL This Period (last page this line number c	only)		····· ►	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS P	AC (HUPAC)
Α.	Full Name (Last, First, Middle Initial) William Craig Splawn			Date of Receipt
	Mailing Address 800 Avenue C	State	Zip Code	11 24 2014
	Katy	TX	77493	Transaction ID : 16570-P94043 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer Splawn & Associates	Occupation Broker		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	(\$50.00 Monthly)
В.	Full Name (Last, First, Middle Initial) Michael Spleet			Date of Receipt
	Mailing Address 2444 East Hill Rd.	10 / Y Y Y Y Y 2014		
	City Grand Blanc	State MI	Zip Code 48439	Transaction ID : 16495-P92628 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	42.00		
	Name of Employer Franklin Benefit Solutions	Occupation Broker		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 348.00	(\$42.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Jackie L. Spragins			Date of Receipt
	Mailing Address 1300 10th St			10 / Y Y Y Y 22 2014
	City Wichita Falls	State TX	Zip Code 76301	Transaction ID : 16495-P92527 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll Deduction
	Higginbotham Ins Agency, Inc.	Broker		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	(\$50.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			192.00
т	OTAL This Period (last page this line number o	only)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
				r person for the purpose of soliciting contributions ttee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS F	PAC (HUPAC)			
A.	Full Name (Last, First, Middle Initial) Dustin Stacy			Date of Receipt			
	Mailing Address 1151 Red Mile Road		7.0.1	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Lexington	State KY	Zip Code 40504	Transaction ID : 16570-P93688 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer Benefit Insurance Marketing	Occupation Broker	1	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)			
В.	Full Name (Last, First, Middle Initial)	Date of Receipt					
	Mailing Address 6421 Perkins Rd Bldg A # 2B	Jdress 6421 Perkins Rd Bldg A # 2B					
	City Baton Rouge	State LA	Zip Code 70808-6200	Transaction ID : 16570-P93455 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer Besselman & Little Agency, LLC	Occupation Broker	l	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)			
c.	Full Name (Last, First, Middle Initial) Delvin L. Stahl			Date of Receipt			
	Mailing Address P.O. Box 388 807 S. Maltby Av	/e.		10 22 2014			
	City Sutton	State NE	Zip Code 68979	Transaction ID : 16495-P92497 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		42.00			
	Name of Employer	Occupation	1	Payroll Deduction			
	Insurance Plus, Inc. Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 420.00	(\$42.00 Monthly)			
s	UBTOTAL of Receipts This Page (optional)			162.00			
-	OTAL This Period (last page this line number of						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS PA	C (HUPAC)		
Full Name (Last, First, Middle Initial) A. Eugene Starks		Date of Receipt		
Mailing Address 613 Crescent Circle Suite 201	State Zip Code	10 / Y Y Y Y Y 22 2014		
Ridgeland	MS 39157	Transaction ID : 16495-P92461 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer Benefit Administration Services, Ltd. Receipt For: Primary General	Occupation Broker Aggregate Year-to-Date ▼	(\$170.00 Monthly)		
Other (specify)	1725.00	(\$170.00 Monthly)		
Full Name (Last, First, Middle Initial) B. Peter F. Stehr		Date of Receipt		
Mailing Address 13636 Seward Street	Mailing Address 13636 Seward Street			
City Omaha	State Zip Code NE 68154	Transaction ID : 16495-P92607 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	30.00		
Name of Employer Peter Stehr Insurance Services, Inc.	Occupation Broker	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)		
Full Name (Last, First, Middle Initial) C. James R. Stenger		Date of Receipt		
Mailing Address 8926 Crown Colony Boulevar	d	10 22 2014		
City Fort Myers	State Zip Code FL 33908	Transaction ID : 16495-P92473 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	170.00		
Name of Employer	Occupation	Payroll Deduction		
MVS Consulting	Broker			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2025.00	(\$170.00 Monthly)		
SUBTOTAL of Receipts This Page (optional)		370.00		
TOTAL This Period (last page this line number				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	F HEALTH UNDERWRITERS F	
Full Name (Last, First, Middle Initial) Marilyn A. Stenger Mailing Address 8926 Crown Colony Blvd City Ft. Myers FEC ID number of contributing federal political committee.	State Zip Code FL 33908	Date of Receipt 10 22 2014 Transaction ID : 16495-P92492 Amount of Each Receipt this Period 85.00
Name of Employer MVS Consulting Receipt For: Primary General Other (specify)	Occupation Broker Aggregate Year-to-Date ▼ 1475.00	Payroll Deduction (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) B. James R. Stephens Mailing Address 100 Mansell Ct East Suite 44 City	00 State Zip Code	Date of Receipt 10 22 2014 Transaction ID : 16495-P92613
Roswell FEC ID number of contributing federal political committee.	GA 30076	Amount of Each Receipt this Period 30.00 Payroll Deduction
Name of Employer Humana Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) Mary Stephens Mailing Address 2133 Luray Avenue		Date of Receipt
City Cincinnati FEC ID number of contributing	State Zip Code OH 45206	11 24 2014 Transaction ID : 16570-P93915 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer Alliance Benefit Group of Ohio Receipt For:	Occupation Broker	Payroll Deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	(\$20.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		135.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (IN Full) NATIONAL ASSOCIATION OF	F HEALTH UNDERWRITERS PA	AC (HUPAC)		
Full Name (Last, First, Middle Initial) Michael R. Stephens Mailing Address 329 S Elm St Suite 207 City Jenks FEC ID number of contributing federal political committee. Name of Employer Tallgrass Benefits Receipt For: Primary General Other (specify)	State Zip Code OK 74037- C Occupation Broker Aggregate Year-to-Date ▼ 1500.00 1500.00	Date of Receipt		
B. Full Name (Last, First, Middle Initial) Mailing Address 6200 Canoga Avenue Suite	300 State Zip Code	Date of Receipt		
Woodland Hills FEC ID number of contributing	CA 91367	Transaction ID : 16496-P92819 Amount of Each Receipt this Period		
federal political committee. Name of Employer BenefitMall Receipt For: Primary General Other (specify) ▼	Occupation Broker Aggregate Year-to-Date ▼ 250.00	Payroll Deduction (\$25.00 Monthly)		
Full Name (Last, First, Middle Initial) C. Richard Stinson		Date of Receipt		
Mailing Address 704 West 580 South				
Orem	UT 84058-	Transaction ID : 16534 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	365.00		
Name of Employer	Occupation	-		
Employee Benefit Plans, Inc	Broker			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00]		
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	890.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of t Detailed Summary Pa		X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION O	F HEALTH U	INDERWRITER	RS PAC	(HUPAC)				
A. Tiffany Stock				Date of Receipt				
Mailing Address 3111 C St., Suite 500	State	Zip Code		11 24 2014 Transaction ID : 16570-P93969				
Anchorage	AK	99503		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С			60.00				
Name of Employer Northrim Benefits Group	Occupation Broker			Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye		0.00	(\$30.00 Monthly)				
Full Name (Last, First, Middle Initial) B. Julia Beckie Stockstill		Date of Receipt						
Mailing Address 125 E. San Augustine				M M / D D / Y Y Y Y Y 11 24 2014				
City Deer Park	State TX	Zip Code 77536		Transaction ID : 16570-P93781 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С			60.00				
Name of Employer Stockstill & Associates	Occupation Broker			Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye).00	(\$30.00 Monthly)				
Full Name (Last, First, Middle Initial) C. Marcie Strouse				Date of Receipt				
Mailing Address 1501 Ingersoll Ave Ste 200				10 / Y Y Y Y Y 22 2014				
City Des Moines	State IA	Zip Code 50309	·	Transaction ID : 16495-P92614 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C]	42.00				
Name of Employer	Occupation			Payroll Deduction				
Prisma Strategies	Broker							
Receipt For: Primary General Other (specify)	Aggregate Ye		8.00	(\$42.00 Monthly)				
SUBTOTAL of Receipts This Page (optional).			►	162.00				
TOTAL This Period (last page this line numb								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IN I NATIONAL ASSOC		UNDERWRITERS PA	AC (HUPAC)
Full Name (Last, First, Middle A. Rodney Stuart	e Initial)		Date of Receipt
Mailing Address 600 East Ca	rmel Drive Suite 110		10 22 2014
City	State	Zip Code	Transaction ID : 16495-P92632
Carmel	IN	46032	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	ng C		50.00
Name of Employer	Occupation		Payroll Deduction
Strategic Insurance Inc.	Broker		
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 500.00	(\$50.00 Monthly)
Full Name (Last, First, Middle	e Initial)		
B. Ashley Sullivan	~~		Date of Receipt
Mailing Address PO Box 9956	65		11 24 _2014 _
City	State	Zip Code	Transaction ID : 16570-P93846
Louisville	KY	40299	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	ng C		60.00
Name of Employer	Occupation		Payroll Deduction
Van Zandt Emrich and Cary	Broker		
Receipt For:		Year-to-Date ▼	
Other (specify) ▼	ral	, 330.00	(\$30.00 Monthly)
Full Name (Last, First, Middle c. Audra I. Sullivan	e Initial)		Date of Receipt
Mailing Address 1201 N Wate	son Rd Ste 287		11 24 2014
City	State	Zip Code	Transaction ID : 16570-P93625
Arlington	ТХ	76006	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	ng C		60.00
Name of Employer	Occupation		Payroll Deduction
Vogue Insurance Agency, LLC	C Broker		
Receipt For:		Year-to-Date ▼	
Primary Gene Other (specify) ▼	ral	300.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This P	age (optional)		170.00
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TOTAL This Period (last page this line number only)......

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	and Statements may not be sold or used by any pe ig the name and address of any political committee				
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION	OF HEALTH UNDERWRITERS PA	C (HUPAC)			
A. Full Name (Last, First, Middle Initial) Mailing Address 1786 State Street		Date of Receipt			
City	State Zip Code	Transaction ID : 16536			
Salem	OR 97301-	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer	Occupation	-			
Huggins Insurance Services, Inc.	Broker				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial)					
B. James F. Summers		Date of Receipt			
	Mailing Address 8420 West Dodge Road, 5th Foor				
City Omaha	NE 68114	Transaction ID : 16495-P92510			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer Senior Market Sales, Inc.	Occupation Broker	 Payroll Deduction 			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	(\$125.00 Monthly)			
Full Name (Last, First, Middle Initial) C. William L. Sutherland		Date of Receipt			
	Mailing Address P.O Box 795008 131 Interpark Blvd.				
City San Antonio	State Zip Code TX 78279	Transaction ID : 16570-P93926			
	10219	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00 Payroll Deduction			
Name of Employer	Occupation				
Wortham Insurance & Risk Management	Broker				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	(\$100.00 Monthly)			
SUBTOTAL of Receipts This Page (option	al) 🕨	690.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS PA	AC (HUPAC)
A. Full Name (Last, First, Middle Initial) Mailing Address PO Box 31029 City Charleston FEC ID number of contributing	State Zip Code SC 29417	Date of Receipt
federal political committee. Name of Employer David M. Gilston Insurance Agency, In Receipt For: Primary Other (specify)	Occupation Broker Aggregate Year-to-Date ▼ 1100.00	Payroll Deduction (\$100.00 Monthly)
Full Name (Last, First, Middle Initial) B. Ryan R. Swinton Mailing Address 7101 S. 82 St. City Lincoln FEC ID number of contributing federal political committee.	State Zip Code NE 68516	Date of Receipt M / 24 2014 Transaction ID : 16570-P93997 Amount of Each Receipt this Period 170.00
Name of Employer Midlands Financial Benefits Receipt For: Primary General Other (specify)	Occupation Broker Aggregate Year-to-Date ▼ 935.00	Payroll Deduction (\$85.00 Monthly)
Full Name (Last, First, Middle Initial) Marsha Tellesbo-Kembel Mailing Address 1001 4th Avenue, Suite 3200 City Seattle FEC ID number of contributing federal political committee. Name of Employer Tellesbo & Company Receipt For: Primary General Other (specify)	State Zip Code WA 98154 C Occupation Broker Aggregate Year-to-Date ▼ 935.00 935.00	Date of Receipt 11 24 2014 Transaction ID : 16570-P93785 Amount of Each Receipt this Period 170.00 Payroll Deduction (\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 146 OF

	ZED RECEIPTS		for each category Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
					son for the purpose of soliciting contributions o solicit contributions from such committee.
	E OF COMMITTEE (In Full) TIONAL ASSOCIATION OF	HEALTH	UNDERWRIT	ERS PAC	C(HUPAC)
	Name (Last, First, Middle Initial) rry P. Thal				Date of Receipt
	ng Address PO Box 2137				M M / D D / Y Y Y Y Y 11 24 2014
City Kerr	wille	State CA	Zip Code 93238		Transaction ID : 16570-P93936
FEC	ID number of contributing ral political committee.	C	33230		Amount of Each Receipt this Period
	e of Employer y P. Thal Insurance Agency	Occupation Broker			 Payroll Deduction
-	Primary General Other (specify) ▼		Year-to-Date ▼	1300.00	- (\$85.00 Monthly)
	Name (Last, First, Middle Initial) nald Thibodeaux				Date of Receipt
Maili	ng Address 123 Veterinarian Rd				10 22 2014
City Lafa	yette	State LA	Zip Code 70507		Transaction ID : 16496-P93070 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С			30.00
	e of Employer ald J. Thibodeaux	Occupation Broker			 Payroll Deduction
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00	(\$30.00 Monthly)
	Name (Last, First, Middle Initial) ffery C. Thomas				Date of Receipt
Maili	ng Address 6200 Reynolds Road				10 22 2014
City Jack	kson	State MI	Zip Code 49201		Transaction ID : 16495-P92511 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С			30.00
Nam	e of Employer	Occupation			_ Payroll Deduction
	Il Business Assocation of Michigan	Broker			
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$30.00 Monthly)
SUBTO	DTAL of Receipts This Page (optional)			•••••	230.00
TOTAL	This Period (last page this line number of	only)		· · · · · · · · ·	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH UNDERWRITERS P	AC (HUPAC)
Full Name (Last, First, Middle Initial) A. Marc Thompson Mailing Address 111 Center Street, Suite 1410		Date of Receipt
City	State Zip Code AR 72201	Transaction ID : 16570-P93678
Little Rock FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00
Name of Employer Stephens Insurance Services	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	(\$42.00 Monthly)
Full Name (Last, First, Middle Initial) B. Ryan P. Thorn	-	Date of Receipt
Mailing Address 10342 South Springcrest Lan	e State Zip Code	10 22 2014
South Jordan	UT 84095	Transaction ID : 16495-P92594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Ryan P. Thorn Insurance Planning, Inc.	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	(\$40.00 Monthly)
Full Name (Last, First, Middle Initial) C. Robert J. Tierney		Date of Receipt
Mailing Address 2113 West Parkstone Ct	State Zip Code	11 24 2014
Meridian	ID 83646	Transaction ID : 16570-P93582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	Payroll Deduction
Tierney Consulting, Inc Receipt For:	Broker	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		▶ 184.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each catego Detailed Summa		X	11a 13	\square	11b 14	11c	12	r	1 [.]	7
	y information copied from such Reports and Si for commercial purposes, other than using the					or the		ose of	soliciting	contril	butic	ons	,
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRI	TERS PAG	C (H	UPA	AC)						
Α.	Full Name (Last, First, Middle Initial) Rina Tikia					Date of	f Red	ceipt					
	Mailing Address 3525 N. Causeway Blvd., Suite	e 815 State	Zip Code		[M M 11	'	24		2014		ſ	
	Metairie	LA	70001					-	Receipt th		od		
	FEC ID number of contributing federal political committee.	С						,	, j		42.0	00]
	Name of Employer Tikia Consulting Group, Inc.	Occupation Broker	I		– Pa	ayroll [Dedu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	210.00	(\$4	42.00	Mont	hly)					
в.	Full Name (Last, First, Middle Initial) Helen M. Todd					Date of	f Red	ceipt					
	Mailing Address PO Box 56166					™ M 1_1	/	D 1		2014	- Y		
	City Little Rock	State AR	Zip Code 72215						16570-Ps Receipt th		od		
	FEC ID number of contributing federal political committee.	С						,			60.0	0	
	Name of Employer The Todd Agency, Inc.	Occupation Broker			– Pa	ayroll D)edu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$3	30.00 I	Mont	hly)					
C.	Full Name (Last, First, Middle Initial) Margaret S. Tolbert					Date of	f Red	ceipt					
	Mailing Address 6501 Peake Rd Bld 950					м м 11	1	D 24		2014			
	City Macon	State GA	Zip Code 31210						: 16570-P				
	FEC ID number of contributing federal political committee.	C						,	Receipt th		60.0	00]
	Name of Employer	Occupation	1		_ Pa	ayroll [Dedu	ction					
	Tolbert & Associates	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)					
s	UBTOTAL of Receipts This Page (optional)			•••••				,		16	62.0	0	1
т	OTAL This Period (last page this line number of	only)		····· ►				,	7				1

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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175

	EMIZED RECEIPTS		for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRI	TERS PAC	; (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Daniel R. Tompkins				Date of Receipt
	Mailing Address P.O. Box 1209	State	Zip Code		10 / Y Y Y Y 22 2014
	Alpharetta	GA	30009		Transaction ID : 16496-P93174
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer Admin America Receipt For:	Occupation Broker			- Payroll Deduction
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	336.00	(\$42.00 Monthly)
в.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address #1 Galleria Blvd, Suite 1122	-			10 / Y Y Y Y Y 22 2014
	City Metairie	State LA	Zip Code 70001		Transaction ID : 16495-P92448 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			85.00
	Name of Employer Humana	Occupation Broker	I		- Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	850.00	(\$85.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Janet Trautwein				Date of Receipt
	Mailing Address 1212 New York Ave. NW, Ste	1100			M M / D D / Y Y Y Y 10 22 2014
	City Washington	State DC	Zip Code 20005		Transaction ID : 16495-P92661 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			170.00
	Name of Employer	Occupation	1		Payroll Deduction
	NAHU	Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1700.00	(\$170.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			••••••	297.00
т	OTAL This Period (last page this line number o	only)		····· •	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category Detailed Summary		×	11a 13		11b 14	\square	11c 15	12	Γ	17
	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose o		liciting	contrik		ns
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH		ERS PAC) (H	IUP/	AC))					
Α.	Full Name (Last, First, Middle Initial) Brenda Traveller Mailing Address 1150 Eastland Drive North					Date o		ceipt	D		- Y - Y		
	City	State	Zip Code			11		24 ion ID :		570-P	2014		
	Twin Falls	ID	83301		A	Amoun	t of	Each F	Rece	eipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	С						7		7		10.0	0
	Name of Employer Health Plan Partners	Occupation Broker			- P:	ayroll	Dedu	uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	210.00	(\$	10.00	Mon	thly)					
в.	Full Name (Last, First, Middle Initial) Terrie L. Trevino					Date o	f Re	ceipt					
	Mailing Address P O Box 7408					M M	/	D 24		/ Y	ү ү 2014	Y	
	City Boise	State ID	Zip Code 83707					on ID : Each F			3875 is Peric	bd	
	FEC ID number of contributing federal political committee.	С						7		7	٤	34.0	D
	Name of Employer Blue Cross of Idaho	Occupation Broker			- Pa	ayroll [Dedu	iction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	306.00	(\$-	42.00	Mon	thly)					
с.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceipt					
	Mailing Address 625 Elden Street, Suite 203					M M		D 24	L.	/ Y	2014	Y	
	City Herndon	State VA	Zip Code 20191					ion ID					
	FEC ID number of contributing federal political committee.	С						,	Hece	apt th	is Peric	60.0	0
	Name of Employer	Occupation			- P	ayroll	Dedu	uction					
	Independent Benefit Services LLC	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	270.00	(\$	30.00	Mon	ithly)					
s	UBTOTAL of Receipts This Page (optional)							7		7	15	54.00)
т	OTAL This Period (last page this line number of	only)		••••••				,		7			

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Esperanza Turley Mailing Address 30 River Park Place W., S City Fresno	uite 140 State CA	Zip Code 93720	Date of Receipt 10 22 2014 Transaction ID : 16496-P93114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer LISI Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	C Occupation Broker Aggregate Yea	r-to-Date ▼ 210.00	30.00 Payroll Deduction (\$30.00 Monthly)
Full Name (Last, First, Middle Initial) B. Glendae Tuthill Mailing Address 736 Old Greenville Rd City	State	Zip Code	Date of Receipt
Fayetteville	GA	30215	Transaction ID : 16570-P93911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Benevestco, Inc.	Occupation Broker		50.00 Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 275.00	(\$25.00 Monthly)
Full Name (Last, First, Middle Initial) C. Catherine Van Zant			Date of Receipt
Mailing Address 5500 Euper Lane P.O. Bo	x 3529		10 22 2014
City	State	Zip Code	Transaction ID : 16495-P92548
Fort Smith FEC ID number of contributing federal political committee.	AR	72913	Amount of Each Receipt this Period
Name of Employer Brown-Hiller-Clark & Associates, Inc.	Occupation Broker		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 300.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)		110.00

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category Detailed Summar		×	11a 13		11b 14	11c	12	r	1	7
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	f soliciting	contril	butic	ons	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRIT	ERS PAC	С (Н	UPA	AC)						
Α.	Full Name (Last, First, Middle Initial) Wendy Vanderwater Bratteli Mailing Address 515 West Southwest Loop 323					Date of	_	ceipt	D / Y	Y Y			
	City Tyler	State TX	Zip Code 75701					-	16570-P				
	FEC ID number of contributing federal political committee.	C				moun	t of	Each F	Receipt th		od 84.0	00]
	Name of Employer Threlkeld & Company Insurance Receipt For:	Occupation Broker Aggregate	Year-to-Date ▼		- Pa	ayroll [Dedu	iction					
	Primary General Other (specify) ▼		л	462.00	(\$4	42.00	Mon	thly)					
в.	Full Name (Last, First, Middle Initial) Michael Venditto					ate of	f Re	ceipt					
	Mailing Address 609 New Road, #D					м м 10	/	D 1		2014	Y		
	City Linwood	State NJ	Zip Code 08221						16496-P9 Receipt th		od		
	FEC ID number of contributing federal political committee.	С						,		;	30.0	0]
	Name of Employer Hafetz & Associates	Occupation Broker			Pa	iyroll D	Dedu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$3	30.00 I	Mont	thly)					
c.	Full Name (Last, First, Middle Initial) Denise S. Villagran				С	ate of	f Re	ceipt					
	Mailing Address 1016 Santa Fe, #205					^M ^M 11	/	D 24		2014			
	City Corpus Christi	State TX	Zip Code 78404		A				: 16570-P Receipt th		od		
	FEC ID number of contributing federal political committee.	С				ayroll [Dodu	, .			60.0	00]
	Name of Employer Entrust, Inc.	Occupation Broker			- F0		Deut	CUON					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)					
s	UBTOTAL of Receipts This Page (optional)							7		17	74.0	0	Ī
т	OTAL This Period (last page this line number o	nly)		•••••	ĺ			,					1

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category Detailed Summary		×	11a 13		11b 14		11c 15		12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose d		oliciting	g cont	tributio	ons		
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH		ERS PAC	C (H	IUP/	AC))							
Α.	Full Name (Last, First, Middle Initial) Rand R. Wall Mailing Address 12603 Southwest Freeway. Su	ito 620				Date o		· ·							
	City	State	Zip Code			10 Trong		2	2	6495-P	201				
	Stafford	TX	77477							ceipt th		-			
	FEC ID number of contributing federal political committee.	С				inour		1	. 10			100.0	0		
	Name of Employer Lone Star Health Plans, Ltd.	Occupation Broker			P	ayroll I	Dedu	uction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1000.00	(\$	100.00) Mo	onthly)							
В.	Full Name (Last, First, Middle Initial) Doris Waller					Date o	f Re	ceipt							
	Mailing Address 1778 N. Plano Rd. Suite 310				10 22 2014 Transaction ID : 16495-P92498										
	City Richardson	State TX	Zip Code 75081						6 495-P ceipt th						
	FEC ID number of contributing federal political committee.	С						,		7		42.0	0		
	Name of Employer Pan-American Benefits Solutions	Occupation Broker			Pa	ayroll E	Dedu	iction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	(\$-	42.00	Mon	thly)							
c.	Full Name (Last, First, Middle Initial)					Date o	f Re	ceipt							
	Mailing Address PO Box 417		7. 0 .			м м 10		D 2	2	/ Y	201				
	City Hampstead	State NC	Zip Code 28443		A					6495-P ceipt th					
	FEC ID number of contributing federal political committee.	С		_				7		3		30.0	00		
	Name of Employer	Occupation			- P	ayroll	Dedi	uction							
	Advanced Insurance Systems	Broker			_										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	300.00	(\$	30.00	Mon	nthly)							
s	UBTOTAL of Receipts This Page (optional)											172.0	0		
т	OTAL This Period (last page this line number c	only)		····· •	ĺ			, ,		,					

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category Detailed Summary		X	11a 13		11b 14	11c	12		_ 47	
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		oose of			butio		_
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I												
A.	Full Name (Last, First, Middle Initial) Jessica Waltman				C	ate of	f Re	ceipt					-
	Mailing Address 1212 New York Ave. NW, Ste 1	1100				м м 10	/	22		2014		Y	
	City	State	Zip Code			Trans	acti	on ID :	16495-P	92658			
	Washington	DC	20005		_ A	moun	t of	Each F	Receipt th	is Peri	bc		
	FEC ID number of contributing federal political committee.	С						3			85.0	00	
	Name of Employer	Occupation			- Pa	ayroll [Dedu	uction					
	Self Employed	Broker											
	Receipt For:	Aggregate	Year-to-Date ▼		1								
	Primary General Other (specify) ▼		g g	850.00	(\$8	85.00	Mon	thly)					
	Full Name (Last, First, Middle Initial)						E Do	agint					
Б.	Mailing Address 3219 E. Camelback Road #569)				Date of				2014		Y	
	City	State	Zip Code		1 5	11 Trans	acti	24 on ID :	16570-P	2014	-		
	Phoenix	AZ	85018						Receipt th		od		-
	FEC ID number of contributing federal political committee.	С						,			84.0	00	
	Name of Employer	Occupation			Pa	iyroll D)edu	iction					
	Emerging Benefits Consultants, LLC	Broker											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		, , , ,	366.00	(\$4	42.00 I	Mon	thly)					
c.	Full Name (Last, First, Middle Initial) Stephen C. Warner				C	ate of	f Re	ceipt					
	Mailing Address 16180 Hwy 7					м м 11	/	D 24		2014		Y	
	City Mtka	State MN	Zip Code 55345			Trans		ion ID :	: 16570-P	93922			
				_		moun			Receipt th	is Perio	Ju	_	
	FEC ID number of contributing federal political committee.	С					2	, 	7		60.0	00	
	Name of Employer	Occupation			- Fo	ayroll I	Jeur	JCIION					
	Warner & Associates	Broker											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		7 7	330.00	(\$	30.00	Mon	ithly)					
s	UBTOTAL of Receipts This Page (optional)			•	ſ					22	29.0	0	-
Ľ				F	- ř	-	÷			+	÷	=	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	I UNDERWRITERS PA	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) John L. Warwick			Date of Receipt
	Mailing Address 1907 B Mangrove Ave.			11 24 2014
	City Chico	State CA	Zip Code 95927	Transaction ID : 16570-P93751 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer John Warwick Insurance Services	Occupation Broker	1	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1850.00	(\$85.00 Monthly)
В.	Full Name (Last, First, Middle Initial) Robert Watkins			Date of Receipt
	Mailing Address 4205 Hillsboro Road, # 120			M M / D D / Y Y Y Y 11 24 _2014 _
	City Nashville	State TN	Zip Code 37215	Transaction ID : 16570-P93465 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Pancoast Benefits	Occupation Broker	1	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)
с.	Full Name (Last, First, Middle Initial) Dan Webb			Date of Receipt
	Mailing Address 5251 Office Park Drive Suite 3			10 / Y Y Y Y Y 22 2014
	City Bakersfield	State CA	Zip Code 93309	Transaction ID : 16495-P92679 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		, 170.00
	Name of Employer	Occupation	1	Payroll Deduction
	The Webb Insurance Group Receipt For: Primary General Other (specify) ▼	Broker Aggregate	Year-to-Date ▼ 1700.00	(\$170.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			400.00
-	OTAL This Period (last page this line number of		· ·	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	, [11c		12 16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PA	C (H	IUP/	٩C)								
Α.	Full Name (Last, First, Middle Initial) Yolanda Marie Webb				Date c	of Re	eceip	ot							
	Mailing Address 901 Via Piemonte				M M / D D / Y Y Y Y Y 11 24 2014										
	City	State	Zip Code						16570-F						
	Ontario	CA	91710	_	Amour	nt of	Eac	h R	leceipt tl	his Pe	eriod				
	FEC ID number of contributing federal political committee.	C					7	_			50.	00			
	Name of Employer	Occupation		- P	ayroll	Ded	uctic	'n							
	Trinity Financial Partners	Broker													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	(\$	25.00	Mor	nthly))							
В.	Full Name (Last, First, Middle Initial) Joshua Weinstein				Date c	of Re	eceip								
	Mailing Address 3111 C St., Suite 500				11 24 2014										
	City	State	Zip Code		Trans	sacti	ion I	D :	16570-P						
	Anchorage	AK	99503	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		60.00											
	Name of Employer Northrim Benefits Group	Occupation Broker		- Pa	ayroll I	Dedu	uctio	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$	30.00	Mon	thly))							
<u>с</u> .	Full Name (Last, First, Middle Initial) Glenn Wells				Date c	of Re	eceip								
	Mailing Address 1220 Mayview Road				M N 10	/	D	23) / Y	201	Y 4	Y			
	City	State PA	Zip Code						16499						
	Pittsburgh	FA	15241	A	Amour	nt of	Eac	h R	leceipt tl	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С			_		7	_			750.	00			
	Name of Employer	Occupation													
	Single Source Benefits, Inc.	Broker													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00												
┢	UBTOTAL of Receipts This Page (optional)				-		7	+	· · ·		860.0	00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS P	AC (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Lynn Charles Wentworth Mailing Address 137 Executive Drive Suite E			Date of Receipt
	City	State	Zip Code	11 24 2014 Transaction ID : 16570-P93601
	Madison	MS	39110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer AFLAC	Occupation Broker		Payroll Deduction
	Receipt For:		Year-to-Date ▼	—
	Other (specify)		330.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Mitchell West			Date of Receipt
	Mailing Address Health Choice One, Attn: Mitch	We		11 24 _2014 _
	City	State	Zip Code	Transaction ID : 16570-P93668
	Centennial	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MW Family Services	Occupation Broker		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)
с.	Full Name (Last, First, Middle Initial) Charles L. Westmoreland			Date of Receipt
	Mailing Address 532 Cloiffview Drive			10 22 2014
	City Brandon	State MS	Zip Code 39047	Transaction ID : 16495-P92474
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation		Payroll Deduction
	Allstate Benefits	Broker		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			150.00
	OTAL This Period (last page this line number o			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each catego Detailed Summa		X	11a 13		11b 14	11c	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		ose of	f soliciting	contribu	utions	17
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	TERS PAC	С (Н	UPA	AC)					
Α.					C	ate of	f Re	ceipt				
	Mailing Address 408 N. Washington Street Suite	e A State	Zip Code		[M M 11	/	24		2014	Y	
	Easton	MD	21601						Receipt th			
	FEC ID number of contributing federal political committee.	С						7			0.00	
	Name of Employer Avery Hall Benefit Solutions, Inc.	Occupation Broker			– Pa	ayroll [Dedu	iction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$:	30.00	Mon	thly)				
В.	Full Name (Last, First, Middle Initial) Robert H. White					Date of	f Re	ceipt				
	Mailing Address 6724 S 29th W Place					™ 10	/	22		у у 2014	Y	
	City Tulsa	State OK	Zip Code 74137						16495-Ps Receipt th		ł	
	FEC ID number of contributing federal political committee.	С						,	- 7	42	2.00	
	Name of Employer Plan Benefit Analysts of Tulsa, Inc.	Occupation Broker			- Pa	iyroll D	eau	Ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	(\$4	42.00 I	Mont	thly)				
C.	Full Name (Last, First, Middle Initial) Jimmie Whitmire				C	ate of	f Re	ceipt				
	Mailing Address 503 Eighth Street	01-1-1	7.0.0.1			м м 10	/	22		ү ү 2014	Y	
	City Wichita Falls	State TX	Zip Code 76301		A				: 16495-P Receipt th		ł	
	FEC ID number of contributing federal political committee.	С						,		4	2.00	
	Name of Employer	Occupation			_ Pa	ayroll [Jedu	iction				
	Whitmire & Whitmire, Inc.	Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	(\$-	42.00	Mon	thly)				
s	UBTOTAL of Receipts This Page (optional)			····· •				,		144	1.00	
т	OTAL This Period (last page this line number o	only)		····· ►				,				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWRITERS PA	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) David V. Wilcox			Date of Receipt
	Mailing Address 166 River Vista Place			11 24 2014
	City Twin Falls	State ID	Zip Code 83301	Transaction ID : 16570-P93615 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Magic Valley Insurance, Inc.	Occupation Broker	1	 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00	(\$42.00 Monthly)
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 3724 Hearst Castle Way			11 24 2014
	City Plano	State TX	Zip Code 75025	Transaction ID : 16570-P93835 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer SeeChange Health	Occupation Broker	1	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00	(\$85.00 Monthly)
c.	Full Name (Last, First, Middle Initial) George Williams			Date of Receipt
	Mailing Address 4109 Woodway Dr.			10 22 2014
	City Monroe	State LA	Zip Code 71201	Transaction ID : 16495-P92582 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	1	Payroll Deduction
	Financial Planning Resources Receipt For:	Broker		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	(\$30.00 Monthly)
S	UBTOTAL of Receipts This Page (optional)		>	284.00
т	OTAL This Period (last page this line number c	only)	▶	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each catego Detailed Summ		X	11a 13		11b 14	11c	12	ſ	1	7
	y information copied from such Reports and St for commercial purposes, other than using the					or the		ose of	f soliciting	contrik	butic	ons	,
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF I	HEALTH	UNDERWR	ITERS PAG	C (H	UPA	AC)						
A.	Full Name (Last, First, Middle Initial) Leslie A. Williams					Date of	f Red	ceipt					
	Mailing Address 1551 E. Cypress Ave., Ste. D	01.14	Zie Oste			м м 10	/	22		2014			
	City Redding	State CA	Zip Code 96002						16495-P Receipt th				
	FEC ID number of contributing federal political committee.	С				inoun					30.0	0]
	Name of Employer Leslie A. Williams Insurance Services	Occupation Broker			– Pa	ayroll [Dedu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00	(\$	30.00	Mont	hly)					
В.	Full Name (Last, First, Middle Initial) Michael Ross Williams					Date of	f Red	ceipt					
	Mailing Address 10040 Regency Circle Ste. 345	5				™M 1_1	/	24		2014	Y		
	City Omaha	State NE	Zip Code 68114						16570-PS Receipt th		bc		
	FEC ID number of contributing federal political committee.	С						,		17	70.0	0	
	Name of Employer Williams-Deras & Associates, Inc	Occupation Broker			– Pa	ayroll D)edu	ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	935.00	(\$8	35.00 I	Mont	hly)					
c.	Full Name (Last, First, Middle Initial) Lon G. Wilson					Date of	f Red	ceipt					
	Mailing Address 3000 A Street, Suite 400					м м 10	/	22		2014		<i>(</i>	
	City Anchorage	State AK	Zip Code 99503						: 16495-P Receipt th				
	FEC ID number of contributing federal political committee.	С						,			85.0	00	
	Name of Employer	Occupation			_ Pa	ayroll [Dedu	ction					
	The Wilson Agency, LLC	Broker											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	850.00	(\$	85.00	Mon	thly)					
s	UBTOTAL of Receipts This Page (optional)			····· ►	[,		28	85.0	0	1
т	OTAL This Period (last page this line number c	only)		•••••	ĺ			,	7				1

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of Detailed Summary		X 11a 11b 11c 12
	y information copied from such Reports and St for commercial purposes, other than using the				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITE	ERS PAC	C(HUPAC)
Α.	Full Name (Last, First, Middle Initial) Paula L. Wilson				Date of Receipt
	Mailing Address 31930 Daniel Way	-			M = M / D = D / Y = Y = Y = Y Y 10 22 2014
	City	State CA	Zip Code 92591		Transaction ID : 16495-P92657
	Temecula	CA	92591		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			85.00
	Name of Employer	Occupation			Payroll Deduction
	Paula Wilson, Inc.	Broker			
	Receipt For:	Aggregate	Year-to-Date V		-
	Primary General Other (specify) ▼			850.00	(\$85.00 Monthly)
В.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 1151 Red Mile Road				1,1 2,4 _2014 _
	City	State	Zip Code		Transaction ID : 16570-P94048
	Lexington	KY	40504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			170.00
	Name of Employer	Occupation	1		Payroll Deduction
	Benefit Insurance Marketing	Broker			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	425.00	(\$85.00 Monthly)
c.	Full Name (Last, First, Middle Initial) Thomas R. Wilson				Date of Receipt
	Mailing Address 701 Lamar				M M / D D / Y Y Y Y 11 24 2014
	City	State	Zip Code		Transaction ID : 16570-P93653
	Wichita Falls	ТХ	76301		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			110.00
	Name of Employer	Occupation			Payroll Deduction
	Boley Featherston Insurance Agency	Broker			
	Receipt For:	Aggregate	Year-to-Date ▼		-
	Primary General Other (specify) ▼			865.00	(\$55.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)				365.00
т	OTAL This Period (last page this line number o	only)		····· ►	

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (IN FUII) NATIONAL ASSOCIATION O	F HEALTH UNDERWRITERS PA	C (HUPAC)
Full Name (Last, First, Middle Initial) A. Owen W. Wingate		Date of Receipt
Mailing Address 155 Professional Dr		11 24 2014
City Ponte Vedra Beach	State Zip Code FL 32082	Transaction ID : 16570-P93623 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Wingate Insurance Group, Inc. Receipt For:	Occupation Broker	Payroll Deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	(\$42.00 Monthly)
Full Name (Last, First, Middle Initial) B. Tammy Winn		Date of Receipt
Mailing Address 9811 S IH 35, Building 1 Su	uite 100	10 22 2014
City Austin	StateZip CodeTX78744	Transaction ID : 16495-P92466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer SWBC Insurance Services	Occupation Broker	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)
Full Name (Last, First, Middle Initial) C. Shelly K. Winson		Date of Receipt
Mailing Address PO Box 1914		11 24 2014
City Chandler	State Zip Code AZ 85244	Transaction ID : 16570-P93698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	Payroll Deduction
True Choice Benefits LLC	Broker	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	(\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional)	·	132.00
TOTAL This Period (last page this line numb	er only)	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			tegory of the mmary Page	×	11a 13		11b	11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the					or the	purp	ose of	soliciting	g contri	butio	ons
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERW	RITERS PA	C (H	IUPA	AC)					
Α.	Full Name (Last, First, Middle Initial) Dennis C. Woehler					Date of	Re	ceipt				
	Mailing Address 720 Drexel Dr.	State	Zip Code			M M M	'	24		2014		ſ
	Evansville	IN	47712						16570-P eceipt th		od	
	FEC ID number of contributing federal political committee.	С				amount			eceipt tr		60.C	00
	Name of Employer Self Employed Receipt For: Primary General	Occupation Broker Aggregate	Year-to-Date ▼	,	_	ayroll E						
	Other (specify)		1	330.00	(\$	30.00	Mont	thly)				
в.	Full Name (Last, First, Middle Initial) Rosanne Wolfe					Date of	Re	ceipt				
	Mailing Address PO Box 17236					м м 11	/	D D D 24	/ Y	2014	Y Y	
	City Tucson	State AZ	Zip Code 85731						16570-P eceipt th		od	_
	FEC ID number of contributing federal political committee.	С						,			60.0	0
	Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Broker	I		- Pa	ayroll D	edu	ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	545.00	(\$:	30.00 N	Mont	hly)				
C.	Full Name (Last, First, Middle Initial) DianaLou Wolff					Date of	Re	ceipt				
	Mailing Address 70 Maiden Lane 2nd Floor					м м 11	/	D D D 24	/ Y	2014		
	City Kingston	State NY	Zip Code 12401		A				16570-P eceipt th		od	
	FEC ID number of contributing federal political committee.	С						,			60.0	00
	Name of Employer	Occupation			Pa	ayroll [Dedu	iction				
	Benefit Counseling Associates	Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	330.00	(\$	30.00	Mon	thly)				
s	UBTOTAL of Receipts This Page (optional)									1	80.0	0
	OTAL This Period (last page this line number of				ĺ			,				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each catego Detailed Summ		X	11a 13		11b 14	11c	12		17
	y information copied from such Reports and S for commercial purposes, other than using the					or the		ose of	f soliciting	g contribu	utions	
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWR	ITERS PAC	С (Н	UPA	AC)	l				
Α.	Full Name (Last, First, Middle Initial) William W. Wong Mailing Address 43 Waverly Place					Date of	f Re	ceipt	D / Y	Y Y	Y	
	City	State	Zip Code			11 Trans	acti	24	: 16570-P	2014 93890		
	San Francisco	CA	94108					-	Receipt th			
	FEC ID number of contributing federal political committee.	С						,			4.00	
	Name of Employer Bill Wong & Associates	Occupation Broker	I		– Pa	ayroll [Dedu	iction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	(\$4	42.00	Mon	thly)				
в.	Full Name (Last, First, Middle Initial) Dennis E. Wright					Date of	f Re	ceipt				
	Mailing Address 1111 Chestnut Hills Pky					м м 10	/	24		2014	Y	
	City Fort Wayne	State IN	Zip Code 46814-					-	16512 Receipt th	is Perio	ł	
	FEC ID number of contributing federal political committee.	С						,	7	8	5.00	
	Name of Employer Employee Plans, LLC	Occupation Broker										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	765.00								
C.	Full Name (Last, First, Middle Initial) Dennis E. Wright					Date of	f Re	ceipt				
	Mailing Address 1111 Chestnut Hills Pky					м м 11	/	D 24		ү ү 2014	Y	
	City Fort Wayne	State IN	Zip Code 46814		A				: 16570-P Receipt th			
	FEC ID number of contributing federal political committee.	С						, .	7	8	5.00	
	Name of Employer	Occupation	l		_ Pa	ayroll [Jedu	iction				
	Employee Plans, LLC Receipt For:	Broker			_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	850.00	(\$	85.00	Mon	thly)				
s	UBTOTAL of Receipts This Page (optional)				ſ					254	l.00	٦
т	OTAL This Period (last page this line number	only)		····· •	Ī			, ,	,			

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any per ddress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH	UNDERWRITERS PAG	C (HUPAC)
Α.	Full Name (Last, First, Middle Initial) Carol Wyckoff			Date of Receipt
	Mailing Address 14856 Briggs Street		7.0.1	M M / D D / Y Y Y Y 11 24 2014
	City Carlisle	State IA	Zip Code 50047	Transaction ID : 16570-P93791 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Mercer Voluntary Benefits	Occupation		- Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 330.00	(\$30.00 Monthly)
в.	Full Name (Last, First, Middle Initial) Luann S. Yarberry Mailing Address 1300 10th St			Date of Receipt
	Maining Address 1300 10th St			11 24 2014
	City Wichita Falls	State TX	Zip Code 76301	Transaction ID : 16570-P94018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Higginbotham Ins Agency, Inc.	Occupation Broker		 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)
C.	Full Name (Last, First, Middle Initial) M. Zachary Zinser			Date of Receipt
	Mailing Address 330 North Evergreen Road, Su			11 24 2014
	City Louisville	State KY	Zip Code 40243	Transaction ID : 16570-P93700 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation	1	Payroll Deduction
	Zinser Benefit Service, Inc.	Broker		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	(\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	180.00
Т	OTAL This Period (last page this line number of	only)	••••••	50073.92

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

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

FOR LINE NUMBER:

(check only one)

PAGE 166 OF

175

	EIVIZED RECEIPTS		Detailed Summary Page		11a	1	1b	11c		2	
					13		4	15		6	17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any ddress of any political commit	person tee to	n for the solicit cor	purpo ntribut	ose of tions fr	soliciting om suc	g cont h corr	ributi nmitte	ons e.
$\Big\rangle$	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF	HEALTH		PAC	(HUPA	AC)					
Α.					Date of	f Rece	əipt				
	Mailing Address PO BOX 17813 City	State	Zip Code		10		27	JL	۲ 20		Y
	RICHMOND	VA	23226	F	Amount		n ID: ach Bi		nis Pe	riod	
	FEC ID number of contributing federal political committee.	C cod	0355461							250.	00
	Name of Employer	Occupation	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4250.00								
	Full Name (Last, First, Middle Initial)		A)A								
В.					Date of	f Rece	eipt				
	Mailing Address				M M	/	D D	/ Y	Y	Y	Y
	City	State	Zip Code		Amount	t of E	ach R	eceipt th	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	С						,			
	Name of Employer	Occupation	I								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V								
С.	Full Name (Last, First, Middle Initial)				Date of	f Rece	eipt				
	Mailing Address				M M		D D	/ Y	Y	Y	Y
	City	State	Zip Code		Amount	t of E	ach R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)			•		. ,			4	250.0	00
т	OTAL This Period (last page this line number of	only)							4	250.0	00

S	CHEDULE B (FEC Form 3X)		F	DR I		UMBER	:			PAG	E 167	OF 175				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		heck	only			23 28b		24 28c	25 29					
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar															
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE	ALTH UNDERWRI	TER	SΡ	AC	(HUP)	AC)								
Α.	Full Name (Last, First, Middle Initial) American Express					Date o		sburse		Y	Y Y	Ŷ				
	Mailing Address PO Box 53852					10		2	9		2014					
	Phoenix	State Zip Code AZ 85072				Transaction ID : 16580										
	Purpose of Disbursement Merchant Fee		0	01		Amour	nt of	Each	Disbu	rsem	ent this	s Period				
	Candidate Name			egory /pe	/			,		,		7.95				
	Office Sought: House Disburser Senate President Image: Senate	ment For: Primary General Other (specify) ▼														
	State: District:															
В.	Full Name (Last, First, Middle Initial) American Express					Date o	_	sburse		Y	Y Y	Y				
	Mailing Address PO Box 53852					11 03 2014										
	Phoenix	StateZip CodeAZ85072				Tran	sact	ion ID): 165	75						
	Purpose of Disbursement Merchant Fee Candidate Name		1.00	01 egory		Amoun	unt of Each Disbursement this Period									
	Office Sought: House Disburser	ment For:		/pe		<u> </u>		7	_	7	3	05.06				
	Senate President	Primary General Other (specify)														
_	State: District: Full Name (Last, First, Middle Initial)															
C.	Regions Bank					Date o	_	sburse		Y	YY	Y				
	Mailing Address 4701 N Keystone Ave # 100					10			1	L	2014					
	City Indianapolis Purpose of Disbursement	State Zip Code IN 46205				Trans	sact	ion ID	: 165	74						
	Banking Fee Candidate Name		Cate	01 egory	1	Amoun	nt of	Each	Disbu	rsem		s Period 12.00				
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		ype				7		7						
Г						_	-	-	_	-						
⊢	COTAL This Period (last page this line number only)						-	<u>.</u>		7	3	25.01				

S	CHEDULE B (FEC Form 3X)			F	OR		NUMBER				PAG	GE 1	168 C)F 175			
	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hecl	k only	one)	 	1								
			Summary Page		×	21b 27	22 28a	-	23 28b		24 28c	$\mid \mid$	25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nar					persc	n for the		pose (of sol	iciting		ntribut	ions			
\setminus	NAME OF COMMITTEE (In Full)																
	NATIONAL ASSOCIATION OF HE	ALTH U	NDERWRI	TER:	S F	PAC	(HUP)								
Α.	Full Name (Last, First, Middle Initial) Regions Bank						Date o	of Dis	sburse	ement							
	Mailing Address 4701 N Keystone Ave # 100						M 11	1 /	D 0	3	/ Y	20	ү 14	Y			
	City Indianapolis	State IN	Zip Code 46205				Tran	sact	ion ID	: 16	576						
	Purpose of Disbursement Merchant Fees			C	001	٦	Amour	nt of	Each	Disb	ursen	nent	this F	Period			
	Candidate Name				egor ype	ry/			7		,		1543	.62			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General ify) ▼														
	State: District:																
B.	Full Name (Last, First, Middle Initial) Stripe Inc.						Date o										
	Mailing Address Wells Fargo Bank						M N		D)3	Ý)14	Ŷ			
	Walnut Creek	State CA	Zip Code 94598				Transaction ID : 16577 Amount of Each Disbursement this Period 1.75										
	Purpose of Disbursement Merchant Fee			(001												
	Candidate Name			Cat	-	ry/											
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General ify) ▼														
	State: District:																
C.	Full Name (Last, First, Middle Initial)						Date o		sburse				Y	1			
	Mailing Address										ľ	- Y		Y			
	City	State	Zip Code														
	Purpose of Disbursement						Amour	nt of	Each	Disb	ursem	nent	this F	Period			
	Candidate Name				egor ype	ry/			,		7						
	Senate President	ment For: Primary Other (spec	General ify) ▼														
	State: District:																
s	UBTOTAL of Disbursements This Page (optional)							-	,		3	_	1545				
Т	OTAL This Period (last page this line number only)							7	_	7		1870	38			

SC	HEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 169 OF 175											
	MIZED DISBURSEMENTS	Use separate schedule	(s) (check only												
		for each category of the Detailed Summary Pag		22 X 23 24 25 26 28a 28b 28c 29 30b											
ori	v information copied from such Reports and States or commercial purposes, other than using the nar														
\checkmark	NATIONAL ASSOCIATION OF HE		RITERS PAC	; (HUPAC)											
	Full Name (Last, First, Middle Initial)			Date of Dichursenset											
А.	AMI BERA FOR CONGRESS			Date of Disbursement											
	Mailing Address PO BOX 582496			10 D D / Y Y Y Y 21 2014											
	City ELK GROVE	State Zip Code CA 95758		Transaction ID : 16486											
Ī	Purpose of Disbursement														
	Local Event		011	Amount of Each Disbursement this Period											
	Candidate Name AMERISH BERA		Category/ Type	1000.00											
i	Office Sought: X House Disburser Senate President	ment For: 2014 Primary X General Other (specify) ▼													
	State: CA District: 07														
	Full Name (Last, First, Middle Initial) BEN SASSE FOR US SENATE IN	IC		Date of Disbursement											
	Mailing Address 105 EAST 6TH STREET			10 21 / Y Y Y Y 2014											
	FREMONT	StateZip CodeNE68025		Transaction ID : 16485											
I	Purpose of Disbursement Local Event		011	Amount of Each Disbursement this Period											
ī	Candidate Name		Category/												
	BENJAMIN E SASSE		Туре	2500.00											
	Office Sought: House Disburse Senate President State: NE District: 00	ment For: 2014 Primary X General Other (specify) ▼	1												
	Full Name (Last, First, Middle Initial)														
C.	FRIENDS OF DAVE REICHERT			Date of Disbursement											
-	Mailing Address PO BOX 2032			10 / D D / Y Y Y Y 21 2014											
	City	State Zip Code													
	SSAQUAH	WA 98027		Transaction ID : 16492											
Ì	Purpose of Disbursement 9/29 Local Event		011	Amount of Each Disbursement this Period											
i			Category/	1000.00											
;		mont For: 0044	Туре												
	Office Sought: X House Disburse Senate President State: WA District: 08	ment For: 2014 Primary X General Other (specify) ▼	I												
sı	JBTOTAL of Disbursements This Page (optional)		▶	4500.00											
Т	OTAL This Period (last page this line number only)	••••••												

SCHED	OULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 170 OF 17								
	ED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only									
		for each category of the Detailed Summary Page	21b	22 X 23 24 25 26								
		Detailed Summary Page	27	28a 28b 28c 29 30b								
				on for the purpose of soliciting contributions								
or for con	nmercial purposes, other than using the nan	ne and address of any politi	cal committee to	solicit contributions from such committee.								
	OF COMMITTEE (In Full)											
∕ NAT	IONAL ASSOCIATION OF HE	ALTH UNDERWRI	TERS PAC	(HUPAC)								
Full Na	ame (Last, First, Middle Initial)											
-		INC		Date of Disbursement								
1 1 1 1				M M / D D / Y Y Y Y								
Mailing	Address 700 13TH STREET NW, SUITE 60	0		11 07 2014								
-												
City	INGTON	State Zip Code DC 20005		Transaction ID : 16553								
-	e of Disbursement	20005										
	e Event		011	Amount of Each Disbursement this Period								
Candid	ate Name		Category/									
MAF	RY L LANDRIEU		Туре	2500.00								
Office	Sought: House Disburser	ment For: 2014										
	X Senate	Primary General										
Ctoto		Other (specify)										
State:	00											
	ame (Last, First, Middle Initial)			Date of Disbursement								
B. FUN	ID FOR A CONSERVATIVE F	UTURE										
Mailing	Address PO BOX 96			11 17 _ 2014 _								
City		State Zip Code		Transaction ID : 16559								
	NDRIA e of Disbursement	VA 22313										
	Dinner		011	Amount of Each Disbursement this Period								
Candid	ate Name											
JAN	IES M INHOFE		Category/ Type	1000.00								
Office	Sought: House Disburser	ment For: 2014										
	Senate	Primary K General										
	President	Other (specify)										
State:	OK District: 00											
_	ame (Last, First, Middle Initial)			Date of Disbursement								
C. GRA	VES FOR CONGRESS											
Mailing	Address 2345 GRAND, SUITE 2400			10 17 2014								
City		State Zip Code		Transaction ID : 16473								
	AS CITY e of Disbursement	MO 64108										
	Lunch		011	Amount of Fook Diskumorment this Devied								
Candid	ate Name			Amount of Each Disbursement this Period								
SAI	MUEL B "SAM" GRAVES		Category/ Type	1000.00								
Office	Sought: X House Disburser	ment For: 2014		7 7								
	Senate	Primary K General										
.	President	Other (specify)										
State:	MO District: 06											
				4500.00								
	AL of Disbursements This Page (optional)		••••••									
TOTAL 1	This Period (last page this line number only)											
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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 171 OF 175													
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)													
-	Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$													
Any information copied from such Reports and Stater	nents may not be sold or use															
or for commercial purposes, other than using the nam																
NAME OF COMMITTEE (In Full)																
$ $ \rangle NATIONAL ASSOCIATION OF HE	ALTH UNDERWRIT	ERS PAC	(HUPAC)													
Full Name (Last, First, Middle Initial)																
A. JIM RENACCI FOR CONGRESS			Date of Disbursement													
Mailing Address 150 SMOKERISE DRIVE			11 17 2014													
City	State Zip Code		Transaction ID - 16557													
WADSWORTH	OH 44281		Transaction ID : 16557													
Purpose of Disbursement Void Check		011	Amount of Each Disbursement this Period													
Candidate Name		Category/														
JAMES B RENACCI		Туре	-1000.00													
	nent For: 2014															
Senate President	Primary General Other (specify)															
State: OH District: 16																
Full Name (Last, First, Middle Initial)																
B. JIM RENACCI FOR CONGRESS			Date of Disbursement													
Mailing Address 150 SMOKERISE DRIVE			M M / D D / Y Y Y Y Y 11 19 2014													
Maning Address 150 SMOKERISE DRIVE																
	State Zip Code		Transaction ID : 16563													
WADSWORTH Purpose of Disbursement	OH 44281															
Past Event		011	Amount of Each Disbursement this Period 1000.00													
Candidate Name		Category/														
		Туре	1000.00													
Office Sought: X House Disburser	nent For: 2012 Primary X General															
President	Other (specify)		DEBT RETIREMENT 2012													
State: OH District: 16																
Full Name (Last, First, Middle Initial)																
C. KAY GRANGER CAMPAIGN FUN	D		Date of Disbursement													
Mailing Address 715 JONES STREET, SUITE 101			10 23 2014													
			2014													
5	State Zip Code		Transaction ID : 16507													
FORT WORTH Purpose of Disbursement	TX 76102															
9/18 Lunch		011	Amount of Each Disbursement this Period													
		Category/														
KAY GRANGER	nont Fore 2014	Туре	1000.00													
Office Sought: House Disburser Senate	nent For: 2014 Primary X General															
President	Other (specify)															
State: TX District: 12	•															
			4000.00													
SUBTOTAL of Disbursements This Page (optional)		•••••	1000.00													
TOTAL This Period (last page this line number only)																

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	CHEDULE B (FEC Form 3X)					LINE NUMBER: PAGE					172	OF 175								
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the I Summary Page	(C	hec	k only 21b 27	one) 22 28	a X	23 28b	-	24 28c		25 29	26 30b						
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																			
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE	ALTH	UNDERWRI	TER	S F	PAC	(HUF	PAC	;)											
Full Name (Last, First, Middle Initial) A. LANCE FOR CONGRESS									Date of Disbursement											
	Mailing Address PO BOX 225						11 14 2014													
	COLONIA	State NJ	Zip Code 07067				Transaction ID : 16556													
	Purpose of Disbursement Voided check Candidate Name)11		Amo	unt of	Each	۱C	Disburse	men	t this	Period						
	LEONARD LANCE	ment For:		Cat T	egoi ype	ry/	Ľ	_	7				-1000	0.00						
	Office Sought: House Disburser Senate President State: NJ District: 07	Primary Other (spe	K General																	
в.	Full Name (Last, First, Middle Initial) LATTA FOR CONGRESS						Date		isburs			Y Y	Ý	Y						
	Mailing Address PO BOX 106						11 17 2014													
	BOWLING GREEN	State OH	Zip Code 43402				Transaction ID : 16558 Amount of Each Disbursement this Period -1000.00													
	Purpose of Disbursement Void Check Candidate Name			Cat		ry/														
	ROBERT EDWARD MR LATTA Office Sought: House Disburser Senate President Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Cols	Primary	Type ent For: 2014 Primary X General Other (specify) ▼																	
C.	Full Name (Last, First, Middle Initial) LEADERSHIP FOR AMERICA TODAY TO	MORRO	W AND ALWAY	S PA	С			_	isburs											
	Mailing Address 9856 ARCHER LANE						1			19			014	Y						
	DUBLIN	DUBLIN OH 43017						nsac	tion II	D:	16564									
	Purpose of Disbursement For past event Candidate Name					ry/	Amount of Each Disbursement this Period													
	ROBERT EDWARD MR LATTA Office Sought: House Disburser Senate President Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Cols	ment For: Primary Other (spe	K General	T	ype				5				1000							
s	UBTOTAL of Disbursements This Page (optional)					•						,	-1000	0.00						
T	OTAL This Period (last page this line number only))				•	Ē													

SCHEDULE B (FEC Form		parate schedule(s)	F	OR L	INE N	NUMBER: PAGE 173 OF 175											
ITEMIZED DISBURSEMEN	Use sep for each Detailec	(check only 21b 27			one) 22 28a	×	23 28b	2	4 3c	25 29	26 30b						
Any information copied from such Repo or for commercial purposes, other than																	
NAME OF COMMITTEE (In Full)	ON OF HE	EALTH	UNDERWRI	TER	S F	PAC	(HUP/	AC))								
Full Name (Last, First, Middle Initial) A. MCCLINTOCK FOR CON	Date of Disbursement								YY	Y							
Mailing Address 2150 RIVER PLAZA							10 28 2014										
City SACRAMENTO		State CA	Zip Code 95833			Transaction ID : 16530											
Purpose of Disbursement 10/30 District Breakfast				C	011		Amoun	t of	Each	Disbur	seme	nt this	Period				
Candidate Name THOMAS MCCLINTOCK					egory ype	y/			,		,	200	0.00				
Office Sought: House Senate President	Disburser	ment For: Primary Other (sp	K General														
State: CA District: 04 Full Name (Last, First, Middle Initial) B. PROJECT WEST POLIT Mailing Address 9227 EAST LINCOL			OMMITTEE				Date of Disbursement										
City LONE TREE		State CO	Zip Code 80124				Transaction ID : 16565										
Purpose of Disbursement 11/20 Breakfast				(011		Amount of Each Disbursement this Period										
Candidate Name CORY GARDNER					egory ype	y/	2500.00										
Office Sought: House Senate President State: CO District: 00	Disburser	ment For: Primary Other (sp	2014 X General ecify) ▼														
Full Name (Last, First, Middle Initial) C. RON BARBER FOR CON	IGRESS	(P)					Date o		sburse			Y Y					
Mailing Address PO BOX 57715							10	ĺ	2	_		2014	- 1				
City TUCSON	:	State AZ	Zip Code 85732				Trans	sacti	ion ID	: 1648	7						
Purpose of Disbursement Future Event Candidate Name)11		Amount of Each Disbursement this Period												
RONALD BARBER	Category/ Type					4000											
Office Sought: House Senate President State: AZ District: 02		ment For: Primary Other (sp	K General														
SUBTOTAL of Disbursements This Pag	ge (optional)					•					, _ ,	850	0.00				
TOTAL This Period (last page this line	number only)				•			,		,						

S	CHEDULE B (FEC Form 3X)			F	DR I	INF N	IUMBEF	<u>}:</u>		PA	GE 1	74 O	F 175					
IT	EMIZED DISBURSEMENTS		rate schedule(s) ategory of the	·	heck	only of 21b	one)											
			Summary Page			21b 27	22 28a	×	23 28b	24 28c		25 29	26 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nam																	
\setminus	NAME OF COMMITTEE (In Full)																	
	NATIONAL ASSOCIATION OF HE	ALTH U	NDERWRI	ER	SP	PAC	(HUP	AC)									
Α.	Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRES	S					Date of Disbursement											
	Mailing Address PO BOX 1692						10 / D D / Y Y Y Y 10 21 2014											
	LYNN HAVEN	State FL	Zip Code 32444				Tran	sacti	on ID	: 16488								
	Purpose of Disbursement Future Event			0	11		Amour	nt of	Each	Disburse	ment t	this P	eriod					
	Candidate Name WILLIAM STEVE II SOUTHERLAN	ND		Cate	egory /pe	y/	4000.00											
		nent For: 2 Primary Other (spec	X General		,				,	,								
	State: FL District: 02 Full Name (Last, First, Middle Initial)																	
В.	WALBERG FOR CONGRESS						Date o					Y	V					
	Mailing Address PO BOX 1362							11 / D D / Y Y Y Y 11 17 2014										
	JACKSON	State MI	Zip Code 49204				Transaction ID : 16560 Amount of Each Disbursement this Period											
	Purpose of Disbursement Voided check			0	07													
	Candidate Name TIMOTHY WALBERG		Category/ Type						-1000.00									
	Office Sought: House Disburser Senate President	nent For: 2 Primary Other (spec	014 X General ify) ▼		,00				,									
_	State: MI District: 07 Full Name (Last, First, Middle Initial)																	
C.							Date o											
	Mailing Address						M = N		D		Ŷ	Ŷ	Ŷ					
	City	State	Zip Code															
	Purpose of Disbursement		_	-														
	Candidate Name			Category/ Type					Amount of Each Disbursement this Per									
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General ify) ▼															
Г							_	-				_	_					
s	UBTOTAL of Disbursements This Page (optional)							_	7		:	3000.	00					
т	OTAL This Period (last page this line number only)								,	,	20	0500.	00					

SCH	EDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 175 C													
	IZED DISBURSEMENTS	Use separate schedule(s)															
		for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b						
	formation copied from such Reports and Stater commercial purposes, other than using the nan																
	ME OF COMMITTEE (In Full)																
\vee	ATIONAL ASSOCIATION OF HE	ALTH UNDERWRI	TER	S P	PAC	(HUP	AC)									
-	I Name (Last, First, Middle Initial) itizens to Elect Dennis Richardso		Date of	of Di	sburse	ement											
Ма	iling Address 10725 SW Barbur Blvd. Ste. 230					10 21 2014											
City	y S rtland	State Zip Code OR 97219				Tran	sact	ion ID	: 16491								
	rpose of Disbursement ocal Event		0)11	٦	Amour	nt of	Each	Disburse	ment this	Period						
	ndidate Name		Cate	egory	y/												
	ennis Richardson		T	ype	, 	_		7		250	00.00						
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	asich Taylor for Ohio					Date o											
Ma	iling Address 340 East Gay St.							10 / D D / Y Y Y Y 10 21 2014									
	lumbus	State Zip Code OH 43215				Transaction ID : 16489											
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C. N	athan Deal for Governor, Inc.					Date o		sburse		Y Y	Y						
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	inesville	State Zip Code GA 30503				Tran	sact	ion ID	: 16490								
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