

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW, SUITE 1100

Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00283135

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on 11 / 04 / 2014 in the State of

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 12 / 02 / 2014

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

Office Use Only												FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: / / To: / /

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
(ii) Unitemized	13203.00	173325.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63276.92	430138.84
(b) Political Party Committees	0	0
(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	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (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
18. Transfers from Non-Federal and Levin Funds		
(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

of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63276.92	430138.84
34. Total Contribution Refunds (from Line 28(d))	0	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63276.92	429238.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1870.38	81286.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Management Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93758
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

B. Carla Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2229 Mesa Brook
 City Schertz State TX Zip Code 78154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S.Consolidated Health Exchange Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92612
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. David Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Johnson Ferry Road Building C
 City Marietta State GA Zip Code 30068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93925
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Suzetta E. Alberts

Mailing Address 26555t Evergreen Drive Ste 535

City	State	Zip Code
Southfield	MI	48076

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

Name of Employer	Occupation
Comprehensive Benefits, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92716

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$84.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Terry Allard

Mailing Address 3000 A Street, Suite 400

City	State	Zip Code
Anchorage	AK	99503

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

Name of Employer	Occupation
The Wilson Agency, LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1514.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93808

Amount of Each Receipt this Period
200.00

Payroll Deduction
(\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Read H. Allen

Mailing Address 1550 W 5th St

City	State	Zip Code
Washington	NC	27889

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

Name of Employer	Occupation
Carowan-Allen Insurance, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93649

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	314.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel Alm
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 3248

City Omaha State NE Zip Code 68180

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

Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92702

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

B. Robert E. Anders
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 628

City Naples State FL Zip Code 34106

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

Name of Employer Anders Insurance Agency Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93838

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

C. Melinda S. Anderson-Wallis
Full Name (Last, First, Middle Initial)

Mailing Address 703 N 36th Street

City Lafayette State IN Zip Code 47905

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

Name of Employer Employee Benefit Solutions of IN, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93761

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	174.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Carolyn Marie Andress		Date of Receipt
Mailing Address 1512 Highway 138		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Wall	State NJ	Zip Code 07719
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16570-P93763
Name of Employer Fotek Insurance Agency		Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Joanna Antongiovanni		Date of Receipt
Mailing Address P.O. Box 795008		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78279
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16495-P92456
Name of Employer Wortham Insurance & Risk Management		Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Catherine M. Antonie		Date of Receipt
Mailing Address P.O. Box 510925 2725 S. Moorland		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City New Berlin	State WI	Zip Code 53151
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16570-P93567
Name of Employer Planned Futures LLC		Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steve Armstrong		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93537
Mailing Address 301 Newpointe Drive		Amount of Each Receipt this Period 60.00
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Self Employed	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Thomas F. Ashby		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93767
Mailing Address P. O. Box 70		Amount of Each Receipt this Period 60.00
City Zirconia	State NC	Zip Code 28790
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Senior Healthcare Solutions, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16495-P92681
Mailing Address 6102 82nd St, Bldg #6		Amount of Each Receipt this Period 170.00
City Lubbock	State TX	Zip Code 79423
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer Ashmore & Associates Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Lynn Atkinson

Mailing Address 3800 Electric Road, # 406

City Roanoke State VA Zip Code 24018

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 16570-P93826

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kimberly L. Auclair

Mailing Address 6873 Raccoon Ct

City Viera State FL Zip Code 32940

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

Name of Employer Pineapple Financial Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 16570-P93499

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jeffrey Bacot

Mailing Address 3100 S Gessner Rd. Suite 560

City Houston State TX Zip Code 77063

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

Name of Employer Securance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 16570-P93734

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **180.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Catherine A. Bajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Health Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92538
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Donald L. Balla
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Grant Building
 City Pittsburgh State PA Zip Code 15219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simpson & McCrady LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16496-P93211
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Timothy N. Barhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5222 Double Eagle Drive
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Partners, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93853
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 144.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dawn Barr
Full Name (Last, First, Middle Initial)
Mailing Address 1305 NE 29th St.
City Ankeny State IA Zip Code 50021-
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercer Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 31 / 2014
Transaction ID : 16533
Amount of Each Receipt this Period 150.00

B. Dawn Barr
Full Name (Last, First, Middle Initial)
Mailing Address 1305 NE 29th St.
City Ankeny State IA Zip Code 50021
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercer Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16496-P93122
Amount of Each Receipt this Period 42.00
Payroll Deduction (\$42.00 Monthly)

C. William J. Barrett
Full Name (Last, First, Middle Initial)
Mailing Address 7400 West Campus Road
City New Albany State OH Zip Code 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Aetna Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93733
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 252.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Diane L. Barton-Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 3856 S. Boulevard, Suite 100

City Edmond	State OK	Zip Code 73013
----------------	-------------	-------------------

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

Name of Employer Gallagher Benefit Services, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92604

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

B. John Baskett
Full Name (Last, First, Middle Initial)

Mailing Address 2601C Blanding Ave #222

City Alameda	State CA	Zip Code 94501
-----------------	-------------	-------------------

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

Name of Employer John Baskett Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93954

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 1027 Tahoe Drive

City Belmont	State CA	Zip Code 94002
-----------------	-------------	-------------------

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

Name of Employer Bauer Financial Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93464

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Chris J. Beach
 Full Name (Last, First, Middle Initial)
 Mailing Address 4905 Dickens Road Suite 200
 City Richmond State VA Zip Code 23230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TB&R Insurance, A Dawson Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93857
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Darrald T. Bean
 Full Name (Last, First, Middle Initial)
 Mailing Address 3922 Rampart ST
 City Boise State ID Zip Code 83704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bean Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93489
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Debra Beaucourday
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 Superior Dr. Suite A-1
 City Baton Rouge State LA Zip Code 70816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaucourday Medica Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93854
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	204.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. William Brandon Beavers		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93797
Mailing Address P O Box 1472		Amount of Each Receipt this Period 42.00
City Virginia Beach	State VA	Zip Code 23451
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer CPActuaries	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. Annette Bechtold		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93483
Mailing Address 400 Galleria Pkwy, #300		Amount of Each Receipt this Period 60.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Digital Insurance, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Ann C. Bell		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92563
Mailing Address 2171 So. Pebblecreek Lane		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83706
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Self Employed	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	132.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marie D. Bell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16495-P92475
Mailing Address 701 4th Ave S. #1500		Amount of Each Receipt this Period 300.00
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer DeRuyter-Bell, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mark Bellman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93656
Mailing Address 1250 Capitol of Texas Hwy S Bldg		Amount of Each Receipt this Period 60.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer United Healthcare	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Chris Bender		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93731
Mailing Address 516 Gibson Drive, Suite 240		Amount of Each Receipt this Period 20.00
City Placer	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$10.00 Monthly)
Name of Employer Warren G. Bender Co.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bob Bentley
Full Name (Last, First, Middle Initial)

Mailing Address 4733 Tacoma Mall Blvd. Suite 200

City Tacoma	State WA	Zip Code 98411-
----------------	-------------	--------------------

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

Name of Employer Albers & Company, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93871

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

B. Bruce D. Benton
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd Suite 312

City Encino	State CA	Zip Code 91316
----------------	-------------	-------------------

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

Name of Employer Genesis Financial & Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92692

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C. Stephanie Berger
Full Name (Last, First, Middle Initial)

Mailing Address 79 Daily Dr. #276

City Camarillo	State CA	Zip Code 93010
-------------------	-------------	-------------------

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

Name of Employer HLS Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P94015

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lori Bergsma
 Full Name (Last, First, Middle Initial)
 Mailing Address 643 Canyon Drive
 City Twin Falls State ID Zip Code 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Balanced Rock Insurance Agency, Inc.
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 24 / 2014
Transaction ID : 16570-P93528
 Amount of Each Receipt this Period: 60.00
 Payroll Deduction: (\$30.00 Monthly)

B. Christian Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 1st Avenue South,#500
 City Saint Petersburg State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Wallace Welch & Willingham, Inc.
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 11 / 24 / 2014
Transaction ID : 16570-P93965
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: (\$63.00 Monthly)

C. David A Berman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6510 N. Shadeland Avenue
 City Indianapolis State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Neace Lukens Holding Company, Inc.
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 10 / 22 / 2014
Transaction ID : 16495-P92467
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 271.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ernest Berry
Full Name (Last, First, Middle Initial)

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424

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

Name of Employer Berry Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92542

Amount of Each Receipt this Period
 300.00

Payroll Deduction
 (\$30.00 Monthly)

B. Thomas Besselman
Full Name (Last, First, Middle Initial)

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93800

Amount of Each Receipt this Period
 500.00

Payroll Deduction
 (\$250.00 Monthly)

C. James P Better
Full Name (Last, First, Middle Initial)

Mailing Address 11 Summer Street, Suite 6

City Chelmsford State MA Zip Code 01824

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

Name of Employer New England Medical Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93816

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Spencer Biegel
Full Name (Last, First, Middle Initial)
Mailing Address 4225 Trapline Drive
City Anchorage State AK Zip Code 99516
FEC ID number of contributing federal political committee. **C**
Name of Employer Alaskan Benefit Insurance Consultants Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16496-P92909
Amount of Each Receipt this Period **300.00**
Payroll Deduction (\$30.00 Monthly)

B. Robert J Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 205 E. Warm Springs Rd., Suite 108
City Las Vegas State NV Zip Code 89119
FEC ID number of contributing federal political committee. **C**
Name of Employer National Healthcare Access Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1350.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93699
Amount of Each Receipt this Period **200.00**
Payroll Deduction (\$100.00 Monthly)

C. Bradford H. Blain
Full Name (Last, First, Middle Initial)
Mailing Address Al Torstrick Insurance Agency, In
City Lexington State KY Zip Code 40504
FEC ID number of contributing federal political committee. **C**
Name of Employer Al Torstrick Insurance Agency, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93684
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Russ Blakely
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11310

City Chattanooga State TN Zip Code 37401

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

Name of Employer Russ Blakely & Associates, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93475

Amount of Each Receipt this Period **60.00**

Payroll Deduction **(\$30.00 Monthly)**

B. Donna J. Blizman
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Racimo Dr

City Sarasota State FL Zip Code 34240

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

Name of Employer Employee Benefits Marketing Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92696

Amount of Each Receipt this Period **30.00**

Payroll Deduction **(\$30.00 Monthly)**

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

Mailing Address P O Box 1809

City Candler State NC Zip Code 28715

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

Name of Employer Insurance Specialties, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92605

Amount of Each Receipt this Period **30.00**

Payroll Deduction **(\$30.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michele B. Bloom
Full Name (Last, First, Middle Initial)

Mailing Address 4507 N Front Street

City Harrisburg State PA Zip Code 17110

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

Name of Employer Emerson, Reid & Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 16495-P92712

Amount of Each Receipt this Period
30.42

Payroll Deduction
 (\$30.42 Monthly)

B. Daniel J. Boaz
Full Name (Last, First, Middle Initial)

Mailing Address 5565 Roberts Drive Suite 100

City Atlanta State GA Zip Code 30338

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

Name of Employer HealthLife Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 16570-P93881

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Christine M. Bogott
Full Name (Last, First, Middle Initial)

Mailing Address 125 Grand Avenue, Unit B

City Grand Junction State CO Zip Code 81501

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

Name of Employer MHIB Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 16570-P93697

Amount of Each Receipt this Period
60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	150.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Tonya S. Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Gateway Blvd. Suite 200
 City Richardson State TX Zip Code 75080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upshaw Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93898
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. James C. Bosier
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Main Street
 City Cedar Falls State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Accel Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93736
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

C. Victoria J. Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 11555 Medlock Bridge Rd
 City Johns Creek State GA Zip Code 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Braden Benefit Strategies, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92670
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jodie E. Braner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3348 Peachtree Road, NE Tower 200
 City Atlanta State GA Zip Code 30326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hays Companies of Georgia Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93905
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$25.00 Monthly)

B. William J. Brannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group US, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93928
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Emily Black Bremer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bremer Conley LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16496-P93371
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sydney K. Briley		Date of Receipt
Mailing Address 605 E. Van Buren St.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Broken Arrow	OK	74011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : 16570-P93485
Employee Benefit Solutions, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	<input type="text" value="60.00"/>
		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Jennifer Brittain		Date of Receipt
Mailing Address 208 N. Mill		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pryor	OK	74361
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : 16570-P93618
Brown & Brown, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	<input type="text" value="60.00"/>
		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Eleanor M. Brockhurst		Date of Receipt
Mailing Address 1212 East Osborn Road, Suite 110		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Phoenix	AZ	85014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : 16570-P93641
Brockhurst & Associates, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	<input type="text" value="60.00"/>
		Payroll Deduction
		(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Belinda Brooks
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 460

City Luckey	State OH	Zip Code 43443
----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92450

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Mark Brooks
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 10876

City Lynchburg	State VA	Zip Code 24506
-------------------	-------------	-------------------

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

Name of Employer Personal Design Financial Services, I	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93896

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Madeleine Brown
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1490,

City Jackson	State MS	Zip Code 39215
-----------------	-------------	-------------------

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

Name of Employer Fisher Brown Bottrell Insurance, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93504

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Keith Brownrigg
 Full Name (Last, First, Middle Initial)
 Mailing Address 8156 E South Wadworth Blvd Ste 328
 City Littleton State CO Zip Code 80128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Benefit Team, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93992
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

B. Anthony C Buechler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Colonial Circle
 City Papillion State NE Zip Code 68046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Buechler Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93466
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Ronald S. Buffum
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 South Harris Street # 237
 City Round Rock State TX Zip Code 78664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Buffum Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93647
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Scott T. Buie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 South Wasatch Blvd., #150
 City Salt Lake City State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Buie Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92616
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. Jennifer Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92615
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Patrick Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burns Employee Benefits Insurance Ser Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93501
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Joseph W. Buyalos

Mailing Address 9713 Key West Ave, Suite 401

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation
The Insurance Exchange, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93510

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Raymond F. Buza

Mailing Address 214 East Lakewood Road

City State Zip Code
West Palm Beach FL 33405

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

Name of Employer Occupation
Palm Beach Insurance Advisory Group, Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93924

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Tim Byrne

Mailing Address P O Box 8950

City State Zip Code
Madison WI 53708

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

Name of Employer Occupation
M3 Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 22 / 2014
Transaction ID : 16495-P92639

Amount of Each Receipt this Period
25.00

Payroll Deduction
(\$25.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William V. Cable
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Independence Court
 City Vestavia State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alternative Insurance Resources Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93972
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Great Lakes Benefit Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92593
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Liberty Ridge Drive, Suite 3
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radnor Benefits Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93720
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	315.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Loretta L. Camp
Full Name (Last, First, Middle Initial)
Mailing Address 10101 Reunion Place, Ste 300

City San Antonio	State TX	Zip Code 78216
---------------------	-------------	-------------------

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

Name of Employer Davidson Camp Insurance Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93847

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

B. Daryl Carlson
Full Name (Last, First, Middle Initial)
Mailing Address 200 W Vine Street Ste 300

City Lexington	State KY	Zip Code 40507
-------------------	-------------	-------------------

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

Name of Employer BB&T Insurance Services, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93598

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$15.00 Monthly)

C. Lori Carter
Full Name (Last, First, Middle Initial)
Mailing Address 1937 Thomson Dr

City Lynchburg	State VA	Zip Code 24501
-------------------	-------------	-------------------

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

Name of Employer Piedmont Community Heath Plan, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **448.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93708

Amount of Each Receipt this Period

84.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	174.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Louie L. Cason
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 11229

City Columbia	State SC	Zip Code 29211
------------------	-------------	-------------------

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

Name of Employer The Cason Group, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P94002

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

B. Lorelei G. Castellani
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 905

City Branchville	State NJ	Zip Code 07826
---------------------	-------------	-------------------

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

Name of Employer Benefit Guidance Systems	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93981

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$25.00 Monthly)

C. Russell B. Childers
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1547

City Americus	State GA	Zip Code 31709
------------------	-------------	-------------------

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

Name of Employer Russ Childers, CLU	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93568

Amount of Each Receipt this Period
180.00

Payroll Deduction
(\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Shelley A Chornak
 Full Name (Last, First, Middle Initial)
 Mailing Address 7251 Engle Rd. Suite 103
 City Middleburg Hts State OH Zip Code 44130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sage Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93728
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

B. H Elizabeth Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 B Mercedes Street
 City Benbrook State TX Zip Code 76126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Copeland Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P94020
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City Salt Lake City State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fringe Benefit Analysts Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93634
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	204.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert S. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 7548 Preston Road

City Frisco State TX Zip Code 75034

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

Name of Employer Clark Insurance Associates, PLLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92493

Amount of Each Receipt this Period 420.00

Payroll Deduction (\$42.00 Monthly)

B. Natalie Dawn Clawson
Full Name (Last, First, Middle Initial)

Mailing Address 2355 W Pinnacle Peak Rd #380

City Phoenix State AZ Zip Code 85026

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

Name of Employer Aflac Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93757

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$85.00 Monthly)

C. Rita H. Cleveland
Full Name (Last, First, Middle Initial)

Mailing Address 3342 Greystone Way

City Valdosta State GA Zip Code 31605

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

Name of Employer H&H Insurance Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93707

Amount of Each Receipt this Period 84.00

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	296.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeff Cloer
Full Name (Last, First, Middle Initial)

Mailing Address 295 East Palmer Street

City Franklin State NC Zip Code 28734

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

Name of Employer Wayah Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93861

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

B. Richard P. Coburn
Full Name (Last, First, Middle Initial)

Mailing Address 19 Minor Court

City San Rafael State CA Zip Code 94903

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

Name of Employer The Word and Brown Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93705

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834

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

Name of Employer Advanced Benefit Consulting & Insuran Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93780

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barry S. Cohn
Full Name (Last, First, Middle Initial)

Mailing Address 21515 Vanowen St Ste 200

City Canoga Park State CA Zip Code 91303

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

Name of Employer RGEB Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P94056

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

B. Maggie Coley
Full Name (Last, First, Middle Initial)

Mailing Address 29 Olde Gate Court

City Pooler State GA Zip Code 31322

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

Name of Employer Coley Benefit Services, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92484

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

c. John Conkling
Full Name (Last, First, Middle Initial)

Mailing Address 11910 Anderson Mill Rd

City Austin State TX Zip Code 78726-

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

Name of Employer Fringe Benefit Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 23 / 2014**

Transaction ID : 16497

Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **252.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin M. Conley
Full Name (Last, First, Middle Initial)

Mailing Address 8000 Bonhomme Ave Suite 213

City Clayton State MO Zip Code 63105

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

Name of Employer Bremer Conley LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93604

Amount of Each Receipt this Period
 420.00

Payroll Deduction
 (\$42.00 Monthly)

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

Mailing Address 15800 Crabbs Branch Way #350

City Rockville State MD Zip Code 20855

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92742

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$170.00 Monthly)

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

Mailing Address 109 Professional Park Dr Ste 103

City Mooresville State NC Zip Code 28117

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

Name of Employer Lake Norman Benefits, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93801

Amount of Each Receipt this Period
 60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Troy J. Cook
Full Name (Last, First, Middle Initial)

Mailing Address 6428 Wilcot Ct.

City Johnston State IA Zip Code 50131

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

Name of Employer Mercer Voluntary Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92457

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Catherine L. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi State MI Zip Code 48375

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

Name of Employer Health Alliance Administrators Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16496-P92990

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

C. Bob Copeland
Full Name (Last, First, Middle Initial)

Mailing Address 700 Larkspur Landing Circle, Suit

City Larkspur State CA Zip Code 94939

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

Name of Employer Copeland Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93569

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **340.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven G. Cosby
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 South 3rd Street Ste 220
 City Warrenton State VA Zip Code 20187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Cosby Insurance Group Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **680.00**

Date of Receipt: 10 / 22 / 2014
Transaction ID : 16496-P92818
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

B. John B. Crable
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Dearborn Cir. Ste 100
 City Mount Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Corporate Synergies Group, Inc. Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt: 11 / 24 / 2014
Transaction ID : 16570-P93507
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: (\$50.00 Monthly)

C. Valerie Lynn Cramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 588 3 Mile Road NW Suite 101
 City Grand Rapids State MI Zip Code 49544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Grotenhuis Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt: 10 / 22 / 2014
Transaction ID : 16495-P92470
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction: (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marcus Creasy		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92446
Mailing Address P. O. Box 220		Amount of Each Receipt this Period 30.00
City Heber Springs	State AR	Zip Code 72543
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Adams & Creasy Insurance Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Craig Thomas Currier		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93725
Mailing Address 11213 Davenport St. Ste. 201		Amount of Each Receipt this Period 41.66
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.83 Monthly)	
Name of Employer Aon Risk Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

Full Name (Last, First, Middle Initial) C. Reed Damron		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93506
Mailing Address 5880 Live Oak Parkway, Suite 250		Amount of Each Receipt this Period 170.00
City Norcross	State GA	Zip Code 30093
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer HIRE Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

SUBTOTAL of Receipts This Page (optional).....▶	241.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Melissa Davies		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93910
Mailing Address 730 Sandhill Rd STE 310		Amount of Each Receipt this Period 60.00
City Reno	State NV	Zip Code 89521
FEC ID number of contributing federal political committee. C	Name of Employer Clark and Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Johnny Dawkins		Date of Receipt 10 / 22 / 2014 Transaction ID : 16496-P92857
Mailing Address 921-C S. McPherson Church Road		Amount of Each Receipt this Period 120.00
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. C	Name of Employer Ebenconcepts	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.00	
		Payroll Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial) C. Teresa F. DeBruin		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93614
Mailing Address 5880 Live Oak Parkway Suite 230		Amount of Each Receipt this Period 84.00
City Norcross	State GA	Zip Code 30093
FEC ID number of contributing federal political committee. C	Name of Employer DeBruin Benefit Services, Inc./ The L	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	264.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nathan Dee
Full Name (Last, First, Middle Initial)

Mailing Address 9900 Covington Cross Dr #210

City Las Vegas	State NV	Zip Code 89144
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FEC ID number of contributing federal political committee. **C**

Name of Employer Business Benefits, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93563

Amount of Each Receipt this Period
62.00

Payroll Deduction
(\$31.00 Monthly)

B. Scott A Delisi
Full Name (Last, First, Middle Initial)

Mailing Address 475 Fallbrook Blvd

City Lincoln	State NE	Zip Code 68521
-----------------	-------------	-------------------

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

Name of Employer Ameritas Life Insurance Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92523

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Al DeRuyter
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Wayzata Blvd., Ste 135

City Hopkins	State MN	Zip Code 55305
-----------------	-------------	-------------------

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

Name of Employer DeRuyter Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92635

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	122.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pamela Devos		Date of Receipt
Mailing Address 5437 Breckenridge Ct.		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Frisco	State TX	Zip Code 75034-
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16504
Name of Employer Pamela J. Devos Insurance Agency		Amount of Each Receipt this Period
Occupation Broker		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Kathleen A Dibble		Date of Receipt
Mailing Address 835 Calle Compo		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Thousand Oaks	State CA	Zip Code 91360
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16570-P93822
Name of Employer Aetna		Amount of Each Receipt this Period
Occupation Broker		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="220.00"/>	(\$20.00 Monthly)

Full Name (Last, First, Middle Initial) C. Russell R. Dixon		Date of Receipt
Mailing Address PO Box 27		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Wheaton	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16570-P93772
Name of Employer Colonial Life		Amount of Each Receipt this Period
Occupation Broker		<input type="text" value="54.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="472.00"/>	(\$27.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="274.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. Claudia S. Dodge

Mailing Address 2108 W Laburnum Ave., # 300

City Richmond	State VA	Zip Code 23227
------------------	-------------	-------------------

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

Name of Employer BB&T Benefit Consultants of Virginia	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93589

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Cynthia H. Doucet

Mailing Address 104 Mondrian Way

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer Global Financial Resources, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92677

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joseph F. Dowd

Mailing Address 10000 Midlantic Dr. #301 West

City Mt. Laurel	State NJ	Zip Code 08054
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kistler Tiffany Benefits	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93790

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Betty R. Doyle		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16495-P92512
Mailing Address 108 SE 3rd, Suite A		Amount of Each Receipt this Period 300.00
City Moore	State OK	Zip Code 73160
FEC ID number of contributing federal political committee. C	Name of Employer Doyle-Crow & Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Sam Drysdale		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93880
Mailing Address 4520 S National		Amount of Each Receipt this Period 84.00
City Springfield	State MO	Zip Code 65810
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) C. Keith M. Duhon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16495-P92452
Mailing Address PO Box 80158		Amount of Each Receipt this Period 30.00
City Lafayette	State LA	Zip Code 70598
FEC ID number of contributing federal political committee. C	Name of Employer The Family Insurance Center, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	144.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tina Durand
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 61157
 City State Zip Code
 Corpus Christi TX 78466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heavin & Associates Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92731
 Amount of Each Receipt this Period
 420.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Eugene Denny Ebersole
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Tchoupitoulas St., Unit 212
 City State Zip Code
 New Orleans LA 70130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LouisianaBenefits.com Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16496-P92783
 Amount of Each Receipt this Period
 850.00
 Payroll Deduction
 (\$85.00 Monthly)

C. David H. Eblen
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 South Liberty, # 221
 City State Zip Code
 Jackson TN 38301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Eblen Agency/A Divison of IPSEO Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93612
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	187.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mike Emidy		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92522
Mailing Address P O Box 2021		Amount of Each Receipt this Period 30.00
City Ridgeland	State MS	Zip Code 39158
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Colonial Life	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Gregory Engle		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P94006
Mailing Address 1151 Red Mile Road		Amount of Each Receipt this Period 84.00
City Lexington	State KY	Zip Code 40504
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Benefit Insurance Marketing	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) C. John G. Fagen		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P94050
Mailing Address PO Box 19		Amount of Each Receipt this Period 50.00
City Demotte	State IN	Zip Code 46310
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Monthly)
Name of Employer Financial Arts Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	164.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nicole Fairbairn Wonnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8069 Little Circle Road
 City Noblesville State IN Zip Code 46060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Insurance Concepts Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P94046
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Dominick Fanuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fanuele Financial Group LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P94016
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Jennifer Liane Farrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 North Central Avenue 9th Flo
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Gould & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93858
 Amount of Each Receipt this Period 80.00
 Payroll Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sam Fiorentino
Full Name (Last, First, Middle Initial)

Mailing Address 1931 Georgetown Rd., Suite 212

City Hudson	State OH	Zip Code 44236
----------------	-------------	-------------------

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

Name of Employer Sam Fiorentino & Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93715

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

B. Jeffrey R Fishback
Full Name (Last, First, Middle Initial)

Mailing Address 736 Johnson Ferry Road Building C

City Marietta	State GA	Zip Code 30068-
------------------	-------------	--------------------

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

Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

Transaction ID : 16547

Amount of Each Receipt this Period
365.00

C. Erin B. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City Stamford	State CT	Zip Code 06902
------------------	-------------	-------------------

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

Name of Employer Find Medicare Plans	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93645

Amount of Each Receipt this Period
200.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Mark Fitzgerald			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93908
Mailing Address 2842 Landing Way			Amount of Each Receipt this Period 126.00
City Marietta	State GA	Zip Code 30066	Payroll Deduction (\$63.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 588.00	
Name of Employer Robert Fitzgerald Insurance Agency, I		Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Albert Fogle			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93608
Mailing Address 3111 C St., Suite 500			Amount of Each Receipt this Period 60.00
City Anchorage	State AK	Zip Code 99503	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 330.00	
Name of Employer Northrim Benefits Group		Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey M. Ford			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P94017
Mailing Address P O Box 515			Amount of Each Receipt this Period 84.00
City Cloverdale	State VA	Zip Code 24077	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 462.00	
Name of Employer JM Ford and Associates, LLC		Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. H. Larry Fortenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 16566
 City Jackson State MS Zip Code 39236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Executive Planning Group, P.A. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92463
 Amount of Each Receipt this Period **420.00**
 Payroll Deduction (\$42.00 Monthly)

B. Wesley Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Copper Circle
 City Argyle State TX Zip Code 76226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenefitMall TX Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P94059
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

C. Patrick J. Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freeman Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93821
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **162.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92691
Mailing Address 4435 O Street		Amount of Each Receipt this Period 500.00
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer UNICO Financial Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kelly Don Fristoe		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92462
Mailing Address 807 8th Street, Suite 300		Amount of Each Receipt this Period 300.00
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Financial Partners	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	

Full Name (Last, First, Middle Initial) C. Bruce Frizen		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93955
Mailing Address 8058 Corporate Center Dr. Suite 2		Amount of Each Receipt this Period 90.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$45.00 Monthly)
Name of Employer L.E. Goodgame & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tyson Fuehrer
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Jefferson Parkway Suite 202
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polestar Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93457
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Kenneth Furr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2786 Danbury Ct
 City Reno State NV Zip Code 89523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Menath Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93517
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$10.00 Monthly)

C. Joan A. Fusco
 Full Name (Last, First, Middle Initial)
 Mailing Address 25B Hanover Rd., Suite 220
 City Florham Park State NJ Zip Code 07932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Savoy Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93809
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joan L. Galletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Kori Road
 City Jacksonville State FL Zip Code 32257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JP Perry Insurance, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93798
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

B. Hollie Gandy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2920 Duniven Circle, #2
 City Amarillo State TX Zip Code 79109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Solutions Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92477
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. James S. Garbina
 Full Name (Last, First, Middle Initial)
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Harry A. Koch Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92458
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joy K. Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 9424 Double R Blvd

City Reno State NV Zip Code 89521

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

Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92577

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40.00 Monthly)

B. G. Russell Garner
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Murraywood Drive

City Columbia State SC Zip Code 29212

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

Name of Employer Self Employed Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93744

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

c. Charles Gartlan
Full Name (Last, First, Middle Initial)

Mailing Address 19 Tarworth Terrace

City Manchester State NJ Zip Code 08759-

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

Name of Employer Emerson, Reid & Co. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **10 / 23 / 2014**

Transaction ID : 16502

Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles T. Gartlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Tarworth Terrace
 City Manchester State NJ Zip Code 08759-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson, Reid & Co. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93737
 Amount of Each Receipt this Period **200.00**
 Payroll Deduction **(\$100.00 Monthly)**

B. John P. Garven
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 8 11715 East Main Stre
 City Huntley State IL Zip Code 60142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benico, LTD Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93551
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction **(\$42.00 Monthly)**

C. Michele Gasparre
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Business Park Drive Suite 306
 City Armonk State NY Zip Code 10504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meridian Benefits Consulting Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93975
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction **(\$42.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **368.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City Glendale State AZ Zip Code 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 822.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93714
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

B. Charles J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetLife Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92606
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93596
 Amount of Each Receipt this Period 200.00
 Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 400.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark Glandon
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Laskin Rd. Suite 200

City Virginia Beach State VA Zip Code 23451-

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

Name of Employer Glandon Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : 16506

Amount of Each Receipt this Period
 300.00

B. Jason Gootee
Full Name (Last, First, Middle Initial)

Mailing Address 601 W. 5th Avenue Suite 510

City Anchorage State AK Zip Code 99501

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

Name of Employer Moda Health Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93583

Amount of Each Receipt this Period
 60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Ryan P. Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Sweetbay Dr Ste 10

City Salisbury State MD Zip Code 21804

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93832

Amount of Each Receipt this Period
 60.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Beverly Gossage
Full Name (Last, First, Middle Initial)
Mailing Address 9325 Evening Star Terr
City Eudora State KS Zip Code 66025
FEC ID number of contributing federal political committee. **C**
Name of Employer HSA Benefits Consulting Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **926.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P94005
Amount of Each Receipt this Period **84.00**
Payroll Deduction (\$42.00 Monthly)

B. Arthur Granado
Full Name (Last, First, Middle Initial)
Mailing Address 418 Peoples, # 505
City Corpus Christi State TX Zip Code 78401
FEC ID number of contributing federal political committee. **C**
Name of Employer The Granado Group Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **850.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92515
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. Colleen J. Gransee
Full Name (Last, First, Middle Initial)
Mailing Address 1277 Deming Way
City Madison State WI Zip Code 53717
FEC ID number of contributing federal political committee. **C**
Name of Employer Dean Health Plan Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92471
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **199.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie Grant		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 Transaction ID : 16511
Mailing Address 12011 NE First Street Suite 203		Amount of Each Receipt this Period 1000.00
City Bellevue State WA Zip Code 98005-	FEC ID number of contributing federal political committee. C	
Name of Employer Insurance Research Associates, Inc. Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) B. Michael D. Gray		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16495-P92617
Mailing Address 233 South 13th Street, Suite 1650		Amount of Each Receipt this Period 85.00
City Lincoln State NE Zip Code 68508	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer The Harry A. Koch Co Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

Full Name (Last, First, Middle Initial) C. J. J. Green		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93839
Mailing Address 1219 W. 2nd St.		Amount of Each Receipt this Period 60.00
City Grand Island State NE Zip Code 68801	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Primark, Inc. Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

SUBTOTAL of Receipts This Page (optional).....▶	1145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Don R. Griffey
Full Name (Last, First, Middle Initial)

Mailing Address 56294 Prim Rose Circle

City Elkhart State IN Zip Code 46516

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

Name of Employer Hailey-Campbell, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93650

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

B. Patricia A. Griffey
Full Name (Last, First, Middle Initial)

Mailing Address 53800 Generations Drive

City South Bend State IN Zip Code 46635

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

Name of Employer Healy Group, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1135.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93674

Amount of Each Receipt this Period **200.00**

Payroll Deduction (\$100.00 Monthly)

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

Mailing Address 4600 Jefferson Lane NE, Suite C

City Albuquerque State NM Zip Code 87109-

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

Name of Employer Grosjean Insurance Agency, Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **10 / 27 / 2014**

Transaction ID : 16529

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **560.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert A. Grundman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7412 Karl Drive Test
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Benefit Strategies Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92481
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

B. Craig Gussin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4330 La Jolla Village Dr.,# 330
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1095.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93648
 Amount of Each Receipt this Period **210.00**
 Payroll Deduction (\$105.00 Monthly)

C. Antonio Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 Riverdance Dr.
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JBA Benefits LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93830
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **320.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Teresa Gutierrez		Date of Receipt
Mailing Address 12833 River Dance Dr.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Raleigh	NC	27613
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93633
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
Name of Employer	Occupation	Payroll Deduction
JBA Benefits, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1085.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David R. Gwin		Date of Receipt
Mailing Address I-20 At Alpine Rd. AV-100		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbia	SC	29219
FEC ID number of contributing federal political committee.		Transaction ID : 16495-P92494
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction
BlueCross BlueShield of SC	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="420.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dwight Hall		Date of Receipt
Mailing Address 6107 Hazelwood Ave.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46228
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93786
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	Payroll Deduction
D Hall & Associates	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph Lee Hannah
Full Name (Last, First, Middle Initial)

Mailing Address 9414 Indianfield Drive

City Mechanicsville State VA Zip Code 23116

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

Name of Employer CIGNA Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93548

Amount of Each Receipt this Period **20.00**

Payroll Deduction
(\$20.00 Monthly)

B. Allen D. Hardy
Full Name (Last, First, Middle Initial)

Mailing Address 802 Kosciusko Road P.O. Box 89

City Philadelphia State MS Zip Code 39350

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

Name of Employer Philadelphia Security Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92553

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

C. Larry S. Harrison
Full Name (Last, First, Middle Initial)

Mailing Address 205 E. Warm Spring Rd, Suite 108

City Las Vegas State NV Zip Code 89119

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

Name of Employer National Healthcare Access Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93603

Amount of Each Receipt this Period **60.84**

Payroll Deduction
(\$30.42 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **110.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Daniel R Hart

Mailing Address 4200 East Skelly Drive Suite 320

City State Zip Code
Tulsa OK 74135

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

Name of Employer Occupation
Guardian Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : 16570-P93469

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Gerald G Hartman

Mailing Address PO Box 5716

City State Zip Code
Boise ID 83705

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

Name of Employer Occupation
Insurance Network America Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : 16570-P93792

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Matthew F. Hatfield

Mailing Address 2207 Springfield Avenue

City State Zip Code
Fort Wayne IN 46805

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

Name of Employer Occupation
Self Employed Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : 16570-P93765

Amount of Each Receipt this Period
80.00

Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Leesa Kay Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane Suite 101

City Louisville State KY Zip Code 40222

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92580

Amount of Each Receipt this Period
 300.00

Payroll Deduction
 (\$30.00 Monthly)

B. Tom Hayes
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3198

City Little Rock State AR Zip Code 72203

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

Name of Employer Rebsamen Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93948

Amount of Each Receipt this Period
 60.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 550 Boardwalk Blvd.

City Bossier City State LA Zip Code 71111

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

Name of Employer Benefit Consulting Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93639

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Laura L. Hebert

Mailing Address 935 Graham Road PO BOX 18508

City Corpus Christi	State TX	Zip Code 78418
------------------------	-------------	-------------------

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

Name of Employer Hebert Insurance Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93562

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Debbie R. Hediger

Mailing Address 400 N Tampa St Suite 2200

City Tampa	State FL	Zip Code 33600
---------------	-------------	-------------------

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

Name of Employer Lykes Insurance	Occupation Broker
-------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92573

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2500 W. Higgins Rd., #1135

City Hoffman Estates	State IL	Zip Code 60169
-------------------------	-------------	-------------------

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

Name of Employer INSource Benefits Consultants	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P94011

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karen E. Heller
Full Name (Last, First, Middle Initial)

Mailing Address 5028 Champions

City Lufkin State TX Zip Code 75901

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

Name of Employer Friesen-Strain Insurance Associates, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92598

Amount of Each Receipt this Period 300.00

Payroll Deduction (\$30.00 Monthly)

B. John S. Helms
Full Name (Last, First, Middle Initial)

Mailing Address 2940 Camino Diablo # 205

City Walnut Creek State CA Zip Code 94597

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

Name of Employer John Helms Associates, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93591

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

C. Timothy J. Hendricks
Full Name (Last, First, Middle Initial)

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012

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

Name of Employer Business Planning Group Of OK, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92626

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Thomas L. Henry		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93560
Mailing Address 19310 Sonoma Highway, #A		Amount of Each Receipt this Period 170.00
City Sonoma	State CA	Zip Code 95476
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer RealCare Insurance Marketing, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

Full Name (Last, First, Middle Initial) B. William Hepscher		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93990
Mailing Address 38176 Medical Center Avenue		Amount of Each Receipt this Period 170.00
City Zephyrhills	State FL	Zip Code 33540
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer The Canadian Drugstore	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2060.00	

Full Name (Last, First, Middle Initial) C. Timothy K. Hicks		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16496-P93054
Mailing Address 7305 Hancock Village Dr. #333		Amount of Each Receipt this Period 30.00
City Chesterfield	State VA	Zip Code 23832
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Humana	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donna D. Hill
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth	State GA	Zip Code 30097
----------------	-------------	-------------------

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

Name of Employer E2E Benefit Services Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93845

Amount of Each Receipt this Period

84.00

Payroll Deduction
 (\$42.00 Monthly)

B. John H. Hinck
Full Name (Last, First, Middle Initial)

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg	State VA	Zip Code 23185
----------------------	-------------	-------------------

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

Name of Employer Hinck Financial Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93966

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Noel Hinman
Full Name (Last, First, Middle Initial)

Mailing Address 25 West 80th Place#280 PO Box 100

City Merrillville	State IN	Zip Code 46410
----------------------	-------------	-------------------

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

Name of Employer Professional Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93664

Amount of Each Receipt this Period

20.00

Payroll Deduction
 (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	164.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James H Hissong
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Widmer Rd

City Lenexa State KS Zip Code 66215-5416

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

Name of Employer Jim Hissong Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92416

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Crystal Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 709

City Sugar Land State TX Zip Code 77487

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

Name of Employer Lone Star Health Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93773

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Angela Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 2300 S. 16th Street

City Lincoln State NE Zip Code 68502

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

Name of Employer Bryan Medical Center Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92690

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert V. Holland
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531

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

Name of Employer Centralia General Agencies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92551

Amount of Each Receipt this Period **300.00**

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2800 Veterans Memorial Blvd, Suit

City Metairie State LA Zip Code 70002

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

Name of Employer Hollis Companies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93721

Amount of Each Receipt this Period **84.00**

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 30 Lumpkin St, Suite D

City Lawrenceville State GA Zip Code 30046

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

Name of Employer Multiple Benefits Corporation Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93586

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	284.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kymberly J. Hopwood		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93940
Mailing Address 530 Water Street, 7th Floor		Amount of Each Receipt this Period 170.00
City Oakland	State CA	Zip Code 94607
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Dealey, Renton & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

Full Name (Last, First, Middle Initial) B. Michelle S. Howard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93542
Mailing Address 2850 West Grand Boulevard		Amount of Each Receipt this Period 170.00
City Detroit	State MI	Zip Code 48202
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Health Alliance Plan	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 853.00	

Full Name (Last, First, Middle Initial) C. David L Hunt		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16495-P92453
Mailing Address PO Box 4824		Amount of Each Receipt this Period 35.00
City Jackson	State MS	Zip Code 39296
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$35.00 Monthly)	
Name of Employer Hunt Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Karen K. Irwin
Full Name (Last, First, Middle Initial)

Mailing Address 3912 Sunforest Ct

City Toledo State OH Zip Code 43623

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93918

Amount of Each Receipt this Period **84.00**

Payroll Deduction (\$42.00 Monthly)

B. Blake Izatt
Full Name (Last, First, Middle Initial)

Mailing Address 46 West 200 South

City Bountiful State UT Zip Code 84010

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

Name of Employer RBI Benefits Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93667

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

C. Jerry D. Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 5113 N. Executive Drive Suite 102

City Peoria State IL Zip Code 61614

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

Name of Employer Jackson Financial Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16496-P92804

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **186.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul H. Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 311 Plantation Chase
City State Zip Code
Sea Island GA 31561
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Paul Jackson Ins. & Investments, Inc. Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : 16570-P93807
Amount of Each Receipt this Period
60.00
Payroll Deduction
(\$30.00 Monthly)

B. Leah-Anne Janway
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20626
City State Zip Code
Oklahoma City OK 73156
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bigbie, Hensley & Janway Insurance Ag Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014
Transaction ID : 16495-P92683
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

C. Deborah Jeffs
Full Name (Last, First, Middle Initial)
Mailing Address 3419 Via Lido #306
City State Zip Code
Newport Beach CA 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Progressive Benefit Managers Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : 16570-P93812
Amount of Each Receipt this Period
60.00
Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Su
 City Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93999
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

B. David S. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 Baron Court
 City Stone Mountain State GA Zip Code 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2925.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93837
 Amount of Each Receipt this Period 500.00
 Payroll Deduction (\$250.00 Monthly)

C. Sandra Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 Network Blvd, # 403
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hairston, Johnson & Associates, PLLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93719
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Suzanne K. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 5955 Carnegie Blvd Suite 150

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

Name of Employer Employee Benefit Advisors of the Caro	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16496-P93113

Amount of Each Receipt this Period

42.00

Payroll Deduction
 (\$42.00 Monthly)

B. Alan L. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Pump Road, #144

City Richmond	State VA	Zip Code 23233
------------------	-------------	-------------------

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

Name of Employer TPA Benefits, LLC	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93876

Amount of Each Receipt this Period

60.00

Payroll Deduction
 (\$30.00 Monthly)

C. Lawrence Kaczmarek
Full Name (Last, First, Middle Initial)

Mailing Address 2633 State Route 59, Suite B

City Ravenna	State OH	Zip Code 44266
-----------------	-------------	-------------------

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

Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92509

Amount of Each Receipt this Period

31.00

Payroll Deduction
 (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	133.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. T. Darlene Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 345
 City Ravenna State OH Zip Code 44266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92699
 Amount of Each Receipt this Period 31.00
 Payroll Deduction (\$31.00 Monthly)

B. Ashley Wynkoop Kapostins
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Primera Blvd, Suite 264
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93717
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

C. Kristine M. Kassel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8631 S Priest Drive #101
 City Tempe State AZ Zip Code 85284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits By Design, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92630
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jon Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Northpoint Glen Ct.
 City Herndon State VA Zip Code 20170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Medical Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93471
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. George R. Keeling
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Drawer K-1630 507 Avenue G
 City Levelland State TX Zip Code 79336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George R. Keeling Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92584
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Dianne M. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7320 N La Cholla Blvd. Suite 154-
 City Tucson State AZ Zip Code 85741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sandbrook Benefits Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92737
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roger J. Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 424 Lewis Hargett Circle Ste 100

City	State	Zip Code
Lexington	KY	40503

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

Name of Employer	Occupation
Epic Insurance Solutions	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93987

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

B. Jean Marie Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 11 N. Starcrest Drive

City	State	Zip Code
Clearwater	FL	33765

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

Name of Employer	Occupation
Bouchard Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93593

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Dierdre Kennedy-Simington
Full Name (Last, First, Middle Initial)

Mailing Address 17200 Ventura Blvd., Suite 312

City	State	Zip Code
Encino	CA	91316

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

Name of Employer	Occupation
Genesis Financial & Insurance Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93968

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Roy W. Kern
Full Name (Last, First, Middle Initial)

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield State MO Zip Code 65807

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

Name of Employer Kern Insurance Services, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93673

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$25.00 Monthly)

B. Carolyn J. King
Full Name (Last, First, Middle Initial)

Mailing Address 6 Country Lane

City Sussex State NJ Zip Code 07461

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

Name of Employer New England Financial Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93602

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

C. Randy H. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Reserve Commons Dr

City Medina State OH Zip Code 44256

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

Name of Employer DS Benefits Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16496-P92779

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lonnie Klene
 Full Name (Last, First, Middle Initial)
 Mailing Address 14339 Torrey Chase Blvd., Ste F
 City Houston State TX Zip Code 77014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Core Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93834
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. T. Brian Knauer
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 340718
 City Tampa State FL Zip Code 33694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Core Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93810
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Valerie S. Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2429 North Avenue
 City Bridgeport State CT Zip Code 06604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Core Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93851
 Amount of Each Receipt this Period 90.00
 Payroll Deduction (\$45.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Linda Rose Koehler
Full Name (Last, First, Middle Initial)
Mailing Address 235 Main Street
City Pleasanton State CA Zip Code 94566
FEC ID number of contributing federal political committee. **C**
Name of Employer Herzog Insurance Agency Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **850.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92740
Amount of Each Receipt this Period **850.00**
Payroll Deduction **(\$85.00 Monthly)**

B. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)
Mailing Address 1501 Ingersoll Ave Suite 200
City Des Moines State IA Zip Code 50309-
FEC ID number of contributing federal political committee. **C**
Name of Employer Prisma Strategies Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1525.00**

Date of Receipt **11 / 04 / 2014**
Transaction ID : 16549
Amount of Each Receipt this Period **500.00**

C. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)
Mailing Address 1501 Ingersoll Ave Suite 200
City Des Moines State IA Zip Code 50309
FEC ID number of contributing federal political committee. **C**
Name of Employer Prisma Strategies Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1575.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93654
Amount of Each Receipt this Period **100.00**
Payroll Deduction **(\$50.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **685.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark Kolterman		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93561
Mailing Address P O Box 426 341 North 6th Street		Amount of Each Receipt this Period 70.00
City Seward	State NE	Zip Code 68434
FEC ID number of contributing federal political committee. C	Name of Employer Kolterman Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
		Payroll Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial) B. Suzanne Kolterman		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92620
Mailing Address 341 N. 6th Street PO Box 426		Amount of Each Receipt this Period 50.00
City Seward	State NE	Zip Code 68434
FEC ID number of contributing federal political committee. C	Name of Employer Kolterman Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92684
Mailing Address 2637 S. 158th Plaza #200		Amount of Each Receipt this Period 42.00
City Omaha	State NE	Zip Code 68116
FEC ID number of contributing federal political committee. C	Name of Employer Holmes Murphy & Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	162.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel C. LaBroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 17304 Preston Road Suite 800
 City Dallas State TX Zip Code 75252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ovation Health & Life Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93877
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction **(\$85.00 Monthly)**

B. Stacey S. LaFay
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Benefit Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93712
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

C. Andrew M. LaRocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, # 230
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The LaRocco Companies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93514
 Amount of Each Receipt this Period **80.00**
 Payroll Deduction **(\$40.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **280.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jim Lawless
Full Name (Last, First, Middle Initial)

Mailing Address 989 Governors Ln Ste 350

City Lexington State KY Zip Code 40513

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

Name of Employer Occupation
Benefit Advisors Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93759

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

B. Scott A. Leavitt
Full Name (Last, First, Middle Initial)

Mailing Address 12988 W. Paint Dr.

City Boise State ID Zip Code 83713

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

Name of Employer Occupation
Scott Leavitt Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93796

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Spencer A. Lehmann
Full Name (Last, First, Middle Initial)

Mailing Address 2145 E. Tahquitz Cynn Wy. Suite 4

City Palm Springs State CA Zip Code 92262

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

Name of Employer Occupation
Lehmann/Wood & Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93862

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 314.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Emma Stacey Leigh
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 TownPark Lane NW Suite LL-1000
 City Kennesaw State GA Zip Code 30144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliant Health Plans, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93492
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$50.00 Monthly)

B. Lyle D. Leleux
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 107 108 E. Texas Ave.
 City Rayne State LA Zip Code 70578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93739
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Karen B. Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 Washington Street PO Box 50
 City Hackettstown State NJ Zip Code 07840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leonard Financial Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93957
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert Lindsay		Date of Receipt
Mailing Address 220 Emerson Place		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Davenport	IA	52801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Gallagher Benefit Services, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="935.00"/>	
		Transaction ID : 16570-P93885
		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
		Payroll Deduction
		(\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Betty J. Lindstrom		Date of Receipt
Mailing Address PO Box 4026		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Felton	CA	95018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Lindstrom Insurance	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	
		Transaction ID : 16570-P93630
		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Juan R. Lopez		Date of Receipt
Mailing Address 1851 E. First, #1100		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Santa Ana	CA	92705
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Kaiser Permanente	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="935.00"/>	
		Transaction ID : 16570-P93523
		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
		Payroll Deduction
		(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 214 West Main Street Suite 203

City Moorestown State NJ Zip Code 08057

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

Name of Employer Lubenow Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P94041

Amount of Each Receipt this Period **84.00**

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 301 Madison Avenue, 4th Floor

City New York State NY Zip Code 10017

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

Name of Employer The Medical Link, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2550.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93813

Amount of Each Receipt this Period **250.00**

Payroll Deduction (\$250.00 Monthly)

C. Kelly A. Madison
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 370

City Meridian State ID Zip Code 83680

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

Name of Employer Myriad Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93848

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **364.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Victoria A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 Harwich Ct
 City Greenacres State FL Zip Code 33467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VMB Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92648
 Amount of Each Receipt this Period 300.00
 Payroll Deduction (\$30.00 Monthly)

B. Benji Marrs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Rd
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93706
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

c. Ingrid L. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6050 Oak Tree Blvd. South Suite 5
 City Cleveland State OH Zip Code 44131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CBIZ Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93555
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kimberly C. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1027 S Pendleton Street Suite B-2
 City Easley State SC Zip Code 29642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ebenconcepts Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92671
 Amount of Each Receipt this Period 400.00
 Payroll Deduction (\$40.00 Monthly)

B. Phyllis Martinsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 West Boise Avenue, Suite 100
 City Boise State ID Zip Code 83706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Byron Hyatt Erstad & Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93873
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

C. Donald L. Mathern
 Full Name (Last, First, Middle Initial)
 Mailing Address 7650 Cherrywood Drive
 City Boise State ID Zip Code 83704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Specialists Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93540
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carol Matznick
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 38905
City Greensboro State NC Zip Code 27438
FEC ID number of contributing federal political committee. **C**
Name of Employer North Carolina AHU Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **320.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92586
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Michael E. Matznick
Full Name (Last, First, Middle Initial)
Mailing Address 3150 N. Elm Street Suite 201
City Greensboro State NC Zip Code 27408
FEC ID number of contributing federal political committee. **C**
Name of Employer EbenConcepts Company Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P94028
Amount of Each Receipt this Period **200.00**
Payroll Deduction (\$100.00 Monthly)

C. Lynn E McCarter
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 710571
City Santee State CA Zip Code 92072
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93529
Amount of Each Receipt this Period **20.00**
Payroll Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barbara A. McClaskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara McClaskey Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93776
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

B. John R. McConnaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRM & Associates Agency, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93764
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction (\$42.00 Monthly)

C. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92641
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **186.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Heather Lee McDougall		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92727
Mailing Address 2852 S. Carriage Lane		Amount of Each Receipt this Period 300.00
City Mesa	State AZ	Zip Code 85202
FEC ID number of contributing federal political committee. C	Name of Employer Affiliated Insurance Solutions	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Dwane C. McFerrin		Date of Receipt MM / DD / YYYY 11 / 01 / 2014 Transaction ID : 16552
Mailing Address 8420 West Dodge Road Suite 510		Amount of Each Receipt this Period 50.00
City Omaha	State NE	Zip Code 68114-
FEC ID number of contributing federal political committee. C	Name of Employer Senior Market Sales, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

Full Name (Last, First, Middle Initial) C. Leslie E. McGerr		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93729
Mailing Address 6510 Mesaverde Dr		Amount of Each Receipt this Period 60.00
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C	Name of Employer Les McGerr & Company	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Frank H. McGill
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Arbor Lake Dr Ste 200
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthPlan of South Carolina Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16496-P92833
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Susan Marie McGinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenEx Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92625
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Matthew J. McGrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Maryville Center Drive Suite
 City Saint Louis State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CBIZ Benefits & Insurance Services, I Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93456
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Victor C. McKnight
Full Name (Last, First, Middle Initial)

Mailing Address 502 Tunney Place

City Santa Rosa State CA Zip Code 95403

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

Name of Employer Edgewood Partners Insurance Center Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93951

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

B. Mark A. McLane
Full Name (Last, First, Middle Initial)

Mailing Address 401 West Front Street Suite 4

City Traverse City State MI Zip Code 49684

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

Name of Employer Wright & Associates Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92676

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10.00 Monthly)

C. Kenneth McLaughlin
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Elm Street, Suite 301

City Manchester State NH Zip Code 03101

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

Name of Employer Granite Group Benefits, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P94058

Amount of Each Receipt this Period **170.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Andrea McLoy

Mailing Address 5300 Orange Ave., Ste 208

City Cypress State CA Zip Code 90630

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

Name of Employer Robbins Financial & Insurance Service Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93996

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Keith H. Mcneil

Mailing Address 7200 Redwood Blvd. Suite 400

City Novato State CA Zip Code 94945-

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

Name of Employer McNeil Benefits Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 04 / 2014**

Transaction ID : 16545

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
C. Griffin L. Meredith

Mailing Address 550 South 5th Street, Unit 303

City Louisville State KY Zip Code 40202-

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

Name of Employer The Benefits Firm Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93447

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Nicholas Metcalf

Mailing Address 100 Andover Park W. Suite 150-251

City Tukwila	State WA	Zip Code 98188-
-----------------	-------------	--------------------

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

Name of Employer OMNI Insurance Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : 16538

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Jennifer Meyhoff

Mailing Address 1031 W 4th Ave., Ste 400

City Anchorage	State AK	Zip Code 99501
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FEC ID number of contributing federal political committee. **C**

Name of Employer Marsh & McLennan Agency LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93552

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Patricia Mihalyi-Stiffler

Mailing Address 155 N. Riverview Drive

City Anaheim Hills	State CA	Zip Code 92808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Options in Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
348.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92715

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey R. Miles		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16496-P93212
Mailing Address 3420 Valley Brook Rd.		Amount of Each Receipt this Period 850.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C	Name of Employer The Miles Organization, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Dennis F. Mobley		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92531
Mailing Address 137 Executive Drive Suite D		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Name of Employer Mobley Insurance Agency, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Sandra V. Mobley		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92588
Mailing Address 137 Executive Dr. Suite D		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Name of Employer Mobley Insurance Agency LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Douglas F. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Ohio River Blvd
 City Pittsburgh State PA Zip Code 15202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seubert & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93938
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Julia T. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 9208 Clinton Anderson Drive NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. Moore Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P94044
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

C. Wesley P. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92583
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 174.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Mordo		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93584
Mailing Address 718 River Road		Amount of Each Receipt this Period 70.00
City Fair Haven	State NJ	Zip Code 07704
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$35.00 Monthly)
Name of Employer Walsh Benefits	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. Reine C. Morris		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93754
Mailing Address 500 NE Multnomah		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97232-
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Monthly)
Name of Employer Kaiser Permanente	Occupation Mgr Large Group Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Todd Morrow		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P94049
Mailing Address 1173 Brittmore		Amount of Each Receipt this Period 84.00
City Houston	State TX	Zip Code 77043
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Benefit Concepts, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ray M. Musser
Full Name (Last, First, Middle Initial)

Mailing Address 404 North Second Avenue, Suite E

City Upland	State CA	Zip Code 91786
----------------	-------------	-------------------

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

Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16496-P93233

Amount of Each Receipt this Period
850.00

Payroll Deduction
(\$85.00 Monthly)

B. Rita A. Musser
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Thames Drive

City Fort Wayne	State IN	Zip Code 46815
--------------------	-------------	-------------------

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

Name of Employer Senior Insurance Solutions	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92705

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

C. Amy D. Mutter
Full Name (Last, First, Middle Initial)

Mailing Address 15 South Jefferson Street

City Roanoke	State VA	Zip Code 24011
-----------------	-------------	-------------------

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

Name of Employer Benefits Group, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P94021

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	199.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joshua D. Nace
Full Name (Last, First, Middle Initial)
Mailing Address 100 W. Harrison Street, Suite 440

City Seattle	State WA	Zip Code 98199
-----------------	-------------	-------------------

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

Name of Employer Dental Health Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92675

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

B. Marco Navarro
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2339

City Seal Beach	State CA	Zip Code 90740-
--------------------	-------------	--------------------

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

Name of Employer Vinclair Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : 16539

Amount of Each Receipt this Period
365.00

C. Ryan Neace
Full Name (Last, First, Middle Initial)
Mailing Address 555 W Shaw Ave Ste C-1

City Fresno	State CA	Zip Code 93704
----------------	-------------	-------------------

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

Name of Employer Administrative Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92560

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Penny E. Nikel
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 S Main St., Ste 200
 City Longmont State CO Zip Code 80501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Nikel Insurance Associates LLC
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 22 / 2014
Transaction ID : 16495-P92490
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

B. Michael A. Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 999 295 E Palmer Street
 City Franklin State NC Zip Code 28744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Wayah Employee Benefits / EbenConcept
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 22 / 2014
Transaction ID : 16495-P92506
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. Pamela Nygaard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 4th St W
 City Kirkland State WA Zip Code 98033-5337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Spectera
 Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 22 / 2014
Transaction ID : 16495-P92423
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Angela Oakes		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92710
Mailing Address 1323 Highway 2, Ste. 300		Amount of Each Receipt this Period 300.00
City Sandpoint	State ID	Zip Code 83864
FEC ID number of contributing federal political committee. C	Name of Employer Summit Insurance Resource Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Terri M. Olson		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92546
Mailing Address P. O. Box 21479		Amount of Each Receipt this Period 50.00
City Keizer	State OR	Zip Code 97307
FEC ID number of contributing federal political committee. C	Name of Employer Olson Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Mike Osborne		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93498
Mailing Address 1308 Woodmanor Dr,		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C	Name of Employer Osborne Insurance Services, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tim Owen
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 600555
City Jacksonville State FL Zip Code 32260
FEC ID number of contributing federal political committee. **C**
Name of Employer O&A Insurance Services, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93701
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

B. Jeffrey Papenfus
Full Name (Last, First, Middle Initial)
Mailing Address 32110 Agoura Road
City Westlake Village State CA Zip Code 91361
FEC ID number of contributing federal political committee. **C**
Name of Employer Warner Pacific Insurance Services Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93865
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

C. John C. Parker
Full Name (Last, First, Middle Initial)
Mailing Address 47 Laurel Hill Drive
City Niantic State CT Zip Code 06357
FEC ID number of contributing federal political committee. **C**
Name of Employer Parker Agency Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1125.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92738
Amount of Each Receipt this Period **100.00**
Payroll Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jesse A. Patton		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93541
Mailing Address 1112 Maple Street		Amount of Each Receipt this Period 700.00
City West Des Moines	State IA	Zip Code 50265
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$350.00 Monthly)
Name of Employer Associations Marketing Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00	

Full Name (Last, First, Middle Initial) B. Jill L. Pedersen		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93730
Mailing Address 16325 Boones Ferry Rd #204		Amount of Each Receipt this Period 60.00
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Columbia Benefit Solutions, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jennifer L. Pender		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92585
Mailing Address 1635 Mt. McKinley Drive		Amount of Each Receipt this Period 30.00
City Grayson	State GA	Zip Code 30017
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Pender & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	790.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ross W. Pendergraft
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1085.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P94010

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

B. Paul Pendorf
Full Name (Last, First, Middle Initial)

Mailing Address 31666 W. Nine Dr.

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Self Employed Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93516

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

C. Kenneth G. Penn
Full Name (Last, First, Middle Initial)

Mailing Address 218 North St

City Portsmouth State VA Zip Code 23704-2602

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

Name of Employer ChamberSolutions Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93451

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Juna M. Penney
Full Name (Last, First, Middle Initial)

Mailing Address 2091 Shepherdia Drive

City Anchorage State AK Zip Code 99508

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

Name of Employer Providence Health & Services Alaska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16496-P93275

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Carol C. Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284

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

Name of Employer Pennington Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P94037

Amount of Each Receipt this Period **60.00**

Payroll Deduction
(\$30.00 Monthly)

C. William H. Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Woodbridge Drive

City Kernersville State NC Zip Code 27284

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

Name of Employer Pennington Associates Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P94027

Amount of Each Receipt this Period **80.00**

Payroll Deduction
(\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Les Perslon
Full Name (Last, First, Middle Initial)
Mailing Address 250 Crossways Park Dr
City Woodbury State NY Zip Code 11797
FEC ID number of contributing federal political committee. **C**
Name of Employer CB Planning Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93661
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

B. Jeff Perry
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 51019
City Idaho Falls State ID Zip Code 83405
FEC ID number of contributing federal political committee. **C**
Name of Employer The Hartwell Corporation Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93817
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Paige W. Phillips
Full Name (Last, First, Middle Initial)
Mailing Address 1434 Hwy 301
City Calera State AL Zip Code 35040
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Partners, LLC Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **807.50**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92621
Amount of Each Receipt this Period **98.50**
Payroll Deduction (\$98.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **188.50**
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph E. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Association Management Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93657
 Amount of Each Receipt this Period **70.00**
 Payroll Deduction **(\$35.00 Monthly)**

B. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City Federal Way State WA Zip Code 98023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insure NW Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92723
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction **(\$50.00 Monthly)**

C. Tom G. Polenzani
 Full Name (Last, First, Middle Initial)
 Mailing Address 3452 E. Foothill Blvd. #514
 City Pasadena State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1360.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93619
 Amount of Each Receipt this Period **340.00**
 Payroll Deduction **(\$170.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....	460.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert P. Poli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6101 Executive Boulevard, Suite 1
 City Rockville State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93887
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

B. Sandra Lee Powers-Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4817 S. 175th Street
 City Seatac State WA Zip Code 98188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Benefits Northwest Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92706
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. D. Michael Pressley
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 139
 City Nashville State TN Zip Code 37202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92600
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rebecca L. Purdy
Full Name (Last, First, Middle Initial)

Mailing Address 770 E Warm Springs Rd. Ste 340

City Las Vegas	State NV	Zip Code 89119
-------------------	-------------	-------------------

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

Name of Employer Humana	Occupation Broker
----------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93592

Amount of Each Receipt this Period

84.00

Payroll Deduction
 (\$42.00 Monthly)

B. Kathy M. Rainwater
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler	State TX	Zip Code 75701
---------------	-------------	-------------------

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

Name of Employer Threlkeld & Company Insurance	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92537

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Susan Maley Rash
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite

City Richmond	State VA	Zip Code 23227
------------------	-------------	-------------------

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

Name of Employer BB&T Benefit Consultants of Virginia,	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2020.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93844

Amount of Each Receipt this Period

340.00

Payroll Deduction
 (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	509.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 971 North Perry Street P.O. Box 2

City	State	Zip Code
Ottawa	OH	45875

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

Name of Employer	Occupation
Fawcett, Lammon, Recker & Associates	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92697

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 5760 W. 120th Avenue Suite 260

City	State	Zip Code
Broomfield	CO	80020

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

Name of Employer	Occupation
Reents Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93952

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Valerie Reeves

Mailing Address 3702 Brownsboro Rd

City	State	Zip Code
Louisville	KY	40207

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

Name of Employer	Occupation
Preferred Benefits, LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93566

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	156.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. R Dane Rianhard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93474
Mailing Address 1 E. Pratt St., Unit 902		Amount of Each Receipt this Period 220.00
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee.	C	
Name of Employer TriBridge Partners, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00	
		Payroll Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial) B. Lori R. Rice		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93849
Mailing Address 1221 South Main Street Suite 208		Amount of Each Receipt this Period 60.00
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee.	C	
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Russell Lee Rice		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93716
Mailing Address 8000 IH-10 West, # 715		Amount of Each Receipt this Period 170.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee.	C	
Name of Employer AVESIS, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
		Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Tammy M. Riddle

Mailing Address 3718 W. Lancer Rd.

City Peoria State IL Zip Code 61615

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

Name of Employer Pearl Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92570

Amount of Each Receipt this Period
 10.00

Payroll Deduction
 (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Susan M. Rider

Mailing Address 1402 N Capital #400

City Indianapolis State IN Zip Code 46202

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

Name of Employer Gregory & Appel Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92673

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert L. Rifkin

Mailing Address 7 Stonewall Lane

City Mamaroneck State NY Zip Code 10543

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

Name of Employer Insurance & Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93899

Amount of Each Receipt this Period
 84.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	124.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Debra L. Righter		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92640
Mailing Address 1804 Juan Tabo Blvd, NE, Suite B		Amount of Each Receipt this Period 300.00
City Albuquerque	State NM	Zip Code 87112
FEC ID number of contributing federal political committee. C	Name of Employer Righter Insurance, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Elizabeth E. Rios-Carl		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92504
Mailing Address 210 North Campbell		Amount of Each Receipt this Period 50.00
City El Paso	State TX	Zip Code 79901
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. John F. Rippinger		Date of Receipt 10 / 22 / 2014 Transaction ID : 16495-P92627
Mailing Address 1501 East Woodfield Rd. #110 E		Amount of Each Receipt this Period 30.00
City Schaumburg	State IL	Zip Code 60173
FEC ID number of contributing federal political committee. C	Name of Employer Rippinger Financial Group, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 12200 Northwest Frwy, Suite 662

City Houston	State TX	Zip Code 77092
-----------------	-------------	-------------------

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

Name of Employer Northwest General Insurance	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93755

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 7101 S. 82nd St., #B

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

Name of Employer Midlands Financial Benefits	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92535

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Judith L. Robinson

Mailing Address P O Box 10071

City Tyler	State TX	Zip Code 75711
---------------	-------------	-------------------

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

Name of Employer CFG Insurance	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92672

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 739 East Jackson Street

City Martinsville State IN Zip Code 46151

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

Name of Employer NewDay! Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P94029

Amount of Each Receipt this Period
 60.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 1775 E Palm Canyon Dr, Ste 110 -

City Palm Springs State CA Zip Code 92264

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

Name of Employer Palm Canyon Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92645

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Mario Roiz
Full Name (Last, First, Middle Initial)

Mailing Address 10446 NW 31st Terrace

City Miami State FL Zip Code 33172

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

Name of Employer HR Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93513

Amount of Each Receipt this Period
 84.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 601 University Avenue Suite 250

City Sacramento	State CA	Zip Code 95825-
--------------------	-------------	--------------------

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

Name of Employer Benefits Done Right Insurance Agency,	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2014

Transaction ID : 16540

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Charla S. Rose

Mailing Address PO Box 1299

City Amarillo	State TX	Zip Code 79105
------------------	-------------	-------------------

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

Name of Employer Upshaw Insurance Agency	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93777

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98007
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Partners Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93913

Amount of Each Receipt this Period
340.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joel Rosenblum		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93713
Mailing Address 230 Lipan Way		Amount of Each Receipt this Period 84.00
City Boulder	State CO	Zip Code 80303
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Insurance for Asset Protection	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. Eugene L. Rowe		Date of Receipt MM / DD / YYYY 10 / 22 / 2014 Transaction ID : 16495-P92694
Mailing Address 16000 Ventura Blvd		Amount of Each Receipt this Period 30.00
City Encino	State CA	Zip Code 91436
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer R & R Retirement and Insurance Servic	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Peter L. Rowe		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 16570-P93991
Mailing Address PO. Box 22212		Amount of Each Receipt this Period 200.00
City Phoenix	State AZ	Zip Code 85028
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Sunwest Benefits Consulting, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.00	

SUBTOTAL of Receipts This Page (optional).....▶	314.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donna M. Rudner
Full Name (Last, First, Middle Initial)

Mailing Address 4665 Ivygate Circle

City State Zip Code
Smyrna GA 30080

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

Name of Employer Occupation
Employer Relief, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93960

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 15 New England Executive Park

City State Zip Code
Burlington MA 01803

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

Name of Employer Occupation
BenefitsMart LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93683

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2905 Premiere Parkway Suite 285

City State Zip Code
Duluth GA 30097

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

Name of Employer Occupation
E2E Benefits Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 16570-P93956

Amount of Each Receipt this Period
340.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 460.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Al C. Schiebel		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93479
Mailing Address 200 Sandy Springs Pl., # 300A		Amount of Each Receipt this Period 90.00
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 Monthly)	
Name of Employer Schiebel & Associates, LLC dba Shopbe	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) B. Mel A. Schlesinger		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93687
Mailing Address PO Box 21533		Amount of Each Receipt this Period 170.00
City Winston Salem	State NC	Zip Code 27120
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Self Employed	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Mike Schlosser		Date of Receipt 10 / 22 / 2014 Transaction ID : 16496-P93167
Mailing Address 15950 W. Dodge Rd.		Amount of Each Receipt this Period 30.00
City Omaha	State NE	Zip Code 68118
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Coventry Health Care	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1332 Hunters Hollow Court

City Eureka State MO Zip Code 63025-

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

Name of Employer Sonus Benefits by MSMF Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : 16550

Amount of Each Receipt this Period
100.00

B. Chad P. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive Suite 1150

City Irvine State CA Zip Code 92612

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

Name of Employer Aflac Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : 16570-P93574

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 4300 Sidco Drive, Suite 200

City Nashville State TN Zip Code 37204

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

Name of Employer Colonial Life Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul Joseph Scholz
Full Name (Last, First, Middle Initial)

Mailing Address 17445 Arbor St Suite 310

City Omaha	State NE	Zip Code 68130
---------------	-------------	-------------------

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

Name of Employer OCI Insurance and Financial Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16496-P93330

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Patricia A. Schrade
Full Name (Last, First, Middle Initial)

Mailing Address 3950 Chain Bridge Road Suite 8

City Fairfax	State VA	Zip Code 22030
-----------------	-------------	-------------------

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

Name of Employer Blue Kamen Benefits, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93690

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Matt B. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville	State KY	Zip Code 40220
--------------------	-------------	-------------------

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

Name of Employer Schwartz Insurance Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P94022

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	315.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nicole Scott
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Northwest Pkwy

City San Antonio State TX Zip Code 78249

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

Name of Employer United Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : 16570-P93663

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

B. Ronald E. Seibel
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 317

City Driftwood State TX Zip Code 78619

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

Name of Employer Advanced Benefits Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : 16570-P93963

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address PO Box 189 916 Main Street

City Vancouver State WA Zip Code 98666

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

Name of Employer Biggs Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1870.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : 16570-P93580

Amount of Each Receipt this Period
340.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	430.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. Steven Selinsky

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **637.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93906

Amount of Each Receipt this Period **84.00**

Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Bruce J. Setlik

Mailing Address 17808 Harney St

City Omaha State NE Zip Code 68118-3500

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

Name of Employer American Community Mutual, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92429

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Daniel Severo

Mailing Address 231 Chestnut St. #410

City Meadville State PA Zip Code 16335

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

Name of Employer The DJB Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93607

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **174.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Annette Shaffer
Full Name (Last, First, Middle Initial)
Mailing Address 418 South Main Street
City Findlay State OH Zip Code 45840
FEC ID number of contributing federal political committee. **C**
Name of Employer Group Benefit Consultants Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92700
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Douglas W Sheffer
Full Name (Last, First, Middle Initial)
Mailing Address 110 International Way
City Springfield State OR Zip Code 97477
FEC ID number of contributing federal political committee. **C**
Name of Employer PacificSource Health Plans Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93502
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

C. Julie A. Shepard-Hall
Full Name (Last, First, Middle Initial)
Mailing Address 3913 N. Post
City Spokane State WA Zip Code 99205
FEC ID number of contributing federal political committee. **C**
Name of Employer Integrity Insurance Solutions, LLC Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93488
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 407 Centerpointe Circle, Suite 16

City Altamonte Springs State FL Zip Code 32701-

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

Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93600

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

B. Jeffrey Sherrod
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Granite Parkway Suite 700

City Plano State TX Zip Code 75024

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

Name of Employer United Healthcare Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93570

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30.00 Monthly)

C. Sean G. Shoemake
Full Name (Last, First, Middle Initial)

Mailing Address 169A Lameuse St

City Biloxi State MS Zip Code 39530

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

Name of Employer Employee Benefit Specialists, P.A. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93556

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas E. Shores			Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93775
Mailing Address 8596 W Bolsa Ct.			Amount of Each Receipt this Period 84.00
City Boise	State ID	Zip Code 83709	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 462.00	
Name of Employer T.A. Shores Inc.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Siino			Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93490
Mailing Address 1126 Clifton Avenue			Amount of Each Receipt this Period 60.00
City Clifton	State NJ	Zip Code 07013	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 330.00	
Name of Employer Executive Benefits Group, LLC	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael John Simmang			Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93702
Mailing Address 143 E Austin St			Amount of Each Receipt this Period 60.00
City Giddings	State TX	Zip Code 78942	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 330.00	
Name of Employer The Nitsche Group	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	204.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Neil R. Simons
Full Name (Last, First, Middle Initial)

Mailing Address 15800 Crabbs Branch Way, Suite 350

City Rockville State MD Zip Code 20855-

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 11 / 04 / 2014
Transaction ID : 16546

Amount of Each Receipt this Period 4000.00

B. Roger W. Skinner
Full Name (Last, First, Middle Initial)

Mailing Address 5518 Hammock Glen Drive

City Indianapolis State IN Zip Code 46235

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

Name of Employer Specialized Benefit Plans Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92451

Amount of Each Receipt this Period 30.50

Payroll Deduction (\$30.50 Monthly)

C. Erika Sklar
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Tim Crawford Insurance Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16496-P93193

Amount of Each Receipt this Period 10.00

Payroll Deduction (\$10.00 Monthly)

SUBTOTAL of Receipts This 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1012 Alemany Street

City Morrisville State NC Zip Code 27560

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

Name of Employer Ebenconcepts Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92609

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 2201 Woodlawn Road PO Box 370

City Lincoln State IL Zip Code 62656

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

Name of Employer R. W. Garrett Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93959

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Kevin W. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2000 RiverEdge Parkway Suite 1010

City Sandy Springs State GA Zip Code 30328

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

Name of Employer KSA Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16496-P93060

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Myron Smith		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014 Transaction ID : 16555
Mailing Address 17200 Ventura Blvd Suite 312		Amount of Each Receipt this Period 365.00
City Encino State CA Zip Code 91316-	FEC ID number of contributing federal political committee. C	
Name of Employer Genesis Financial Insurance Services Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

Full Name (Last, First, Middle Initial) B. Paul E. Smith		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : 16570-P93616
Mailing Address 100 Queen Street		Amount of Each Receipt this Period 250.00
City Southington State CT Zip Code 06489	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$125.00 Monthly)
Name of Employer Paul E Smith Insurance, LLC Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

Full Name (Last, First, Middle Initial) C. Thomas E. Snell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 Transaction ID : 16496-P92985
Mailing Address P.O. Box 818 310 N. Horner Blvd.		Amount of Each Receipt this Period 30.00
City Sanford State NC Zip Code 27331	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Digital Benefit Advisors Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional).....▶	645.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Scott D. Snowden
 Full Name (Last, First, Middle Initial)
 Mailing Address 812 Lyndon Lane, Suite 101
 City Louisville State KY Zip Code 40222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Snowden & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93953
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30.00 Monthly)

B. Tamela L. Southan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 W. Renner Rd., Ste 160
 City Richardson State TX Zip Code 75082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Solutions By Design Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93970
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

C. James Randall Southard
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 487
 City Stokesdale State NC Zip Code 27357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93572
 Amount of Each Receipt this Period 130.00
 Payroll Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	274.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sher Sparano		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93872
Mailing Address 70-20 108th St, #5-0		Amount of Each Receipt this Period 30.00
City Forest Hills	State NY	Zip Code 11375
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Benefits Advisory Service	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Richard Blake Spell		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93870
Mailing Address 3803 North Elm Street		Amount of Each Receipt this Period 40.00
City Greensboro	State NC	Zip Code 27455
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Monthly)	
Name of Employer United Healthcare	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Anne P. Sperling		Date of Receipt 11 / 24 / 2014 Transaction ID : 16570-P93494
Mailing Address 805 St. Michael's Drive		Amount of Each Receipt this Period 120.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 Monthly)	
Name of Employer Daniels Insurance Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William Craig Splawn
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Avenue C
 City State Zip Code
 Katy TX 77493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Splawn & Associates Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P94043
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction
 (\$50.00 Monthly)

B. Michael Spleet
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 East Hill Rd.
 City State Zip Code
 Grand Blanc MI 48439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franklin Benefit Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 348.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92628
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Jackie L. Spragins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 10th St
 City State Zip Code
 Wichita Falls TX 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Higginbotham Ins Agency, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92527
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction
 (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dustin Stacy
Full Name (Last, First, Middle Initial)
Mailing Address 1151 Red Mile Road
City Lexington State KY Zip Code 40504
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Insurance Marketing Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93688
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

B. Zachary Stafford
Full Name (Last, First, Middle Initial)
Mailing Address 6421 Perkins Rd Bldg A # 2B
City Baton Rouge State LA Zip Code 70808-6200
FEC ID number of contributing federal political committee. **C**
Name of Employer Besselman & Little Agency, LLC Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93455
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

C. Delvin L. Stahl
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 388 807 S. Maltby Ave.
City Sutton State NE Zip Code 68979
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Plus, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92497
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **162.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eugene Starks
Full Name (Last, First, Middle Initial)
Mailing Address 613 Crescent Circle Suite 201

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

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

Name of Employer Benefit Administration Services, Ltd.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92461

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Peter F. Stehr
Full Name (Last, First, Middle Initial)
Mailing Address 13636 Seward Street

City Omaha	State NE	Zip Code 68154
---------------	-------------	-------------------

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

Name of Employer Peter Stehr Insurance Services, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92607

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. James R. Stenger
Full Name (Last, First, Middle Initial)
Mailing Address 8926 Crown Colony Boulevard

City Fort Myers	State FL	Zip Code 33908
--------------------	-------------	-------------------

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

Name of Employer MVS Consulting	Occupation Broker
------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92473

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marilyn A. Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers State FL Zip Code 33908

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1475.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92492

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. James R. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 100 Mansell Ct East Suite 400

City Roswell State GA Zip Code 30076

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92613

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

c. Mary Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 2133 Luray Avenue

City Cincinnati State OH Zip Code 45206

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

Name of Employer Alliance Benefit Group of Ohio Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : 16570-P93915

Amount of Each Receipt this Period **20.00**

Payroll Deduction
(\$20.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael R. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 S Elm St Suite 207
 City Jenks State OK Zip Code 74037-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tallgrass Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **10 / 27 / 2014**
Transaction ID : 16525
 Amount of Each Receipt this Period **500.00**

B. Tiffany Stiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Canoga Avenue Suite 300
 City Woodland Hills State CA Zip Code 91367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BenefitMall Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16496-P92819
 Amount of Each Receipt this Period **25.00**
 Payroll Deduction
 (\$25.00 Monthly)

C. Richard Stinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 704 West 580 South
 City Orem State UT Zip Code 84058-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Plans, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : 16534
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **890.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tiffany Stock		Date of Receipt
Mailing Address 3111 C St., Suite 500		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Anchorage	AK	99503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Northrim Benefits Group	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	
		Transaction ID : 16570-P93969
		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Julia Beckie Stockstill		Date of Receipt
Mailing Address 125 E. San Augustine		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Deer Park	TX	77536
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Stockstill & Associates	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : 16570-P93781
		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Marcie Strouse		Date of Receipt
Mailing Address 1501 Ingersoll Ave Ste 200		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Des Moines	IA	50309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Prisma Strategies	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="378.00"/>	
		Transaction ID : 16495-P92614
		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
		Payroll Deduction
		(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="162.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rodney Stuart
Full Name (Last, First, Middle Initial)
Mailing Address 600 East Carmel Drive Suite 110

City Carmel	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer Strategic Insurance Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92632

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

B. Ashley Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 99565

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

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

Name of Employer Van Zandt Emrich and Cary	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93846

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Audra I. Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 1201 N Watson Rd Ste 287

City Arlington	State TX	Zip Code 76006
-------------------	-------------	-------------------

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

Name of Employer Vogue Insurance Agency, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93625

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 144 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. T.J. Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1786 State Street
 City Salem State OR Zip Code 97301-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huggins Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 31 / 2014
Transaction ID : 16536
 Amount of Each Receipt this Period 365.00

B. James F. Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Market Sales, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92510
 Amount of Each Receipt this Period 125.00
 Payroll Deduction (\$125.00 Monthly)

C. William L. Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O Box 795008 131 Interpark Blvd.
 City San Antonio State TX Zip Code 78279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93926
 Amount of Each Receipt this Period 200.00
 Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 690.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Tom Swayne		Date of Receipt
Mailing Address PO Box 31029		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charleston	SC	29417
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P94057
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	Payroll Deduction
David M. Gilston Insurance Agency, In	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$100.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ryan R. Swinton		Date of Receipt
Mailing Address 7101 S. 82 St.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lincoln	NE	68516
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93997
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
Name of Employer	Occupation	Payroll Deduction
Midlands Financial Benefits	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="935.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marsha Tellesbo-Kembel		Date of Receipt
Mailing Address 1001 4th Avenue, Suite 3200		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seattle	WA	98154
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93785
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
Name of Employer	Occupation	Payroll Deduction
Tellesbo & Company	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="935.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="540.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Harry P. Thal		Date of Receipt
Mailing Address PO Box 2137		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kernville	CA	93238
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16570-P93936
Name of Employer	Occupation	Amount of Each Receipt this Period
Harry P. Thal Insurance Agency	Broker	<input type="text" value="170.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ronald Thibodeaux		Date of Receipt
Mailing Address 123 Veterinarian Rd		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lafayette	LA	70507
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16496-P93070
Name of Employer	Occupation	Amount of Each Receipt this Period
Ronald J. Thibodeaux	Broker	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffery C. Thomas		Date of Receipt
Mailing Address 6200 Reynolds Road		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Jackson	MI	49201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16495-P92511
Name of Employer	Occupation	Amount of Each Receipt this Period
Small Business Association of Michigan	Broker	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Marc Thompson

Mailing Address 111 Center Street, Suite 1410

City Little Rock	State AR	Zip Code 72201
---------------------	-------------	-------------------

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

Name of Employer Stephens Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93678

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Ryan P. Thorn

Mailing Address 10342 South Springcrest Lane

City South Jordan	State UT	Zip Code 84095
----------------------	-------------	-------------------

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92594

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert J. Tierney

Mailing Address 2113 West Parkstone Ct

City Meridian	State ID	Zip Code 83646
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tierney Consulting, Inc	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93582

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rina Tikia
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 N. Causeway Blvd., Suite 815
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Tikia Consulting Group, Inc. Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt: 11 / 24 / 2014
Transaction ID : 16570-P93605
 Amount of Each Receipt this Period: 42.00
 Payroll Deduction: (\$42.00 Monthly)

B. Helen M. Todd
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 56166
 City Little Rock State AR Zip Code 72215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: The Todd Agency, Inc. Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt: 11 / 24 / 2014
Transaction ID : 16570-P93916
 Amount of Each Receipt this Period: 60.00
 Payroll Deduction: (\$30.00 Monthly)

C. Margaret S. Tolbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 6501 Peake Rd Bld 950
 City Macon State GA Zip Code 31210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Tolbert & Associates Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt: 11 / 24 / 2014
Transaction ID : 16570-P93524
 Amount of Each Receipt this Period: 60.00
 Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **162.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel R. Tompkins
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1209

City Alpharetta State GA Zip Code 30009

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

Name of Employer Admin America Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16496-P93174

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

B. Jennifer L. Toups
Full Name (Last, First, Middle Initial)

Mailing Address #1 Galleria Blvd, Suite 1122

City Metairie State LA Zip Code 70001

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92448

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

C. Janet Trautwein
Full Name (Last, First, Middle Initial)

Mailing Address 1212 New York Ave. NW, Ste 1100

City Washington State DC Zip Code 20005

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

Name of Employer NAHU Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt **10 / 22 / 2014**

Transaction ID : 16495-P92661

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	297.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brenda Traveller		Date of Receipt
Mailing Address 1150 Eastland Drive North		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Twin Falls	ID	83301
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93941
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	Payroll Deduction
Health Plan Partners	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$10.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Terrie L. Trevino		Date of Receipt
Mailing Address P O Box 7408		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Boise	ID	83707
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93875
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="84.00"/>
Name of Employer	Occupation	Payroll Deduction
Blue Cross of Idaho	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="306.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alexis Tucker		Date of Receipt
Mailing Address 625 Elden Street, Suite 203		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Herndon	VA	20191
FEC ID number of contributing federal political committee.		Transaction ID : 16570-P93665
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	Payroll Deduction
Independent Benefit Services LLC	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="154.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Esperanza Turley

Mailing Address 30 River Park Place W., Suite 140

City Fresno	State CA	Zip Code 93720
----------------	-------------	-------------------

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

Name of Employer LISI	Occupation Broker
--------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16496-P93114

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Glendae Tuthill

Mailing Address 736 Old Greenville Rd

City Fayetteville	State GA	Zip Code 30215
----------------------	-------------	-------------------

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

Name of Employer Benevestco, Inc.	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93911

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Catherine Van Zant

Mailing Address 5500 Euper Lane P.O. Box 3529

City Fort Smith	State AR	Zip Code 72913
--------------------	-------------	-------------------

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

Name of Employer Brown-Hiller-Clark & Associates, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92548

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wendy Vanderwater Bratteli
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93836
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction **(\$42.00 Monthly)**

B. Michael Venditto
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 New Road, #D
 City Linwood State NJ Zip Code 08221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hafetz & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16496-P93077
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

C. Denise S. Villagran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93544
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction **(\$30.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....	174.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12603 Southwest Freeway, Suite 620

City Stafford	State TX	Zip Code 77477
------------------	-------------	-------------------

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

Name of Employer Lone Star Health Plans, Ltd.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92449

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Doris Waller
Full Name (Last, First, Middle Initial)

Mailing Address 1778 N. Plano Rd. Suite 310

City Richardson	State TX	Zip Code 75081
--------------------	-------------	-------------------

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

Name of Employer Pan-American Benefits Solutions	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92498

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Timothy P. Walsh
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 417

City Hampstead	State NC	Zip Code 28443
-------------------	-------------	-------------------

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

Name of Employer Advanced Insurance Systems	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92732

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	172.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1212 New York Ave. NW, Ste 1100

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92658

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Michael S. Ward
Full Name (Last, First, Middle Initial)

Mailing Address 3219 E. Camelback Road #569

City Phoenix	State AZ	Zip Code 85018
-----------------	-------------	-------------------

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

Name of Employer Emerging Benefits Consultants, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93982

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$42.00 Monthly)

C. Stephen C. Warner
Full Name (Last, First, Middle Initial)

Mailing Address 16180 Hwy 7

City Mtka	State MN	Zip Code 55345
--------------	-------------	-------------------

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

Name of Employer Warner & Associates	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93922

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	229.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John L. Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Warwick Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1850.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93751
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction **(\$85.00 Monthly)**

B. Robert Watkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 4205 Hillsboro Road, # 120
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pancoast Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93465
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction **(\$30.00 Monthly)**

C. Dan Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 Office Park Drive Suite 350
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Webb Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1700.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92679
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction **(\$170.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Yolanda Marie Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Via Piemonte
 City Ontario State CA Zip Code 91710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Financial Partners Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93958
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$25.00 Monthly)

B. Joshua Weinstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 C St., Suite 500
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northrim Benefits Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93515
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

C. Glenn Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Mayview Road
 City Pittsburgh State PA Zip Code 15241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Single Source Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 23 / 2014**
Transaction ID : 16499
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional)..... **860.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lynn Charles Wentworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Drive Suite E
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFLAC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93601
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

B. Mitchell West
 Full Name (Last, First, Middle Initial)
 Mailing Address Health Choice One, Attn: Mitch We
 City Centennial State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MW Family Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93668
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

C. Charles L. Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Cloifview Drive
 City Brandon State MS Zip Code 39047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92474
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cynthia Whaley
Full Name (Last, First, Middle Initial)
Mailing Address 408 N. Washington Street Suite A
City Easton State MD Zip Code 21601
FEC ID number of contributing federal political committee. **C**
Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93546
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

B. Robert H. White
Full Name (Last, First, Middle Initial)
Mailing Address 6724 S 29th W Place
City Tulsa State OK Zip Code 74137
FEC ID number of contributing federal political committee. **C**
Name of Employer Plan Benefit Analysts of Tulsa, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92595
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

C. Jimmie Whitmire
Full Name (Last, First, Middle Initial)
Mailing Address 503 Eighth Street
City Wichita Falls State TX Zip Code 76301
FEC ID number of contributing federal political committee. **C**
Name of Employer Whitmire & Whitmire, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92736
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **144.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David V. Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 River Vista Place
 City Twin Falls State ID Zip Code 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magic Valley Insurance, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93615
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

B. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SeeChange Health Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93835
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$85.00 Monthly)

C. George Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 4109 Woodway Dr.
 City Monroe State LA Zip Code 71201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Planning Resources Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 16495-P92582
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	284.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Leslie A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1551 E. Cypress Ave., Ste. D

City Redding	State CA	Zip Code 96002
-----------------	-------------	-------------------

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

Name of Employer Leslie A. Williams Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92597

Amount of Each Receipt this Period
300.00

Payroll Deduction
(\$30.00 Monthly)

B. Michael Ross Williams
Full Name (Last, First, Middle Initial)

Mailing Address 10040 Regency Circle Ste. 345

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Williams-Deras & Associates, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 16570-P93961

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$85.00 Monthly)

C. Lon G. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

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

Name of Employer The Wilson Agency, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : 16495-P92652

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paula L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : 16495-P92657
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Steven L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P94048
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$85.00 Monthly)

C. Thomas R. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **865.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93653
 Amount of Each Receipt this Period **110.00**
 Payroll Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	365.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Owen W. Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Professional Dr
 City State Zip Code
 Ponte Vedra Beach FL 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wingate Insurance Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93623
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Tammy Winn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 S IH 35, Building 1 Suite 100
 City State Zip Code
 Austin TX 78744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SWBC Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : 16495-P92466
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Shelly K. Winson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1914
 City State Zip Code
 Chandler AZ 85244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 True Choice Benefits LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : 16570-P93698
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	132.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dennis C. Woehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 Drexel Dr.
 City Evansville State IN Zip Code 47712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93971
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

B. Rosanne Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **545.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93888
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

C. DianaLou Wolff
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Maiden Lane 2nd Floor
 City Kingston State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Counseling Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93559
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 164 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William W. Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Waverly Place
 City San Francisco State CA Zip Code 94108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bill Wong & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93890
 Amount of Each Receipt this Period 84.00
 Payroll Deduction (\$42.00 Monthly)

B. Dennis E. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Chestnut Hills Pky
 City Fort Wayne State IN Zip Code 46814-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Plans, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 10 / 24 / 2014
Transaction ID : 16512
 Amount of Each Receipt this Period 85.00

C. Dennis E. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Chestnut Hills Pky
 City Fort Wayne State IN Zip Code 46814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Plans, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 16570-P93519
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 254.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carol Wyckoff
Full Name (Last, First, Middle Initial)
Mailing Address 14856 Briggs Street
City Carlisle State IA Zip Code 50047
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercer Voluntary Benefits Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93791
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

B. Luann S. Yarberry
Full Name (Last, First, Middle Initial)
Mailing Address 1300 10th St
City Wichita Falls State TX Zip Code 76301
FEC ID number of contributing federal political committee. **C**
Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P94018
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

C. M. Zachary Zinser
Full Name (Last, First, Middle Initial)
Mailing Address 330 North Evergreen Road, Suite 6
City Louisville State KY Zip Code 40243
FEC ID number of contributing federal political committee. **C**
Name of Employer Zinser Benefit Service, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 16570-P93700
Amount of Each Receipt this Period **60.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	50073.92

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

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

FOR LINE NUMBER: PAGE 166 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address **PO BOX 17813**

City **RICHMOND** State **VA** Zip Code **23226**

FEC ID number of contributing federal political committee. **C C00355461**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4250.00

Date of Receipt
10 / 27 / 2014

Transaction ID : 16527

Amount of Each Receipt this Period
4250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
TOTAL This Period (last page this line number only).....▶	4250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : 16580

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : 16575

Amount of Each Disbursement this Period

305.06

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Banking Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 16574

Amount of Each Disbursement this Period

12.00

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

325.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : 16576

Amount of Each Disbursement this Period

1543.62

Full Name (Last, First, Middle Initial)

B. Stripe Inc.

Mailing Address Wells Fargo Bank

City Walnut Creek State CA Zip Code 94598

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : 16577

Amount of Each Disbursement this Period

1.75

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1545.37

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

1870.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

AMERISH BERA

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : 16486

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT State NE Zip Code 68025

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought: House
 Senate
 President
State: NE District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : 16485

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE REICHERT

Mailing Address PO BOX 2032

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement
9/29 Local Event

011

Category/
Type

Candidate Name

DAVE REICHERT

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : 16492

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARY LANDRIEU, INC.

Mailing Address 700 13TH STREET NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Future Event

011

Candidate Name

MARY L LANDRIEU

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : 16553

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FUND FOR A CONSERVATIVE FUTURE

Mailing Address PO BOX 96

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
11/18 Dinner

011

Candidate Name

JAMES M INHOFE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : 16559

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
11/13 Lunch

011

Candidate Name

SAMUEL B "SAM" GRAVES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : 16473

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement
Void Check

011

Candidate Name

JAMES B RENACCI

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : 16557

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement
Past Event

011

Candidate Name

JAMES B RENACCI

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : 16563

Amount of Each Disbursement this Period

1000.00

DEBT RETIREMENT 2012

Full Name (Last, First, Middle Initial)

C. KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES STREET, SUITE 101

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement
9/18 Lunch

011

Candidate Name

KAY GRANGER

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : 16507

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Voided check

011

Candidate Name

LEONARD LANCE

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 16556

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement
Void Check

011

Candidate Name

ROBERT EDWARD MR LATTA

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	4

Transaction ID : 16558

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LEADERSHIP FOR AMERICA TODAY TOMORROW AND ALWAYS PAC

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
For past event

011

Candidate Name

ROBERT EDWARD MR LATTA

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	4

Transaction ID : 16564

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

-	1	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

-	1	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MCCLINTOCK FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
10/30 District Breakfast

011

Candidate Name

THOMAS MCCLINTOCK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 16530

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PROJECT WEST POLITICAL ACTION COMMITTEE

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City State Zip Code
LONE TREE CO 80124

Purpose of Disbursement
11/20 Breakfast

011

Candidate Name

CORY GARDNER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : 16565

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. RON BARBER FOR CONGRESS (P)

Mailing Address PO BOX 57715

City State Zip Code
TUCSON AZ 85732

Purpose of Disbursement
Future Event

011

Candidate Name

RONALD BARBER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : 16487

Amount of Each Disbursement this Period

4000.00

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

8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement
Future Event

011

Category/
Type

Candidate Name

WILLIAM STEVE II SOUTHERLAND

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : 16488

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. WALBERG FOR CONGRESS

Mailing Address PO BOX 1362

City JACKSON State MI Zip Code 49204

Purpose of Disbursement
Voided check

007

Category/
Type

Candidate Name

TIMOTHY WALBERG

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : 16560

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3000.00

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

20500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Citizens to Elect Dennis Richardson

Mailing Address 10725 SW Barbur Blvd. Ste. 230

City Portland State OR Zip Code 97219

Purpose of Disbursement
Local Event

011

Candidate Name

Dennis Richardson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 16491

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kasich Taylor for Ohio

Mailing Address 340 East Gay St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
For Local Event

011

Candidate Name

John Kasich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 16489

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nathan Deal for Governor, Inc.

Mailing Address PO Box 2495

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Local Event

011

Candidate Name

Nathan Deal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 16490

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

7500.00
