

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

Check if different than previously reported. (ACC)

Washington

DC

20044

7135

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

X

Special (30S)

Election on

08

02

2005

in the State of

OH

5. Covering Period

07

14

2005

through

08

22

2005

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

Type or Print Name of Treasurer

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

11

15

2005

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. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>14 <sup>Y</sup>2005 To: <sup>M</sup>08 <sup>D</sup>22 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period .....	14002.63	
(c) Total Receipts (from Line 19) .....	16522.34	155570.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30525.17	186587.47
7. Total Disbursements (from Line 31) .....	15066.56	171128.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15458.61	15458.61
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>14 <sup>Y</sup>2005 To: <sup>M</sup>08 <sup>D</sup>22 <sup>Y</sup>2005

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) .....	7979.00	69193.00
(ii) Unitemized .....	8543.34	86377.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	16522.34	155570.86
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	16522.34	155570.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16522.34	155570.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16522.34	155570.86

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1066.56	16878.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1066.56	16878.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	154250.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15066.56	171128.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	15066.56	171128.86

**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) .....	16522.34	155570.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16522.34	155570.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1066.56	16878.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1066.56	16878.86

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

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

FOR LINE NUMBER: PAGE 6 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Terri Dumas Adams</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PD Box 1290		Transaction ID: 10409203
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kerry D. Aldridge</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10409879
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Aye</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 6340 South 3000 East # 500		Transaction ID: 10409253
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 7 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Thomas R. Beking</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 10409192
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser	Occupation President	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrew F. Biemat</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10409659
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New Yor- k, Inc.	Occupation Vice President	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Treay Quirk Bradford</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 886 Ridgeway Loop Road, Suite 200		Transaction ID: 10409732
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Agent	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Susan T. Cook</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10409799
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B. Rosemary Deininger</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 10409047
City Dallas	State TX	Zip Code 75243-1741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Account Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher J. Deloray</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 10408854
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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



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

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

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Sharon Lynn Dicenzo</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 10409707	
City State Zip Code Chattanooga TN 37402-2520	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross Blue Shield of TN Receipt For: Primary General Other (specify) ▼	Occupation Manager, Individual Sales Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>B. Gerard R. Gershonowitz</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 890 Broadway, Suite 808		Transaction ID: 10409212	
City State Zip Code Thornwood NY 10594-1139	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Morrell Consulting Group, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 470.00		
Full Name (Last, First, Middle Initial) <b>C. Patrice Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 442 Teaneck Road		Transaction ID: 10409553	
City State Zip Code Rochelle Park NJ 07862	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Employee Benefits Advisors Group Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 545.00		

SUBTOTAL of Receipts TN's Page (optional) ▶ **110.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen A. Grim</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address P O Box 1105		Transaction ID: 10409683
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher S. Hamson</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10409374
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Haute</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10409173
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

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

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

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

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Jon Hicks</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 3620 Mountainside Drive		Transaction ID: 10409966	
City State Zip Code Colorado Springs CO 80918	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hicks Benefit Group	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>B. Danisa D. Hopper</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 6400 Fairview Road		Transaction ID: 10409234	
City State Zip Code Charlotte NC 28210-3237	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cameron M. Harris & Co.	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>C. Robert Huffaker</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address PO Box 6217		Transaction ID: 10409539	
City State Zip Code Chattanooga TN 37401-6217	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Huffaker & Associates Inc.	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

SUBTOTAL of Receipts TN's Page (optional) ..... ► **140.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Randy C. Joppie</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 10408939
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- oration	Occupation Director of Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) <b>B. Mark D. Kennedy</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 10409105
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. Ross W. Kraft</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10409862
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New Yor- k, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Ronald M. Levine</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 10409109
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Vice President of Sales, SE	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cheryl Lombardi</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10409838
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Juan Ramon Lopez</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 10409138
City Orange	State CA	Zip Code 92668-1538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Manager	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Maurice Lyons</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 10409637
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link, Inc.	Occupation President	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Linda Mackey</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 1001		Transaction ID: 10409590
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dale W. Maloney</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10409221
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 780.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Susan Maley Rash</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 10408982
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia.	Occupation Vice President	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Aline H. Roberts</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10408919
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 695.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mel A. Schaefer</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 30100		Transaction ID: 10409035
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer The Rainmakers Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. James D. Schulz</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10409133
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bob G Shupe</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 2344		Transaction ID: 10408929
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anne P. Sperring</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 10409188
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Employee Benefits Manager	Aggregate Year-to-Date ▼ 430.00
Receipt For: Primary General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Carol A. Steele</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10409240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Burley W. Strader</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042 City Winston Salem State NC Zip Code 27114-4042		Transaction ID: 10408651
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Senior Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. James F. Summers</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 10409661
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

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

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

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

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Donald B. Thompson</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 10409019
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1050.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Daniel R. Tompkins</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 1810		Transaction ID: 10408965
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Daniel R. Tompkins</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 1810 800 Old Roswell Lakes Pkwy Suite		Transaction ID: 10409410
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 420.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Albert J. Travasos</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 10409833
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Peter Vinton</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 10409206
City Timonium	State MD	Zip Code 21069-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. M. Hughes Warren</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address P.O. Box 7681		Transaction ID: 10409329
City Wilmington	State NC	Zip Code 28408-7681
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebenconcepts, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 20 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. John L. Warwick</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PD Box 272		Transaction ID: 10409183
City Chicago	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) <b>B. Richard E. Wheeler</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 817 Highway 71, Building 2-8		Transaction ID: 10409064
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Richard E. Wheeler Insurance Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. David B. Wills</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 902 Brynwood Dr		Transaction ID: 10409518
City Chattanooga	State TN	Zip Code 37415-3308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer D. B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven L. Wilson</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 10409319
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dennis E. Wright</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10409495
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dennis E. Wright</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10409498
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 630.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 22 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Robert J Bishop</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10408882	
City State Zip Code Las Vegas NV 89121-3623	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KIA Insurance	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00		
Full Name (Last, First, Middle Initial) <b>B. Dorothy M. Coeiu</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address PO Box 1941		Transaction ID: 10408850	
City State Zip Code Big Bear Lake CA 92315-1941	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		
Full Name (Last, First, Middle Initial) <b>C. Carol A. Gutter</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 624 Griffin Road, Suite B		Transaction ID: 10408788	
City State Zip Code Indianapolis IN 46227-6504	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benefit Design Strategies, Inc.	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Rush David Dixon</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 10408599
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits	700.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Steve H. Dodder</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 2069		Transaction ID: 10408811
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Regional Sales Director	470.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Charles T. Garton</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 1268		Transaction ID: 10408842
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Insurance Agent	370.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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

FOR LINE NUMBER: PAGE 24 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael A Guscott</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 400 Berwyn Park, Suite 200 899 Cassatt Road		Transaction ID: 10408852
City Berwyn	State PA	Zip Code 19312-1174
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Manager of Group Brokerage	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gerald G Hartman</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address PO Box 5716		Transaction ID: 10408868
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 590.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sheila H Hartman</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 10408844
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 25 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Jaime D. Hernandez</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 10408653
City	State	Zip Code
Burbank	CA	91501-1522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. David S Johnson</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10408652
City	State	Zip Code
Stone Mountain	GA	30087-0029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas G Kaufman</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005
Mailing Address 1875 Willow Street, Suite P		Transaction ID: 10408488
City	State	Zip Code
San Jose	CA	95125-5107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

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

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

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

FOR LINE NUMBER: PAGE 26 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Jesse A. Patton</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 2175 NW 88th Street, Suite 14		Transaction ID: 10408609
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 1575.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James E. Price</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 10408642
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jon C Rauser</b>		Date of Receipt M / D / Y 07 / 29 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10408857
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>405.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ed L. Ruling</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 343 Six Forks Road		Transaction ID: 10408635	
City Raleigh	State NC	Zip Code 27609-7800	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Delta Dental of North Carolina, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>B. Francis A. Ruggiero</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address 15 Kennedy Drive		Transaction ID: 10408679	
City Budd Lake	State NJ	Zip Code 07828-1438	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Ruggiero Group, LLC Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>C. Raynar M. Sale</b>		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2005	
Mailing Address P. O. Box 424420		Transaction ID: 10408688	
City Lawrenceville	State GA	Zip Code 30042	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer E2E Benefits Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 680.00		

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Scott A. Shalek</b>		Date of Receipt M / D / Y 07 / 29 / 2005	
Mailing Address PD Box 67 6817 Barnard Mill Rd. City State Zip Code Ringwood IL 60072-0067		Transaction ID: 10408588 Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shalek Financial Services	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00		
Full Name (Last, First, Middle Initial) <b>B. Tamela L. Southan</b>		Date of Receipt M / D / Y 07 / 29 / 2005	
Mailing Address 381 Casa Linda Plaza Box 303 City State Zip Code Dallas TX 75218-3423		Transaction ID: 10408878 Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CONEXIS	Occupation Client Delivery New Business Analyst		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>C. James R. Stanger</b>		Date of Receipt M / D / Y 07 / 29 / 2005	
Mailing Address 288 South Street City State Zip Code Morristown NJ 07980-6019		Transaction ID: 10408853 Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NAS Financial Services	Occupation Principal		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1480.00		

SUBTOTAL of Receipts This Page (optional) .....	<b>440.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Tom Votter</b>		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 100 Ameryllis Drive		Transaction ID: 10408804
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503-3215</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer Physician's Mutual Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ <b>480.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Greg A. Yoder</b>		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10408759
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95125-2451</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ <b>1700.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert A ZIM</b>		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10408814
City <b>Morrisville</b>	State <b>PA</b>	Zip Code <b>19067-6278</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer Avarli Benefits Corp	Occupation President	Aggregate Year-to-Date ▼ <b>780.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 30 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen D. Andersen</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10409136
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Chester Anderson</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: 10409548
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Benefit Port	Occupation Marketing Representative	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tracy Quirk Bradford</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10409733
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	Aggregate Year-to-Date ▼ 690.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 31 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ronald S. Buffum</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10409050
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Tim Byme</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 3113 West Beltline Highway		Transaction ID: 10409079
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Morfanson, Matzella & Mel-drum	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sharon Lynn Diorato</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 10409708
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	55.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia H. Doucet</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 10409264
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Linda K. Friedrich</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PO Box 30275		Transaction ID: 10409299
City Lincoln	State NE	Zip Code 68509-0275
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Patrice Goldfarb</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10409554
City Rochelle Park	State NJ	Zip Code 07862
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Adv- isors Group	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>130.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 33 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael R. Goss</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10410027
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael D. Gray</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10409017
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lisa Helmen</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 10409478
City Cumming	State GA	Zip Code 30041-6083
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>320.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Donna D. Hill</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box 724		Transaction ID: 10408922
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary Lou Hudman</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 533D Bent Tree Forest Drive, Suite		Transaction ID: 10408931
City Dallas	State TX	Zip Code 75248-3471
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer A Benefit Source	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 215.14
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Suzanne K. Johnson</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6235 Morrison Boulevard, Suite 302		Transaction ID: 10408834
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 35 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. T. Darlene Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 10409033
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 080.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Brian W. Liechty</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10409441
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carol Malzerek</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address PO Box 38905		Transaction ID: 10409043
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 36 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. David R. Moore</b> Mailing Address PD Box 1006 City Burlington State NC Zip Code 27216-1006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer David R. Moore, CLU & Associates Occupation Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005 Transaction ID: 10409000 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) <b>B. Wesley P. Moore</b> Mailing Address P O Box 604 City Darlington State SC Zip Code 29540-0604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer W P Moore Agency Occupation Owner Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 820.00		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005 Transaction ID: 10409045 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) <b>C. Joshua D. Nace</b> Mailing Address 936 North 34th Street, Suite 20B City Seattle State WA Zip Code 98103-8889 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dental Health Services, Inc. Occupation Vice President Sales & Service Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005 Transaction ID: 10409489 Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael A. Norris</b>		Date of Receipt M / D / Y 08 / 02 / 2005	
Mailing Address PD Box 899 285 E Palmer Street		Transaction ID: 10409598	
City Franklin	State NC	Zip Code 28744-0899	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wayah Insurance Agency	Occupation Account Executive		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
Full Name (Last, First, Middle Initial) <b>B. John C. Parker</b>		Date of Receipt M / D / Y 08 / 02 / 2005	
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10408849	
City Niantic	State CT	Zip Code 06357-1536	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Parker Agency	Occupation Principal		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00		
Full Name (Last, First, Middle Initial) <b>C. Joseph K. Roberts</b>		Date of Receipt M / D / Y 08 / 02 / 2005	
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10409289	
City Lincoln	State NE	Zip Code 68518-6574	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midlands Financial Benefits	Occupation Registered Representative		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **155.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Tompkins</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005	
Mailing Address PD Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10409411	
City State Zip Code Roswell GA 30077-1810	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Admin America	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		
Full Name (Last, First, Middle Initial) <b>B. Marilyn A. Van Sant</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005	
Mailing Address 271 Route 46 West, Suite G208		Transaction ID: 10409480	
City State Zip Code Fairfield NJ 07004-2440	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stratford Financial Group	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		
Full Name (Last, First, Middle Initial) <b>C. Charles G. Wagner</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005	
Mailing Address PD Box 9		Transaction ID: 10409620	
City State Zip Code Burwell NE 68823-0009	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Town and Country Insurance Agency, Inc	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 10408614
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ann C. Bell</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1661 Shoreline Drive, Suite 100		Transaction ID: 10408672
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David A. Barman</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6510 N. Shadeland Avenue		Transaction ID: 10408612
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Nease Lukens Holding Company, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 40 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. D. Bailey Calvin</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005	
Mailing Address PD Box 101422		Transaction ID: 10408533	
City State Zip Code Anchorage AK 99510-1422	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Calico, Inc.	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		
Full Name (Last, First, Middle Initial) <b>B. Russell B. Childers</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005	
Mailing Address PD Box 1547		Transaction ID: 10408840	
City State Zip Code Americus GA 31709-1547	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Russ Childers, CLU	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		
Full Name (Last, First, Middle Initial) <b>C. Eugene D. Ebersole</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005	
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 10408838	
City State Zip Code Gretna LA 70053-4500	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ebersole & Associates, In- c.	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **105.00**

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



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

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

FOR LINE NUMBER: PAGE 41 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Thomas M Evans</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10408605
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David L. Fear</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 11160 Sun Center Drive, Suite A		Transaction ID: 10408579
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distribution Division	Occupation Director of Strategic Distribution	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bruce L. Gardner</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 10408789
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments	Occupation Registered Representative	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 42 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Hendricks</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1605 S Eucalyptus Ave		Transaction ID: 10408620
City Broken Arrow	State OK	Zip Code 74012-5806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Richard L Hill</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 10408600
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Larry Kaczmarek</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10408820
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 820.00	

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

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

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

FOR LINE NUMBER: PAGE 43 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Kielan</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address PD Box 45279		Transaction ID: 10408544
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary B. Kramer</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2837 South 159th Plaza, Suite 200		Transaction ID: 10408632
City Omaha	State NE	Zip Code 68130-1769
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates, Inc.	Occupation Vice President	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sharon L. McDermott</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10408558
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation President	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 44 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Glen E Riensche</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 415 5th Street P. O. Box 664		Transaction ID: 10408546
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William T. Robinson</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 10408780
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eugene L. Rows</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: 10408588
City Encino	State CA	Zip Code 91438-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement Service	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 45 / 53

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Salamon</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 10408685
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1080.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jackie L. Spragins</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address PD Box 2073		Transaction ID: 10408764
City Wichita Falls	State TX	Zip Code 76707-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Spragins Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles L. Westmoreland</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address PD Box 925		Transaction ID: 10408747
City Jackson	State MS	Zip Code 39205-0525
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 46 / 53

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Catherine Ficars</b>		Date of Receipt M / D / Y 08 / 02 / 2005	
Mailing Address 28989 Central Park Blvd.		Transaction ID: 10409507	
City State Zip Code Southfield MI 48076-4174	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Austin Financial Group LL- C United	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
Full Name (Last, First, Middle Initial) <b>B. Thomas A. Polanzani</b>		Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 3452 East Foothill Blvd. Suite 514		Transaction ID: 10408578	
City State Zip Code Pasadena CA 91107-3163	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Polanzani Benefits & Insu- rance, Inc.	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Carolyn L. Goodman</b>		Date of Receipt M / D / Y 08 / 11 / 2005	
Mailing Address 4851 LBJ Freeway, Suite 800		Transaction ID: 10408871	
City State Zip Code Dallas TX 75244-6004	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **540.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 53

(check only one)

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

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. Kenneth L. Schmidt		Date of Receipt M / D / Y 08 / 11 / 2005	
Mailing Address 871 D Manchester Rd.		Transaction ID: 10408990	
City Saint Louis	State MO	Zip Code 63144-2724	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Corporate Benefit Strategies	Occupation Benefits Consultant		
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	20.00
TOTAL This Period (last page this line number only) .....	▶	7979.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 53

<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

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: 10346237 Date of Disbursement 07 / 22 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 219.01	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/ Type	Credit Card Processing Fee
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Merchant Services</b>		Transaction ID: 10331654 Date of Disbursement 08 / 02 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 741.57	
City Knoxville State TN Zip Code 37620-6612	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/ Type	Credit Card Processing Fee
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: 10346142 Date of Disbursement 08 / 22 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 84.13	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/ Type	Credit Card Processing Fee
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1044.71</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1044.71</b>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 53

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

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. Friends Of Mark Foley

Mailing Address 1318 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mark A. Foley

Office Sought:  House  
Senate  
President  
State: FL District 16

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10344402  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Lee Terry For Congress

Mailing Address P.O. Box 540088

City Omaha State NE Zip Code 68154

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lee Terry

Office Sought:  House  
Senate  
President  
State: NE District 2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10344722  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
C. Tom Feeney For Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Tom Feeney

Office Sought:  House  
Senate  
President  
State: FL District 24

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10344907  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 53

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Gerlach For Congress Committee</b>		Transaction ID: 10344517 Date of Disbursement 07 / 14 / 2005	
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 1000.00	
City Downingtown State PA Zip Code 19335	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. James W. Gerlach	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 6			

Full Name (Last, First, Middle Initial) <b>B. Friends Of George Allen</b>		Transaction ID: 10344073 Date of Disbursement 07 / 14 / 2005	
Mailing Address Post Office Box 87		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Sen. George F. Allen	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District 2			

Full Name (Last, First, Middle Initial) <b>C. Louie Gohmert For Congress Committee</b>		Transaction ID: 10332484 Date of Disbursement 08 / 03 / 2005	
Mailing Address PO Box 8060		Amount of Each Disbursement this Period 1000.00	
City Tyler State TX Zip Code 75711	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Louie Gohmert	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District 1			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 53

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

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. Andrews For Congress Committee

Mailing Address 215 Fourth Avenue  
Suite 20D

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert E. Andrews

Office Sought:  House  
Senate  
President

State: NJ District 1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10331928

Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People With Hart Inc

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15060

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Melissa A. Hart

Office Sought:  House  
Senate  
President

State: PA District 4

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10332632

Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City Satellite Beach State FL Zip Code 32937

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bill Nelson

Office Sought: House  
 Senate  
President

State: FL District 1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10332766

Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 53

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Pryce Project</b>		Transaction ID: 10333124 Date of Disbursement 08 / 03 / 2005	
Mailing Address 1155 21st Street, NW Suite 30D		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Office Sought: House Senate President State: District		Disbursement For: Primary General Other (specify) ▼ Contribution	

Full Name (Last, First, Middle Initial) <b>B. Meeks For Congress</b>		Transaction ID: 10343642 Date of Disbursement 08 / 10 / 2005	
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1000.00	
City Springfield Garden State NY Zip Code 11413	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Gregory W. Meeks		Disbursement For: 2006 X Primary General Other (specify) ▼ Contribution	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District B			

Full Name (Last, First, Middle Initial) <b>C. Souder For Congress Inc.</b>		Transaction ID: 10343979 Date of Disbursement 08 / 10 / 2005	
Mailing Address P.O. Box 40233		Amount of Each Disbursement this Period 1000.00	
City Fort Wayne State IN Zip Code 46804	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Mark E. Souder		Disbursement For: 2006 X Primary General Other (specify) ▼ Contribution	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IN District 3			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 53

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of John Boehner</b>		Transaction ID: 10001529 Date of Disbursement 08 / 10 / 2005	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 1000.00	
City West Chester State OH Zip Code 45069	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. John A. Boehner	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: B			

Full Name (Last, First, Middle Initial) <b>B. Citizens For Gillmor</b>		Transaction ID: 10345742 Date of Disbursement 08 / 19 / 2005	
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 1000.00	
City Old Fort State OH Zip Code 44861	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Paul E. Gillmor	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 5			

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	14000.00