

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="156950.91"/>	<input type="text" value="156950.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="91169.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37295.63"/>	<input type="text" value="368312.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="128465.61"/>	<input type="text" value="525263.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="103021.17"/>	<input type="text" value="499818.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25444.44"/>	<input type="text" value="25444.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28044.26	205189.28
(ii) Unitemized	9251.33	160122.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37295.59	365311.92
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37295.59	365311.92
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.04	0.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37295.63	368312.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37295.63	368312.32

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	21496.17	77218.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21496.17	77218.79
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81500.00	419250.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25.00	900.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.00	900.00
29. Other Disbursements	0	2450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	103021.17	499818.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103021.17	499818.79

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)	37295.59	365311.92
34. Total Contribution Refunds (from Line 28(d))	25.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37270.59	364411.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21496.17	77218.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21496.17	77218.79

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Management Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91992
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. Carla Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2229 Mesa Brook
 City Schertz State TX Zip Code 78154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S.Consolidated Health Exchange Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91532
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

C. Suzetta E. Alberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 26555t Evergreen Drive Ste 535
 City Southfield State MI Zip Code 48076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91635
 Amount of Each Receipt this Period **84.00**
 Payroll Deduction
 (\$84.00 Monthly)

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

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

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

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

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

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1314.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92047

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

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

Mailing Address P.O. Box 3248

City Omaha State NE Zip Code 68180

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91621

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address PO Box 628

City Naples State FL Zip Code 34106

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

Name of Employer Anders Insurance Agency Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92078

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 172.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Melinda S. Anderson-Wallis
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 N 36th Street
 City Lafayette State IN Zip Code 47905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Solutions of IN, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91999
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Carolyn Marie Andress
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 Highway 138
 City Wall State NJ Zip Code 07719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fotek Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92001
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Joanna Antongiovanni
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 795008
 City San Antonio State TX Zip Code 78279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91374
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

A. Catherine M. Antonie
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 510925 2725 S. Moorland
 City New Berlin State WI Zip Code 53151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Planned Futures LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91792
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. Steve Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Newpointe Drive
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91764
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Thomas F. Ashby
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 70
 City Zirconia State NC Zip Code 28790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Healthcare Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92005
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

A. Elizabeth Ashmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashmore & Associates Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91600
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Lynn Atkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 Electric Road, # 406
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92065
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Kimberly L. Auclair
 Full Name (Last, First, Middle Initial)
 Mailing Address 6873 Raccoon Ct
 City Viera State FL Zip Code 32940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pineapple Financial Services, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91728
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Jeffrey Bacot
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 S Gessner Rd. Suite 560
 City Houston State TX Zip Code 77063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Security Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91965
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Catherine A. Bajkowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Health Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91457
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Donald L. Balla
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Grant Building
 City Pittsburgh State PA Zip Code 15219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simpson & McCrady LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92140
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

A. Timothy N. Barhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5222 Double Eagle Drive
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Partners, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92094
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Dawn Barr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 NE 29th St.
 City Ankeny State IA Zip Code 50021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercer Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92048
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. William J. Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 West Campus Road
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91963
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
TOTAL This Period (last page this line number only).....▶

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

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

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

A. Diane L. Barton-Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3856 S. Boulevard, Suite 100
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91524
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. John Baskett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601C Blanding Ave #222
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Baskett Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92206
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. David S. Bauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1027 Tahoe Drive
 City Belmont State CA Zip Code 94002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bauer Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91689
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

A. Chris J. Beach
 Full Name (Last, First, Middle Initial)
 Mailing Address 4905 Dickens Road Suite 200
 City Richmond State VA Zip Code 23230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TB&R Insurance, A Dawson Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92098
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Darrald T. Bean
 Full Name (Last, First, Middle Initial)
 Mailing Address 3922 Rampart ST
 City Boise State ID Zip Code 83704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bean Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91718
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Debra Beaucoudray
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 Superior Dr. Suite A-1
 City Baton Rouge State LA Zip Code 70816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaucoudray Medica Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92096
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Annette Bechtold
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Galleria Pkwy, #300
 City Atlanta State GA Zip Code 30339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Digital Insurance, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91711
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Ann C. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2171 So. Pebblecreek Lane
 City Boise State ID Zip Code 83706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91482
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Marie D. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 4th Ave S. #1500
 City Minneapolis State MN Zip Code 55415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeRuyter-Bell, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91394
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

Full Name (Last, First, Middle Initial) A. Chris Bender			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91961
Mailing Address 516 Gibson Drive, Suite 240			Amount of Each Receipt this Period 2014 10.00
City Placer	State CA	Zip Code 95678	Payroll Deduction (\$10.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 245.00	
Name of Employer Warren G. Bender Co.	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bruce D. Benton			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91611
Mailing Address 17200 Ventura Blvd Suite 312			Amount of Each Receipt this Period 2014 170.00
City Encino	State CA	Zip Code 91316	Payroll Deduction (\$170.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1530.00	
Name of Employer Genesis Financial & Insurance Services	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stephanie Berger			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92269
Mailing Address 79 Daily Dr. #276			Amount of Each Receipt this Period 2014 30.00
City Camarillo	State CA	Zip Code 93010	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer HLS Insurance Services	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Lori Bergsma

Mailing Address 643 Canyon Drive

City Twin Falls State ID Zip Code 83301

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

Name of Employer: Balanced Rock Insurance Agency, Inc. Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **09 / 23 / 2014**

Transaction ID : 16438-P91756

Amount of Each Receipt this Period: **30.00**

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

Full Name (Last, First, Middle Initial)
B. Christian Bergstrom

Mailing Address 300 1st Avenue South,#500

City Saint Petersburg State FL Zip Code 33701

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

Name of Employer: Wallace Welch & Willingham, Inc. Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **534.00**

Date of Receipt: **09 / 23 / 2014**

Transaction ID : 16438-P92218

Amount of Each Receipt this Period: **63.00**

Payroll Deduction: **(\$63.00 Monthly)**

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

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer: Neace Lukens Holding Company, Inc. Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt: **09 / 23 / 2014**

Transaction ID : 16437-P91385

Amount of Each Receipt this Period: **85.00**

Payroll Deduction: **(\$85.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **178.00**

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

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

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

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

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

Mailing Address 5121 69th St., A9A

City Lubbock State TX Zip Code 79424

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

Name of Employer Berry Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91461

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

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

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92036

Amount of Each Receipt this Period
250.00

Payroll Deduction
 (\$250.00 Monthly)

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

Mailing Address 11 Summer Street, Suite 6

City Chelmsford State MA Zip Code 01824

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

Name of Employer New England Medical Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92055

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Spencer Biegel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Trapline Drive
 City Anchorage State AK Zip Code 99516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaskan Benefit Insurance Consultants Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91827
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Robert J Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Springs Rd., Suite 108
 City Las Vegas State NV Zip Code 89119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1150.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91928
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

C. Bradford H. Blain
 Full Name (Last, First, Middle Initial)
 Mailing Address Al Torstrick Insurance Agency, In
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Al Torstrick Insurance Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91913
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address PO Box 11310

City State Zip Code
Chattanooga TN 37401

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

Name of Employer Occupation
Russ Blakely & Associates, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16438-P91703

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 1939 Racimo Dr

City State Zip Code
Sarasota FL 34240

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

Name of Employer Occupation
Employee Benefits Marketing Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16437-P91615

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address P O Box 1809

City State Zip Code
Candler NC 28715

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

Name of Employer Occupation
Insurance Specialties, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16437-P91525

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Michele B. Bloom			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91631
Mailing Address 4507 N Front Street			Amount of Each Receipt this Period 30.42
City Harrisburg	State PA	Zip Code 17110	Payroll Deduction (\$30.42 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 273.78	
Name of Employer Emerson, Reid & Co	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel J. Boaz			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92126
Mailing Address 5565 Roberts Drive Suite 100			Amount of Each Receipt this Period 30.00
City Atlanta	State GA	Zip Code 30338	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer HealthLife Group, LLC	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Christine M. Bogott			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91926
Mailing Address 125 Grand Avenue, Unit B			Amount of Each Receipt this Period 30.00
City Grand Junction	State CO	Zip Code 81501	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer MHIB Group	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	90.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tonya S. Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Gateway Blvd. Suite 200
 City Richardson State TX Zip Code 75080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upshaw Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92145
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. James C. Bosier
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Main Street
 City Cedar Falls State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Accel Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91967
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Victoria J. Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 11555 Medlock Bridge Rd
 City Johns Creek State GA Zip Code 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Braden Benefit Strategies, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91589
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 365.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Jodie E. Braner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3348 Peachtree Road, NE Tower 200
 City Atlanta State GA Zip Code 30326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hays Companies of Georgia Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92152
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

B. William J. Brannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group US, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92178
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Emily Black Bremer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bremer Conley LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92309
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 97.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sydney K. Briley
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 E. Van Buren St.
 City Broken Arrow State OK Zip Code 74011
 Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91714
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Jennifer Brittain
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361
 Name of Employer Brown & Brown, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91846
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Eleanor M. Brockhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 East Osborn Road, Suite 110
 City Phoenix State AZ Zip Code 85014
 Name of Employer Brockhurst & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91870
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Belinda Brooks
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 460
City Luckey State OH Zip Code 43443
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91368
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Madeleine Brown
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1490,
City Jackson State MS Zip Code 39215
FEC ID number of contributing federal political committee. **C**
Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91733
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. Keith Brownrigg
Full Name (Last, First, Middle Initial)
Mailing Address 8156 E South Wadworth Blvd Ste 328
City Littleton State CO Zip Code 80128
FEC ID number of contributing federal political committee. **C**
Name of Employer The Benefit Team, LLC Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **366.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92246
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **157.00**
TOTAL This Period (last page this line number only).....

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

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

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

Full Name (Last, First, Middle Initial) A. Anthony C Buechler		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91691
Mailing Address 1203 Colonial Circle		Amount of Each Receipt this Period 30.00
City Papillion	State NE	Zip Code 68046
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Buechler Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Ronald S. Buffum		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91875
Mailing Address 106 South Harris Street # 237		Amount of Each Receipt this Period 42.00
City Round Rock	State TX	Zip Code 78664
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer The Buffum Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

Full Name (Last, First, Middle Initial) C. Scott T. Buie		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91536
Mailing Address 6440 South Wasatch Blvd., #150		Amount of Each Receipt this Period 50.00
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer Buie Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

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

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

A. Jennifer Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91535
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Patrick Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burns Employee Benefits Insurance Ser Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91730
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Joseph W. Buyalos
 Full Name (Last, First, Middle Initial)
 Mailing Address 9713 Key West Ave, Suite 401
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Insurance Exchange, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91737
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 214 East Lakewood Road

City West Palm Beach State FL Zip Code 33405

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

Name of Employer Palm Beach Insurance Advisory Group, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92173

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address P O Box 8950

City Madison State WI Zip Code 53708

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

Name of Employer M3 Insurance, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91558

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25.00 Monthly)

C. William V. Cable
Full Name (Last, First, Middle Initial)

Mailing Address 1770 Independence Court

City Vestavia State AL Zip Code 35216

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

Name of Employer Alternative Insurance Resources, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92225

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91512
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Liberty Ridge Drive, Suite 3
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radnor Benefits Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91950
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

c. Loretta L. Camp
 Full Name (Last, First, Middle Initial)
 Mailing Address 10101 Reunion Place, Ste 300
 City San Antonio State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Davidson Camp Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92088
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91825

Amount of Each Receipt this Period
15.00

Payroll Deduction
(\$15.00 Monthly)

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91938

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92255

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	142.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lorelei G. Castellani		Date of Receipt
Mailing Address PO Box 905		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Branchville	NJ	07826
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16438-P92234
Name of Employer	Occupation	Amount of Each Receipt this Period
Benefit Guidance Systems	Broker	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	(\$25.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Russell B. Childers		Date of Receipt
Mailing Address PO Box 1547		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Americus	GA	31709
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16438-P91793
Name of Employer	Occupation	Amount of Each Receipt this Period
Russ Childers, CLU	Broker	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="980.00"/>	(\$90.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shelley A Chornak		Date of Receipt
Mailing Address 7251 Engle Rd. Suite 103		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Middleburg Hts	OH	44130
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 16438-P91958
Name of Employer	Occupation	Amount of Each Receipt this Period
Sage Partners, LLC	Broker	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="157.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. H Elizabeth Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 B Mercedes Street
 City Benbrook State TX Zip Code 76126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Copeland Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92274
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City Salt Lake City State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fringe Benefit Analysts Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91861
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Robert S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 7548 Preston Road
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clark Insurance Associates, PLLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91413
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

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

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

A. Natalie Dawn Clawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 W Pinnacle Peak Rd #380
 City Phoenix State AZ Zip Code 85026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aflac Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **615.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91991
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. Rita H. Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H&H Insurance Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91937
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction
 (\$42.00 Monthly)

C. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City Franklin State NC Zip Code 28734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayah Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92104
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 19 Minor Court

City San Rafael State CA Zip Code 94903

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

Name of Employer The Word and Brown Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91935

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address P.O. Box 6677

City Fullerton State CA Zip Code 92834

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

Name of Employer Advanced Benefit Consulting & Insuran Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92016

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 21515 Vanowen St Ste 200

City Canoga Park State CA Zip Code 91303

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

Name of Employer RGE B Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92311

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **145.00**

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

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

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

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

Full Name (Last, First, Middle Initial) A. Maggie Coley		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91404
Mailing Address 29 Olde Gate Court		Amount of Each Receipt this Period 42.00
City Pooler	State GA	Zip Code 31322
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Coley Benefit Services, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) B. Kevin M. Conley		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91832
Mailing Address 8000 Bonhomme Ave Suite 213		Amount of Each Receipt this Period 42.00
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Bremer Conley LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) C. Teresa Conto		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91659
Mailing Address 15800 Crabbs Branch Way #350		Amount of Each Receipt this Period 170.00
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer Independent Benefit Services LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional).....▶	254.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 109 Professional Park Dr Ste 103

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
Lake Norman Benefits, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92037

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 6428 Wilcot Ct.

City State Zip Code
Johnston IA 50131

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

Name of Employer Occupation
Mercer Voluntary Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91375

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd., Suite 400

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
Health Alliance Administrators Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
805.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91914

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bob Copeland
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Larkspur Landing Circle, Suit
 City Larkspur State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Copeland Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91794
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Steven G. Cosby
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 South 3rd Street Ste 220
 City Warrenton State VA Zip Code 20187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cosby Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91738
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. John B. Crable
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Dearborn Cir. Ste 100
 City Mount Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Synergies Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91736
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

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

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

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

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

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

Mailing Address 588 3 Mile Road NW Suite 101

City	State	Zip Code
Grand Rapids	MI	49544

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

Name of Employer	Occupation
Grotenhuis	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91388

Amount of Each Receipt this Period

600.00

Payroll Deduction
 (\$50.00 Monthly)

B. Reed Damron
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway, Suite 250

City	State	Zip Code
Norcross	GA	30093

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

Name of Employer	Occupation
HIRE Benefits, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91735

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Melissa Davies
Full Name (Last, First, Middle Initial)

Mailing Address 730 Sandhill Rd STE 310

City	State	Zip Code
Reno	NV	89521

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

Name of Employer	Occupation
Clark and Associates	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92156

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kelly Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 Alt 19
 City State Zip Code
 Palm Harbor FL 34683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alltrust Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92160
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Johnny Dawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 921-C S. McPherson Church Road
 City State Zip Code
 Fayetteville NC 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91777
 Amount of Each Receipt this Period
 120.00
 Payroll Deduction
 (\$120.00 Monthly)

C. Johnnie O. Debler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 E. Laurel St.
 City State Zip Code
 Rockport TX 78382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GSM Insurors Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92079
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Teresa F. DeBruin
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway Suite 230

City Norcross	State GA	Zip Code 30093
------------------	-------------	-------------------

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

Name of Employer DeBruin Benefit Services, Inc./ The L	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
553.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91842

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 9900 Covington Cross Dr #210

City Las Vegas	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91789

Amount of Each Receipt this Period
31.00

Payroll Deduction
(\$31.00 Monthly)

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

Mailing Address 475 Fallbrook Blvd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91442

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	103.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Al DeRuyter		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91554
Mailing Address 10201 Wayzata Blvd., Ste 135		Amount of Each Receipt this Period 30.00
City Hopkins	State MN	Zip Code 55305
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer DeRuyter Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Russell R. Dixon		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92008
Mailing Address PO Box 27		Amount of Each Receipt this Period 27.00
City Wheaton	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$27.00 Monthly)	
Name of Employer Colonial Life	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

Full Name (Last, First, Middle Initial) C. Claudia S. Dodge		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91816
Mailing Address 2108 W Laburnum Ave., # 300		Amount of Each Receipt this Period 30.00
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	87.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Cynthia H. Doucet
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Mondrian Way
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Financial Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91596
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Joseph F. Dowd
 Full Name (Last, First, Middle Initial)
 Mailing Address 10000 Midlantic Dr. #301 West
 City Mt. Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kistler Tiffany Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92027
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Betty R. Doyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 SE 3rd, Suite A
 City Moore State OK Zip Code 73160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doyle-Crow & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91432
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

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

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

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

Mailing Address 4520 S National

City Springfield State MO Zip Code 65810

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

Name of Employer Coventry Health Care Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92125

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

B. George V. Duczak
Full Name (Last, First, Middle Initial)

Mailing Address 5407 Trillium Blvd., Suite 250

City Hoffman Estates State IL Zip Code 60192-

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

Name of Employer American Worker Plans, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : 16405

Amount of Each Receipt this Period
1000.00

C. Keith M. Duhon
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 80158

City Lafayette State LA Zip Code 70598

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

Name of Employer The Family Insurance Center, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91370

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **1072.00**

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

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

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

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

Full Name (Last, First, Middle Initial) A. Tina Durand			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91649
Mailing Address P.O.Box 61157			Amount of Each Receipt this Period 42.00
City Corpus Christi	State TX	Zip Code 78466	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 378.00	
Name of Employer Heaven & Associates Insurance	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Eugene Denny Ebersole			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91702
Mailing Address 840 Tchoupitoulas St., Unit 212			Amount of Each Receipt this Period 85.00
City New Orleans	State LA	Zip Code 70130	Payroll Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 765.00	
Name of Employer LouisianaBenefits.com	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David H. Eblen			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91840
Mailing Address 112 South Liberty, # 221			Amount of Each Receipt this Period 30.00
City Jackson	State TN	Zip Code 38301	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer The Eblen Agency/A Divison of IPSEO	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Jeanne A. Embry
Full Name (Last, First, Middle Initial)

Mailing Address 26240 Wacker Drive

City Chesterfield Twp. State MI Zip Code 48051

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

Name of Employer Comprehensive Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91996

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 26555 Evergreen Road Suite 535

City Southfield State MI Zip Code 48076

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

Name of Employer Comprehensive Benefits, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1655.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91956

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

C. Mike Emidy
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2021

City Ridgeland State MS Zip Code 39158

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

Name of Employer Colonial Life Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91441

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial)
A. Gregory Engle

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92259

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

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

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310

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

Name of Employer Financial Arts Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92304

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Nicole Fairbairn Wonnell

Mailing Address 8069 Little Circle Road

City Noblesville State IN Zip Code 46060

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

Name of Employer Creative Insurance Concepts Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92300

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **97.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dominick Fanuele		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92270
Mailing Address 214 Little Falls Rd., 2nd Floor		Amount of Each Receipt this Period 30.00
City Fairfield	State NJ	Zip Code 07004
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Fanuele Financial Group LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Jennifer Liane Farrell		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92099
Mailing Address 3800 North Central Avenue 9th Flo		Amount of Each Receipt this Period 40.00
City Phoenix	State AZ	Zip Code 85012
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$40.00 Monthly)
Name of Employer Black Gould & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Sam Fiorentino		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91945
Mailing Address 1931 Georgetown Rd., Suite 212		Amount of Each Receipt this Period 42.00
City Hudson	State OH	Zip Code 44236
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Sam Fiorentino & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 131-6 Courtland Avenue

City State Zip Code
Stamford CT 06902

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

Name of Employer Occupation
Find Medicare Plans Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16438-P91874

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Robert Mark Fitzgerald
Full Name (Last, First, Middle Initial)

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066

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

Name of Employer Occupation
Robert Fitzgerald Insurance Agency, I Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16438-P92154

Amount of Each Receipt this Period
63.00

Payroll Deduction
(\$63.00 Monthly)

C. Albert Fogle
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City State Zip Code
Anchorage AK 99503

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

Name of Employer Occupation
Northrim Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16438-P91836

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	193.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 1804 Juan Tabo NE, Ste A

City Albuquerque State NM Zip Code 87112-

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

Name of Employer Occupation
Benefit Source Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 05 / 2014
Transaction ID : 16362

Amount of Each Receipt this Period
500.00

B. Jeffrey M. Ford
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 515

City Cloverdale State VA Zip Code 24077

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

Name of Employer Occupation
JM Ford and Associates, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92271

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. H. Larry Fortenberry
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16566

City Jackson State MS Zip Code 39236

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

Name of Employer Occupation
Executive Planning Group, P.A. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91381

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 584.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Wesley Foster		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92314
Mailing Address 411 Copper Circle		Amount of Each Receipt this Period 30.00
City Argyle	State TX	Zip Code 76226
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer BenefitMall TX	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Patrick J. Freeman		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92060
Mailing Address 625 Oak Street		Amount of Each Receipt this Period 30.00
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Freeman Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91610
Mailing Address 4435 O Street		Amount of Each Receipt this Period 50.00
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer UNICO Financial Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelly Fristoe
Full Name (Last, First, Middle Initial)

Mailing Address 807 8th Street, Suite 300

City State Zip Code
Wichita Falls TX 76301-

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

Name of Employer Occupation
Financial Partners Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 16447

Amount of Each Receipt this Period
635.00

B. Kelly Don Fristoe
Full Name (Last, First, Middle Initial)

Mailing Address 807 8th Street, Suite 300

City State Zip Code
Wichita Falls TX 76301

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

Name of Employer Occupation
Financial Partners Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014
Transaction ID : 16437-P91380

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Bruce Frizen
Full Name (Last, First, Middle Initial)

Mailing Address 8058 Corporate Center Dr. Suite 2

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
L.E. Goodgame & Associates Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014
Transaction ID : 16438-P92207

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	710.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial)
A. Tyson Fuehrer

Mailing Address 412 Jefferson Parkway Suite 202

City Lake Oswego	State OR	Zip Code 97035
---------------------	-------------	-------------------

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

Name of Employer Polestar Benefits, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91680

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kenneth Furr

Mailing Address 2786 Danbury Ct

City Reno	State NV	Zip Code 89523
--------------	-------------	-------------------

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

Name of Employer Menath Insurance Agency	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91746

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joan A. Fusco

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park	State NJ	Zip Code 07932
----------------------	-------------	-------------------

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

Name of Employer Savoy Associates	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92049

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

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

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

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

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

A. Joan L. Galletta
Full Name (Last, First, Middle Initial)

Mailing Address 3342 Kori Road

City Jacksonville State FL Zip Code 32257

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

Name of Employer JP Perry Insurance, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92034

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Hollie Gandy
Full Name (Last, First, Middle Initial)

Mailing Address 2920 Duniven Circle, #2

City Amarillo State TX Zip Code 79109

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

Name of Employer Senior Solutions Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91396

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

C. James S. Garbina
Full Name (Last, First, Middle Initial)

Mailing Address 14010 FNB Pkwy Ste 300

City Omaha State NE Zip Code 68154

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

Name of Employer The Harry A. Koch Co Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91376

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

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

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

A. Joy K. Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9424 Double R Blvd
 City Reno State NV Zip Code 89521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **535.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91496
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction **(\$40.00 Monthly)**

B. G. Russell Garner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Murraywood Drive
 City Columbia State SC Zip Code 29212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91977
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

c. Charles T. Gartlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Tarworth Terrace
 City Manchester State NJ Zip Code 08759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson, Reid & Co. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91968
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction **(\$100.00 Monthly)**

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

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

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

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

A. John P. Garven
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 8 11715 East Main Stre
 City State Zip Code
 Huntley IL 60142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benico, LTD Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91778
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Michele Gasparre
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Business Park Drive Suite 306
 City State Zip Code
 Armonk NY 10504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Meridian Benefits Consulting Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P92228
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Jeffrey Wm. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City State Zip Code
 Glendale AZ 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capitol Insurance Brokers, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 652.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91944
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 169.00
TOTAL This Period (last page this line number only).....▶

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

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

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

A. Charles J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetLife Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91526
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **810.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91823
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

C. Jason Gootee
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 W. 5th Avenue Suite 510
 City Anchorage State AK Zip Code 99501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moda Health Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91810
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **160.00**
TOTAL This Period (last page this line number only).....

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

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

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

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

Mailing Address 1813 Sweetbay Dr Ste 10

City Salisbury State MD Zip Code 21804

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

Name of Employer WorkforceTactix, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92072

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Beverly Gossage
Full Name (Last, First, Middle Initial)

Mailing Address 9325 Evening Star Terr

City Eudora State KS Zip Code 66025

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

Name of Employer HSA Benefits Consulting Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **842.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92258

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

c. Arthur Granado
Full Name (Last, First, Middle Initial)

Mailing Address 418 Peoples, # 505

City Corpus Christi State TX Zip Code 78401

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

Name of Employer The Granado Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91434

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **157.00**

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

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

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

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

A. Colleen J. Gransee
Full Name (Last, First, Middle Initial)
Mailing Address 1277 Deming Way
City Madison State WI Zip Code 53717
FEC ID number of contributing federal political committee. **C**
Name of Employer Dean Health Plan Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91390
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Michael D. Gray
Full Name (Last, First, Middle Initial)
Mailing Address 233 South 13th Street, Suite 1650
City Lincoln State NE Zip Code 68508
FEC ID number of contributing federal political committee. **C**
Name of Employer The Harry A. Koch Co Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91537
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. J. J. Green
Full Name (Last, First, Middle Initial)
Mailing Address 1219 W. 2nd St.
City Grand Island State NE Zip Code 68801
FEC ID number of contributing federal political committee. **C**
Name of Employer Primark, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92080
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **145.00**
TOTAL This Period (last page this line number only).....

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

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

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

A. Korina Kay Gregg
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 E Paseo Santa Teresa
 City Tucson State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HR Executive Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 277.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91862
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Don R. Griffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 56294 Prim Rose Circle
 City Elkhart State IN Zip Code 46516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hailey-Campbell, Inc Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91879
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Patricia A. Griffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 53800 Generations Drive
 City South Bend State IN Zip Code 46635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Healy Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91902
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction
 (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	172.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Robert A. Grundman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7412 Karl Drive Test
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Benefit Strategies Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91400
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

B. Craig Gussin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4330 La Jolla Village Dr.,# 330
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **885.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91876
 Amount of Each Receipt this Period **105.00**
 Payroll Deduction (\$105.00 Monthly)

C. Antonio Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 Riverdance Dr.
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JBA Benefits LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92069
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Teresa Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JBA Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **915.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91860
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

B. David R. Gwin
 Full Name (Last, First, Middle Initial)
 Mailing Address I-20 At Alpine Rd. AV-100
 City Columbia State SC Zip Code 29219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BlueCross BlueShield of SC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91414
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction **(\$42.00 Monthly)**

C. Dwight Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D Hall & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92023
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 802 Kosciusko Road P.O. Box 89

City Philadelphia State MS Zip Code 39350

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

Name of Employer Philadelphia Security Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91472

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 205 E. Warm Spring Rd, Suite 108

City Las Vegas State NV Zip Code 89119

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

Name of Employer National Healthcare Access Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91831

Amount of Each Receipt this Period 30.42

Payroll Deduction (\$30.42 Monthly)

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

Mailing Address 4200 East Skelly Drive Suite 320

City Tulsa State OK Zip Code 74135

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

Name of Employer Guardian Life Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91694

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.42

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

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

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

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

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

Mailing Address PO Box 5716

City Boise State ID Zip Code 83705

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

Name of Employer Insurance Network America Inc Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92029

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

B. Chris Hartmann
Full Name (Last, First, Middle Initial)

Mailing Address 1212 New York Ave, Suite 1100

City Washington State DC Zip Code 20005-

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

Name of Employer NAHU Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 16341

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2207 Springfield Avenue

City Fort Wayne State IN Zip Code 46805

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92003

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 1090.00

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

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

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

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

A. Leesa Kay Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 812 Lyndon Lane Suite 101

City Louisville	State KY	Zip Code 40222
--------------------	-------------	-------------------

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

Name of Employer Snowden & Associates, Inc.	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91499

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Tom Hayes
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 3198

City Little Rock	State AR	Zip Code 72203
---------------------	-------------	-------------------

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

Name of Employer Rebsamen Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92200

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Hedy S. Hebert
Full Name (Last, First, Middle Initial)
Mailing Address 550 Boardwalk Blvd.

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

Name of Employer Benefit Consulting Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91868

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Laura L. Hebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 Graham Road PO BOX 18508
 City State Zip Code
 Corpus Christi TX 78418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hebert Insurance Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 306.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91788
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Debbie R. Hediger
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N Tampa St Suite 2200
 City State Zip Code
 Tampa FL 33600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lykes Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16437-P91492
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Karen E. Heller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Champions
 City State Zip Code
 Lufkin TX 75901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Friesen-Strain Insurance Associates, Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16437-P91518
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 2940 Camino Diablo # 205

City Walnut Creek State CA Zip Code 94597

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

Name of Employer John Helms Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91818

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012

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

Name of Employer Business Planning Group Of OK Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91545

Amount of Each Receipt this Period **50.00**

Payroll Deduction
(\$50.00 Monthly)

C. Thomas L. Henry
Full Name (Last, First, Middle Initial)

Mailing Address 19310 Sonoma Highway, #A

City Sonoma State CA Zip Code 95476

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91786

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

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

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

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

Full Name (Last, First, Middle Initial)
A. William Hepscher

Mailing Address 38176 Medical Center Avenue

City Zephyrhills State FL Zip Code 33540

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

Name of Employer The Canadian Drugstore Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92244

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Timothy K. Hicks

Mailing Address 7305 Hancock Village Dr. #333

City Chesterfield State VA Zip Code 23832

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91980

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2905 Premiere Parkway Suite 285

City Duluth State GA Zip Code 30097

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

Name of Employer E2E Benefit Services Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92086

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 211 McLaws Circle, Ste2

City Williamsburg State VA Zip Code 23185

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

Name of Employer Occupation
Hinck Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92219

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 8401 Widmer Rd

City Lenexa State KS Zip Code 66215-5416

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

Name of Employer Occupation
Jim Hissong Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91333

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 2300 S. 16th Street

City Lincoln State NE Zip Code 68502

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

Name of Employer Occupation
Bryan Medical Center Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91609

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00

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

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

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

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

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

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531

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

Name of Employer Centralia General Agencies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91470

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 2800 Veterans Memorial Blvd, Suit

City Metairie State LA Zip Code 70002

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

Name of Employer Hollis Companies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P91951

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

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

Mailing Address 30 Lumpkin St, Suite D

City Lawrenceville State GA Zip Code 30046

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

Name of Employer Multiple Benefits Corporation Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P91813

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kymberly J. Hopwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Water Street, 7th Floor
 City Oakland State CA Zip Code 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dealey, Renton & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92191
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Michelle S. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2850 West Grand Boulevard
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 683.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91768
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. David L Hunt
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4824
 City Jackson State MS Zip Code 39296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunt Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91371
 Amount of Each Receipt this Period 35.00
 Payroll Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	205.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Karen K. Irwin
Full Name (Last, First, Middle Initial)

Mailing Address 3912 Sunforest Ct

City Toledo State OH Zip Code 43623

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **306.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92167

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

B. Blake Izatt
Full Name (Last, First, Middle Initial)

Mailing Address 46 West 200 South

City Bountiful State UT Zip Code 84010

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

Name of Employer RBI Benefits Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91895

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Jerry D. Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 5113 N. Executive Drive Suite 102

City Peoria State IL Zip Code 61614

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

Name of Employer Jackson Financial Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91725

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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

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

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

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

A. Paul H. Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 311 Plantation Chase
City Sea Island State GA Zip Code 31561
FEC ID number of contributing federal political committee. **C**
Name of Employer Paul Jackson Ins. & Investments, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92046
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Leah-Anne Janway
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20626
City Oklahoma City State OK Zip Code 73156
FEC ID number of contributing federal political committee. **C**
Name of Employer Bigbie, Hensley & Janway Insurance Ag Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91602
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Deborah Jeffs
Full Name (Last, First, Middle Initial)
Mailing Address 3419 Via Lido #306
City Newport Beach State CA Zip Code 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Progressive Benefit Managers Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92053
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

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

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

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

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

A. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Su
 City Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92252
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. David S. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 Baron Court
 City Stone Mountain State GA Zip Code 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2425.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92077
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

C. Sandra Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 Network Blvd, # 403
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hairston, Johnson & Associates, PLLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91949
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 365.00
TOTAL This Period (last page this line number only).....▶

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

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

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

A. Suzanne K. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5955 Carnegie Blvd Suite 150
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Advisors of the Caro Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92039
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Alan L. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Pump Road, #144
 City Richmond State VA Zip Code 23233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TPA Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92118
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Lawrence Kaczmarek
 Full Name (Last, First, Middle Initial)
 Mailing Address 2633 State Route 59, Suite B
 City Ravenna State OH Zip Code 44266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaczmarek Ins. Services Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **279.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91429
 Amount of Each Receipt this Period **31.00**
 Payroll Deduction (\$31.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	103.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. T. Darlene Kaczmarek		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91618
Mailing Address P O Box 345		Amount of Each Receipt this Period 31.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C	Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00	Payroll Deduction (\$31.00 Monthly)

Full Name (Last, First, Middle Initial) B. Ashley Wynkoop Kapostins		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91947
Mailing Address 255 Primera Blvd, Suite 264		Amount of Each Receipt this Period 42.00
City Lake Mary	State FL	Zip Code 32746
FEC ID number of contributing federal political committee. C	Name of Employer CIGNA	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) C. Kristine M. Kassel		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91549
Mailing Address 8631 S Priest Drive #101		Amount of Each Receipt this Period 42.00
City Tempe	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. C	Name of Employer Benefits By Design, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 743.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jon Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Northpoint Glen Ct.
 City Herndon State VA Zip Code 20170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Medical Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91696
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. George R. Keeling
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Drawer K-1630 507 Avenue G
 City Levelland State TX Zip Code 79336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George R. Keeling Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91503
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Dianne M. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7320 N La Cholla Blvd. Suite 154-
 City Tucson State AZ Zip Code 85741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sandbrook Benefits Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91655
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Roger J. Kelley

Mailing Address 424 Lewis Hargett Circle Ste 100

City	State	Zip Code
Lexington	KY	40503

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

Name of Employer	Occupation
Epic Insurance Solutions	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92240

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jean Marie Kelly

Mailing Address 11 N. Starcrest Drive

City	State	Zip Code
Clearwater	FL	33765

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

Name of Employer	Occupation
Bouchard Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91820

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dierdre Kennedy-Simington

Mailing Address 17200 Ventura Blvd., Suite 312

City	State	Zip Code
Encino	CA	91316

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

Name of Employer	Occupation
Genesis Financial & Insurance Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92221

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roy W. Kern
Full Name (Last, First, Middle Initial)

Mailing Address 3015 South Fort Avenue, Suite B

City Springfield State MO Zip Code 65807

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

Name of Employer Kern Insurance Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91901

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

B. Carolyn J. King
Full Name (Last, First, Middle Initial)

Mailing Address 6 Country Lane

City Sussex State NJ Zip Code 07461

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

Name of Employer New England Financial Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91830

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Randy H. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Reserve Commons Dr

City Medina State OH Zip Code 44256

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

Name of Employer DS Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91698

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Lonnie Klene
Full Name (Last, First, Middle Initial)

Mailing Address 14339 Torrey Chase Blvd., Ste F

City Houston	State TX	Zip Code 77014
-----------------	-------------	-------------------

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

Name of Employer Core Benefits	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92074

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. T. Brian Knauer
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 340718

City Tampa	State FL	Zip Code 33694
---------------	-------------	-------------------

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

Name of Employer Florida Insurance Brokers, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92050

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Valerie S. Koch
Full Name (Last, First, Middle Initial)

Mailing Address 2429 North Avenue

City Bridgeport	State CT	Zip Code 06604
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92092

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda Rose Koehler			Date of Receipt
Mailing Address 235 Main Street			<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 16437-P91657
Pleasanton	CA	94566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction	
Herzog Insurance Agency	Broker		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="765.00"/>	(\$85.00 Monthly)	
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Eric Kohlsdorf			Date of Receipt
Mailing Address 1501 Ingersoll Ave Suite 200			<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 16438-P91883
Des Moines	IA	50309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction	
Prisma Strategies	Broker		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="975.00"/>	(\$50.00 Monthly)	
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mark Kolterman			Date of Receipt
Mailing Address P O Box 426 341 North 6th Street			<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 16438-P91787
Seward	NE	68434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation	Payroll Deduction	
Kolterman Agency, Inc.	Broker		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>	(\$35.00 Monthly)	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Suzanne Kolterman

Mailing Address 341 N. 6th Street PO Box 426

City Seward	State NE	Zip Code 68434
----------------	-------------	-------------------

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

Name of Employer Kolterman Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91539

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Ross W. Kraft

Mailing Address PO Box 231

City Rome	State NY	Zip Code 13442
--------------	-------------	-------------------

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

Name of Employer Brown & Brown, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92242

Amount of Each Receipt this Period
30.42

Payroll Deduction
(\$30.42 Monthly)

Full Name (Last, First, Middle Initial)
C. Mary B. Kramer

Mailing Address 2637 S. 158th Plaza #200

City Omaha	State NE	Zip Code 68116
---------------	-------------	-------------------

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

Name of Employer Holmes Murphy & Associates	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91603

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	122.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel C. LaBroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 17304 Preston Road Suite 800
 City Dallas State TX Zip Code 75252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ovation Health & Life Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92121
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Andrew M. LaRocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 5880 Live Oak Parkway, # 230
 City Norcross State GA Zip Code 30093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The LaRocco Companies Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91743
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40.00 Monthly)

C. Jim Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address 989 Governors Ln Ste 350
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Advisors Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91993
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **167.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Scott A. Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 12988 W. Paint Dr.
 City Boise State ID Zip Code 83713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Leavitt Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92033
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Spencer A. Lehmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 E. Tahquitz Cnyn Wy. Suite 4
 City Palm Springs State CA Zip Code 92262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehmann/Wood & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **405.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92105
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Emma Stacey Leigh
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 TownPark Lane NW Suite LL-1000
 City Kennesaw State GA Zip Code 30144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliant Health Plans, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91720
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **165.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lyle D. Leleux
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 107 108 E. Texas Ave.

City	State	Zip Code
Rayne	LA	70578

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

Name of Employer	Occupation
Health Insurance Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91970

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Karen B. Leonard
Full Name (Last, First, Middle Initial)

Mailing Address 435 Washington Street PO Box 50

City	State	Zip Code
Hackettstown	NJ	07840

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

Name of Employer	Occupation
Leonard Financial Group, LLC	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92210

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Robert Lindsay
Full Name (Last, First, Middle Initial)

Mailing Address 220 Emerson Place

City	State	Zip Code
Davenport	IA	52801

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

Name of Employer	Occupation
Gallagher Benefit Services, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92130

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Betty J. Lindstrom		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91857
Mailing Address PO Box 4026		Amount of Each Receipt this Period 30.00
City Felton	State CA	Zip Code 95018
FEC ID number of contributing federal political committee. C	Name of Employer Lindstrom Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Juan R. Lopez		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91751
Mailing Address 1851 E. First, #1100		Amount of Each Receipt this Period 85.00
City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C	Name of Employer Kaiser Permanente	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Douglas Lubenow		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92295
Mailing Address 214 West Main Street Suite 203		Amount of Each Receipt this Period 42.00
City Moorestown	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. C	Name of Employer Lubenow Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Victoria A. Major-Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3602 Harwich Ct
 City Greenacres State FL Zip Code 33467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VMB Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91567
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Benji Marrs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Rd
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91936
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Kimberly C. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1027 S Pendleton Street Suite B-2
 City Easley State SC Zip Code 29642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ebenconcepts Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91590
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Phyllis Martinsen

Mailing Address 1108 West Boise Avenue, Suite 100

City Boise	State ID	Zip Code 83706
---------------	-------------	-------------------

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

Name of Employer Byron Hyatt Erstad & Co	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92115

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Donald L. Mathern

Mailing Address 7650 Cherrywood Drive

City Boise	State ID	Zip Code 83704
---------------	-------------	-------------------

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

Name of Employer Insurance Specialists	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91765

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Carol Matznick

Mailing Address PO Box 38905

City Greensboro	State NC	Zip Code 27438
--------------------	-------------	-------------------

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

Name of Employer North Carolina AHU	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91505

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael E. Matznick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3150 N. Elm Street Suite 201
 City Greensboro State NC Zip Code 27408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EbenConcepts Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92282
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

B. Barbara A. McClaskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara McClaskey Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92012
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. John R. McConnaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRM & Associates Agency, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92002
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 172.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91560
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. H. Luke McDermott
 Full Name (Last, First, Middle Initial)
 Mailing Address 883 West Baxter Drive
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDermott Company & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92196
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

C. Heather Lee McDougall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2852 S. Carriage Lane
 City Mesa State AZ Zip Code 85202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Insurance Solutions Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91646
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dwane C. McFerrin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road Suite 510
 City Omaha State NE Zip Code 68114-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Market Sales, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **565.00**

Date of Receipt **09 / 01 / 2014**
Transaction ID : 16370
 Amount of Each Receipt this Period **50.00**

B. Leslie E. McGerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 6510 Mesaverde Dr
 City Lincoln State NE Zip Code 68510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Les McGerr & Company Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91959
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

C. Frank H. McGill
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Arbor Lake Dr Ste 200
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthPlan of South Carolina Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91753
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Susan Marie McGinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenEx Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91544
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Matthew J. McGrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Maryville Center Drive Suite
 City State Zip Code
 Saint Louis MO 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CBIZ Benefits & Insurance Services, I Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91679
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Victor C. McKnight
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Tunney Place
 City State Zip Code
 Santa Rosa CA 95403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edgewood Partners Insurance Center Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92203
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 401 West Front Street Suite 4

City Traverse City	State MI	Zip Code 49684-
-----------------------	-------------	--------------------

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

Name of Employer Wright & Associates Insurance	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : 16453

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. Kenneth McLaughlin

Mailing Address 1001 Elm Street, Suite 301

City Manchester	State NH	Zip Code 03101
--------------------	-------------	-------------------

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

Name of Employer Granite Group Benefits, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92313

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Andrea McLoy

Mailing Address 5300 Orange Ave., Ste 208

City Cypress	State CA	Zip Code 90630
-----------------	-------------	-------------------

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

Name of Employer Robbins Financial & Insurance Service	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92250

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	345.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Griffin L. Meredith
Full Name (Last, First, Middle Initial)

Mailing Address 550 South 5th Street, Unit 303

City Louisville	State KY	Zip Code 40202-
--------------------	-------------	--------------------

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

Name of Employer The Benefits Firm	Occupation Insurance Broker
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91670

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Jennifer Meyhoff
Full Name (Last, First, Middle Initial)

Mailing Address 1031 W 4th Ave., Ste 400

City Anchorage	State AK	Zip Code 99501
-------------------	-------------	-------------------

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

Name of Employer Marsh & McLennan Agency LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91779

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Patricia Mihalyi-Stiffler
Full Name (Last, First, Middle Initial)

Mailing Address 155 N. Riverview Drive

City Anaheim Hills	State CA	Zip Code 92808
-----------------------	-------------	-------------------

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

Name of Employer Options in Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16437-P91634

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey R. Miles
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Valley Brook Rd.

City Nashville State TN Zip Code 37215

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

Name of Employer The Miles Organization, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92141

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. Dennis F. Mobley
Full Name (Last, First, Middle Initial)

Mailing Address 137 Executive Drive Suite D

City Madison State MS Zip Code 39110

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

Name of Employer Mobley Insurance Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91450

Amount of Each Receipt this Period **50.00**

Payroll Deduction
(\$50.00 Monthly)

C. Sandra V. Mobley
Full Name (Last, First, Middle Initial)

Mailing Address 137 Executive Dr. Suite D

City Madison State MS Zip Code 39110

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

Name of Employer Mobley Insurance Agency LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91507

Amount of Each Receipt this Period **50.00**

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **185.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Douglas F. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Ohio River Blvd
 City Pittsburgh State PA Zip Code 15202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seubert & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92188
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Julia T. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 9208 Clinton Anderson Drive NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. Moore Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92298
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Wesley P. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91502
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Mordo		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91811
Mailing Address 718 River Road		Amount of Each Receipt this Period 718 River Road Fair Haven NJ 07704 35.00
FEC ID number of contributing federal political committee. C	Name of Employer Walsh Benefits	Payroll Deduction (\$35.00 Monthly)
Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Nicholas Moriello		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : 16448
Mailing Address 260 Chapman Road Suite 107		Amount of Each Receipt this Period 260 Chapman Road Suite 107 Newark DE 19702- 635.00
FEC ID number of contributing federal political committee. C	Name of Employer Health Insurance Associates	Payroll Deduction
Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Todd Morrow		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92303
Mailing Address 1173 Brittmore		Amount of Each Receipt this Period 1173 Brittmore Houston TX 77043 42.00
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Concepts, Inc.	Payroll Deduction (\$42.00 Monthly)
Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 378.00		

SUBTOTAL of Receipts This Page (optional).....▶	712.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ray M. Musser
Full Name (Last, First, Middle Initial)

Mailing Address 404 North Second Avenue, Suite E

City Upland	State CA	Zip Code 91786
----------------	-------------	-------------------

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

Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92163

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Rita A. Musser
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Thames Drive

City Fort Wayne	State IN	Zip Code 46815
--------------------	-------------	-------------------

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

Name of Employer Senior Insurance Solutions	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91624

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Amy D. Mutter
Full Name (Last, First, Middle Initial)

Mailing Address 15 South Jefferson Street

City Roanoke	State VA	Zip Code 24011
-----------------	-------------	-------------------

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

Name of Employer Benefits Group, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92275

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joshua D. Nace
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Harrison Street, Suite 440

City Seattle	State WA	Zip Code 98199
-----------------	-------------	-------------------

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

Name of Employer Dental Health Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91594

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Ryan Neace
Full Name (Last, First, Middle Initial)

Mailing Address 555 W Shaw Ave Ste C-1

City Fresno	State CA	Zip Code 93704
----------------	-------------	-------------------

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

Name of Employer Administrative Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91479

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Penny E. Nikel
Full Name (Last, First, Middle Initial)

Mailing Address 917 S Main St., Ste 200

City Longmont	State CO	Zip Code 80501
------------------	-------------	-------------------

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

Name of Employer Nikel Insurance Associates LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91410

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael A. Norris
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 999 295 E Palmer Street

City Franklin State NC Zip Code 28744

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

Name of Employer Wayah Employee Benefits / EbenConcept Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91426

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Pamela Nygaard
Full Name (Last, First, Middle Initial)

Mailing Address 1014 4th St W

City Kirkland State WA Zip Code 98033-5337

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

Name of Employer Spectera Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91340

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 1323 Highway 2, Ste. 300

City Sandpoint State ID Zip Code 83864

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

Name of Employer Summit Insurance Resource Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91629

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Terri M. Olson
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 21479

City Keizer	State OR	Zip Code 97307
----------------	-------------	-------------------

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

Name of Employer Olson Insurance	Occupation Broker
-------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91465

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
50.00				

Payroll Deduction
 (\$50.00 Monthly)

B. Mike Osborne
Full Name (Last, First, Middle Initial)
Mailing Address 1308 Woodmanor Dr,

City Raleigh	State NC	Zip Code 27614
-----------------	-------------	-------------------

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

Name of Employer Osborne Insurance Services, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91727

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
25.00				

Payroll Deduction
 (\$25.00 Monthly)

C. Jeffrey Papenfus
Full Name (Last, First, Middle Initial)
Mailing Address 32110 Agoura Road

City Westlake Village	State CA	Zip Code 91361
--------------------------	-------------	-------------------

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

Name of Employer Warner Pacific Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92107

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
30.00				

Payroll Deduction
 (\$30.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John C. Parker		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91656
Mailing Address 47 Laurel Hill Drive		Amount of Each Receipt this Period 100.00
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C	Name of Employer Parker Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	
		Payroll Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) B. Jesse A. Patton		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91767
Mailing Address 1112 Maple Street		Amount of Each Receipt this Period 350.00
City West Des Moines	State IA	Zip Code 50265
FEC ID number of contributing federal political committee. C	Name of Employer Associations Marketing Group, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3400.00	
		Payroll Deduction (\$350.00 Monthly)

Full Name (Last, First, Middle Initial) C. Jill L. Pedersen		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91960
Mailing Address 16325 Boones Ferry Rd #204		Amount of Each Receipt this Period 30.00
City Lake Oswego	State OR	Zip Code 97035
FEC ID number of contributing federal political committee. C	Name of Employer Columbia Benefit Solutions, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jennifer L. Pender
Full Name (Last, First, Middle Initial)

Mailing Address 1635 Mt. McKinley Drive

City Grayson State GA Zip Code 30017

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

Name of Employer Pender & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91504

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

B. Ross W. Pendergraft
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **915.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92262

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

C. Paul Pendorf
Full Name (Last, First, Middle Initial)

Mailing Address 31666 W. Nine Dr.

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Self Employed Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91745

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth G. Penn
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 North St
 City Portsmouth State VA Zip Code 23704-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ChamberSolutions Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91674
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Juna M. Penney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2091 Shepherdia Drive
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Health & Services Alaska Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92208
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Carol C. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kernersville State NC Zip Code 27284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92291
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William H. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kenersville State NC Zip Code 27284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92281
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40.00 Monthly)

B. Les Perlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Crossways Park Dr
 City Woodbury State NY Zip Code 11797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Planning Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91888
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Paige W. Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **709.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91540
 Amount of Each Receipt this Period **98.50**
 Payroll Deduction (\$98.50 Monthly)

SUBTOTAL of Receipts This Page (optional).....	168.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph E. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Association Management Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91884
 Amount of Each Receipt this Period **35.00**
 Payroll Deduction
 (\$35.00 Monthly)

B. Susan R. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 32418 51st Avenue, SW
 City Federal Way State WA Zip Code 98023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insure NW Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91642
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction
 (\$50.00 Monthly)

C. Tom G. Polenzani
 Full Name (Last, First, Middle Initial)
 Mailing Address 3452 E. Foothill Blvd. #514
 City Pasadena State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1020.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91847
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction
 (\$170.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert P. Poli
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Executive Boulevard, Suite 1

City	State	Zip Code
Rockville	MD	20852

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

Name of Employer	Occupation
Insurance Marketing Center, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : 16438-P92132

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address P. O. Box 139

City	State	Zip Code
Nashville	TN	37202

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : 16437-P91520

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Rebecca L. Purdy
Full Name (Last, First, Middle Initial)

Mailing Address 770 E Warm Springs Rd. Ste 340

City	State	Zip Code
Las Vegas	NV	89119

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

Name of Employer	Occupation
Humana	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : 16438-P91819

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kathy M. Rainwater
Full Name (Last, First, Middle Initial)

Mailing Address 515 West Southwest Loop 323

City Tyler State TX Zip Code 75701

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

Name of Employer Threlkeld & Company Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91456

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Susan Maley Rash
Full Name (Last, First, Middle Initial)

Mailing Address 2108 West Laburnum Avenue, Suite

City Richmond State VA Zip Code 23227

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92085

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

C. Dennis J. Recker
Full Name (Last, First, Middle Initial)

Mailing Address 971 North Perry Street P.O. Box 2

City Ottawa State OH Zip Code 45875

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

Name of Employer Fawcett, Lammon, Recker & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91616

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joni Robin Reents
Full Name (Last, First, Middle Initial)

Mailing Address 5760 W. 120th Avenue Suite 260

City	State	Zip Code
Broomfield	CO	80020

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

Name of Employer	Occupation
Reents Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92204

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

B. Ruppert Reinstadler
Full Name (Last, First, Middle Initial)

Mailing Address 6443 SW Beaverton-Hillsdale Hwy S

City	State	Zip Code
Portland	OR	97221

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

Name of Employer	Occupation
Coordinated Resources Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P91894

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

C. Barbara V. Rennard
Full Name (Last, First, Middle Initial)

Mailing Address 3001 Aloma Avenue, #116

City	State	Zip Code
Winter Park	FL	32792

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

Name of Employer	Occupation
Colonial Life	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P91863

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	109.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. R Dane Rianhard		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91699
Mailing Address 1 E. Pratt St., Unit 902		Amount of Each Receipt this Period 110.00
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$110.00 Monthly)
Name of Employer TriBridge Partners, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

Full Name (Last, First, Middle Initial) B. Lori R. Rice		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92090
Mailing Address 1221 South Main Street Suite 208		Amount of Each Receipt this Period 30.00
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Russell Lee Rice		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91946
Mailing Address 8000 IH-10 West, # 715		Amount of Each Receipt this Period 85.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer AVESIS, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Tammy M. Riddle

Mailing Address 3718 W. Lancer Rd.

City Peoria	State IL	Zip Code 61615
----------------	-------------	-------------------

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

Name of Employer Pearl Benefits	Occupation Broker
------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91489

Amount of Each Receipt this Period
10.00

Payroll Deduction
 (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Susan M. Rider

Mailing Address 1402 N Capital #400

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

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

Name of Employer Gregory & Appel Insurance	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16437-P91592

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert L. Rifkin

Mailing Address 7 Stonewall Lane

City Mamaroneck	State NY	Zip Code 10543
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014

Transaction ID : 16438-P92146

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	82.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Debra L. Righter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1804 Juan Tabo Blvd, NE, Suite B
 City Albuquerque State NM Zip Code 87112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Righter Insurance, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91559
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Elizabeth E. Rios-Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91424
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

C. John F. Rippinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 East Woodfield Rd. #110 E
 City Schaumburg State IL Zip Code 60173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rippinger Financial Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91546
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael A. Rivera
Full Name (Last, First, Middle Initial)

Mailing Address 12200 Northwest Frwy, Suite 662

City Houston	State TX	Zip Code 77092
-----------------	-------------	-------------------

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

Name of Employer Northwest General Insurance	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P91989

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Joseph K. Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 7101 S. 82nd St., #B

City Lincoln	State NE	Zip Code 68516
-----------------	-------------	-------------------

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

Name of Employer Midlands Financial Benefits	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1530.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91454

Amount of Each Receipt this Period

170.00

Payroll Deduction
 (\$170.00 Monthly)

C. Judith L. Robinson
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 10071

City Tyler	State TX	Zip Code 75711
---------------	-------------	-------------------

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

Name of Employer CFG Insurance	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91591

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. William D. Robinson

Mailing Address 739 East Jackson Street

City Martinsville State IN Zip Code 46151

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

Name of Employer NewDay! Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92283

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. William T. Robinson

Mailing Address 1775 E Palm Canyon Dr, Ste 110 -

City Palm Springs State CA Zip Code 92264

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

Name of Employer Palm Canyon Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91564

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Mario Roiz

Mailing Address 10446 NW 31st Terrace

City Miami State FL Zip Code 33172

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

Name of Employer HR Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91742

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Charla S. Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1299
 City Amarillo State TX Zip Code 79105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upshaw Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92013
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Mark Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 14432 SE Eastgate Way Ste 400
 City Bellevue State WA Zip Code 98007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Partners Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92161
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Joel Rosenblum
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Lipan Way
 City Boulder State CO Zip Code 80303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance for Asset Protection Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91943
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eugene L. Rowe
Full Name (Last, First, Middle Initial)
Mailing Address 16000 Ventura Blvd
City Encino State CA Zip Code 91436
FEC ID number of contributing federal political committee. **C**
Name of Employer R & R Retirement and Insurance Servic Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91613
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Peter L. Rowe
Full Name (Last, First, Middle Initial)
Mailing Address PO. Box 22212
City Phoenix State AZ Zip Code 85028
FEC ID number of contributing federal political committee. **C**
Name of Employer Sunwest Benefits Consulting, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **810.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92245
Amount of Each Receipt this Period **100.00**
Payroll Deduction (\$100.00 Monthly)

C. Donna M. Rudner
Full Name (Last, First, Middle Initial)
Mailing Address 4665 Ivygate Circle
City Smyrna State GA Zip Code 30080
FEC ID number of contributing federal political committee. **C**
Name of Employer Employer Relief, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92213
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **160.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jean Russell
Full Name (Last, First, Middle Initial)

Mailing Address 15 New England Executive Park

City Burlington	State MA	Zip Code 01803
--------------------	-------------	-------------------

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

Name of Employer BenefitsMart LLC	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91912

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Raymer M. Sale
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

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

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

Name of Employer E2E Benefits Services, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92209

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C. Gregory J. Schell
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Alliant Avenue

City Louisville	State KY	Zip Code 40299
--------------------	-------------	-------------------

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

Name of Employer Garrett-Stotz Company	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
940.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92070

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Al C. Schiebel
Full Name (Last, First, Middle Initial)
Mailing Address 200 Sandy Springs Pl., # 300A
City Atlanta State GA Zip Code 30328
FEC ID number of contributing federal political committee. **C**
Name of Employer Schiebel & Associates, LLC dba Shopbe Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **405.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91707
Amount of Each Receipt this Period **45.00**
Payroll Deduction (\$45.00 Monthly)

B. Mel A. Schlesinger
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 21533
City Winston Salem State NC Zip Code 27120
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **340.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91917
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. Mike Schlosser
Full Name (Last, First, Middle Initial)
Mailing Address 15950 W. Dodge Rd.
City Omaha State NE Zip Code 68118
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92095
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **160.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Hunters Hollow Court
 City State Zip Code
 Eureka MO 63025-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sonus Benefits by MSMF Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : 16422
 Amount of Each Receipt this Period
 150.00

B. John E Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Sidco Drive, Suite 200
 City State Zip Code
 Nashville TN 37204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colonial Life Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91636
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Paul Joseph Scholz
 Full Name (Last, First, Middle Initial)
 Mailing Address 17445 Arbor St Suite 310
 City State Zip Code
 Omaha NE 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OCI Insurance and Financial Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92266
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	265.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Patricia A. Schrade
 Full Name (Last, First, Middle Initial)
 Mailing Address 3950 Chain Bridge Road Suite 8
 City State Zip Code
 Fairfax VA 22030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Kamen Benefits, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91920
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Marion Schremp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3625 Cumberland Blvd SE 8th Floor
 City State Zip Code
 Atlanta GA 30339-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CBIZ Benefits and Insurance Services, Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 18 / 2014
Transaction ID : 16424
 Amount of Each Receipt this Period
 500.00

C. Alan R. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15883-B Crabbs Branch Way
 City State Zip Code
 Rockville MD 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Insurance Benefits & Advisors Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 790.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91854
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 615.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Matt B. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Breckenridge Lane, Suite 8
 City Louisville State KY Zip Code 40220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schwartz Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92276
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Nicole Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Northwest Pkwy
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91890
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Ronald E. Seibel
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 317
 City Driftwood State TX Zip Code 78619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Benefits Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92216
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregory J. Seifert
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 189 916 Main Street

City Vancouver State WA Zip Code 98666

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

Name of Employer Biggs Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1530.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91806

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$170.00 Monthly)

B. Steven Selinsky
Full Name (Last, First, Middle Initial)

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Self Employed Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **553.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92153

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

C. Bruce J. Setlik
Full Name (Last, First, Middle Initial)

Mailing Address 17808 Harney St

City Omaha State NE Zip Code 68118-3500

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

Name of Employer American Community Mutual, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91347

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **242.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 231 Chestnut St. #410

City Meadville State PA Zip Code 16335

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

Name of Employer The DJB Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91835

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Annette Shaffer
Full Name (Last, First, Middle Initial)

Mailing Address 418 South Main Street

City Findlay State OH Zip Code 45840

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

Name of Employer Group Benefit Consultants Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91619

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Douglas W Sheffer
Full Name (Last, First, Middle Initial)

Mailing Address 110 International Way

City Springfield State OR Zip Code 97477

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

Name of Employer PacificSource Health Plans Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91731

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David M. Sherrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Centerpointe Circle, Suite 16
 City Altamonte Springs State FL Zip Code 32701-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91828
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Jeffrey Sherrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 5800 Granite Parkway Suite 700
 City Plano State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Healthcare Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91797
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Sean G. Shoemake
 Full Name (Last, First, Middle Initial)
 Mailing Address 169A Lameuse St
 City Biloxi State MS Zip Code 39530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Specialists, P.A. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91782
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas E. Shores
Full Name (Last, First, Middle Initial)

Mailing Address 8596 W Bolsa Ct.

City Boise State ID Zip Code 83709

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

Name of Employer T.A. Shores Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92011

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

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

Mailing Address 1126 Clifton Avenue

City Clifton State NJ Zip Code 07013

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

Name of Employer Executive Benefits Group, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91719

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 143 E Austin St

City Giddings State TX Zip Code 78942

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

Name of Employer The Nitsche Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91932

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roger W. Skinner
Full Name (Last, First, Middle Initial)

Mailing Address 5518 Hammock Glen Drive

City Indianapolis State IN Zip Code 46235

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

Name of Employer Specialized Benefit Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.50**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91369

Amount of Each Receipt this Period **30.50**

Payroll Deduction (\$30.50 Monthly)

B. Erika Sklar
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Walton Blvd

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Tim Crawford Insurance Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P92122

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10.00 Monthly)

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

Mailing Address 1012 Alemany Street

City Morrisville State NC Zip Code 27560

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

Name of Employer Ebenconcepts Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16437-P91529

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **125.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Frank J Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 1559
 City Wheaton State IL Zip Code 60189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Insurance Underwriters, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91729
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Gregory S. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Woodlawn Road PO Box 370
 City Lincoln State IL Zip Code 62656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R. W. Garrett Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92212
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Kevin W. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 RiverEdge Parkway Suite 1010
 City Sandy Springs State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KSA Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91986
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 100 Queen Street

City Southington State CT Zip Code 06489

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

Name of Employer Paul E Smith Insurance, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : 16438-P91844

Amount of Each Receipt this Period **125.00**

Payroll Deduction (\$125.00 Monthly)

B. Todd Smith
Full Name (Last, First, Middle Initial)

Mailing Address 202 Carnegie Center, Suite 302A

City Princeton State NJ Zip Code 08540-

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

Name of Employer Assist America Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 20 / 2014**

Transaction ID : 16429

Amount of Each Receipt this Period **240.00**

C. Todd Smith
Full Name (Last, First, Middle Initial)

Mailing Address 202 Carnegie Center, Suite 302A

City Princeton State NJ Zip Code 08540

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

Name of Employer Assist America Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 20 / 2014**

Transaction ID : 16430

Amount of Each Receipt this Period **0**

SUBTOTAL of Receipts This Page (optional)..... ▶ **365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Thomas E. Snell

Mailing Address P.O. Box 818 310 N. Horner Blvd.

City Sanford State NC Zip Code 27331

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

Name of Employer Occupation
Digital Benefit Advisors Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P91909

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Scott D. Snowden

Mailing Address 812 Lyndon Lane, Suite 101

City Louisville State KY Zip Code 40222

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

Name of Employer Occupation
Snowden & Associates, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92205

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Tamela L. Southan

Mailing Address 101 W. Renner Rd., Ste 160

City Richardson State TX Zip Code 75082

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

Name of Employer Occupation
Benefit Solutions By Design Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 16438-P92223

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James Randall Southard
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 487

City Stokesdale State NC Zip Code 27357

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91799

Amount of Each Receipt this Period **65.00**

Payroll Deduction (\$65.00 Monthly)

B. Anne P. Sperling
Full Name (Last, First, Middle Initial)
Mailing Address 805 St. Michael's Drive

City Santa Fe State NM Zip Code 87505

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

Name of Employer Daniels Insurance Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91722

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$60.00 Monthly)

C. William Craig Splawn
Full Name (Last, First, Middle Initial)
Mailing Address 800 Avenue C

City Katy State TX Zip Code 77493

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

Name of Employer Splawn & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92297

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Spleet
Full Name (Last, First, Middle Initial)

Mailing Address 2444 East Hill Rd.

City Grand Blanc State MI Zip Code 48439

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

Name of Employer Franklin Benefit Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91547

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

B. Jackie L. Spragins
Full Name (Last, First, Middle Initial)

Mailing Address 1300 10th St

City Wichita Falls State TX Zip Code 76301

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91446

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

C. Dustin Stacy
Full Name (Last, First, Middle Initial)

Mailing Address 1151 Red Mile Road

City Lexington State KY Zip Code 40504

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

Name of Employer Benefit Insurance Marketing Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91918

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **122.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Zachary Stafford

Mailing Address 6421 Perkins Rd Bldg A # 2B

City Baton Rouge	State LA	Zip Code 70808-6200
---------------------	-------------	------------------------

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

Name of Employer Besselman & Little Agency, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91678

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Delvin L. Stahl

Mailing Address P.O. Box 388 807 S. Maltby Ave.

City Sutton	State NE	Zip Code 68979
----------------	-------------	-------------------

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

Name of Employer Insurance Plus, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91417

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Eugene Starks

Mailing Address 613 Crescent Circle Suite 201

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

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

Name of Employer Benefit Administration Services, Ltd.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91379

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Peter F. Stehr

Mailing Address 13636 Seward Street

City State Zip Code
Omaha NE 68154

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

Name of Employer Occupation
Peter Stehr Insurance Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16437-P91527

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 8926 Crown Colony Boulevard

City State Zip Code
Fort Myers FL 33908

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

Name of Employer Occupation
MVS Consulting Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1855.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16437-P91392

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Marilyn A. Stenger

Mailing Address 8926 Crown Colony Blvd

City State Zip Code
Ft. Myers FL 33908

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

Name of Employer Occupation
MVS Consulting Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1390.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2014
Transaction ID : 16437-P91412

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James R. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 100 Mansell Ct East Suite 400

City Roswell State GA Zip Code 30076

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91533

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Tiffany Stiller
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Canoga Avenue Suite 300

City Woodland Hills State CA Zip Code 91367

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

Name of Employer BenefitMall Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91739

Amount of Each Receipt this Period
25.00

Payroll Deduction
 (\$25.00 Monthly)

C. Tiffany Stock
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92222

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Julia Beckie Stockstill
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stockstill & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92017
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Marcie Strouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Ingersoll Ave Ste 200
 City Des Moines State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prisma Strategies Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91534
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Rodney Stuart
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 East Carmel Drive Suite 110
 City Carmel State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Insurance Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91551
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Ashley Sullivan

Mailing Address PO Box 99565

City State Zip Code
Louisville KY 40299

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

Name of Employer Occupation
Van Zandt Emrich and Cary Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92087

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Audra I. Sullivan

Mailing Address 1201 N Watson Rd Ste 287

City State Zip Code
Arlington TX 76006

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

Name of Employer Occupation
Vogue Insurance Agency, LLC Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91851

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 8420 West Dodge Road, 5th Floor

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Senior Market Sales, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91430

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$125.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William L. Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O Box 795008 131 Interpark Blvd.
 City San Antonio State TX Zip Code 78279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92175
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

B. Tom Swayne
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 31029
 City Charleston State SC Zip Code 29417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David M. Gilston Insurance Agency, In Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92312
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

C. Ryan R. Swinton
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82 St.
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92251
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Marsha Tellesbo-Kembel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 4th Avenue, Suite 3200
 City Seattle State WA Zip Code 98154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tellesbo & Company Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92022
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Harry P. Thal
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2137
 City Kernville State CA Zip Code 93238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harry P. Thal Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1130.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92186
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Ronald Thibodeaux
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Veterinarian Rd
 City Lafayette State LA Zip Code 70507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ronald J. Thibodeaux Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91997
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffery C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Reynolds Road
 City Jackson State MI Zip Code 49201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Small Business Association of Michigan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91431
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Marc Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Center Street, Suite 1410
 City Little Rock State AR Zip Code 72201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stephens Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **378.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91906
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Ryan P. Thorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 10342 South Springcrest Lane
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91514
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **112.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert J. Tierney
Full Name (Last, First, Middle Initial)
Mailing Address 2113 West Parkstone Ct
City Meridian State ID Zip Code 83646
FEC ID number of contributing federal political committee. **C**
Name of Employer Tierney Consulting, Inc Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91809
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Helen M. Todd
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 56166
City Little Rock State AR Zip Code 72215
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92165
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Margaret S. Tolbert
Full Name (Last, First, Middle Initial)
Mailing Address 6501 Peake Rd Bld 950
City Macon State GA Zip Code 31210
FEC ID number of contributing federal political committee. **C**
Name of Employer Tolbert & Associates Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91752
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Daniel R. Tompkins
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1209
 City Alpharetta State GA Zip Code 30009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Admin America Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92103
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Jennifer L. Toups
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91366
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Janet Trautwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91580
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Terrie L. Trevino
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 7408
 City Boise State ID Zip Code 83707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross of Idaho Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **222.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92117
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Alexis Tucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Elden Street, Suite 203
 City Herndon State VA Zip Code 20191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Benefit Services LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91892
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Glendae Tuthill
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Old Greenville Rd
 City Fayetteville State GA Zip Code 30215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benevestco, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92157
 Amount of Each Receipt this Period **25.00**
 Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	97.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Catherine Van Zant		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16437-P91467
Mailing Address 5500 Euper Lane P.O. Box 3529		Amount of Each Receipt this Period 30.00
City Fort Smith	State AR	Zip Code 72913
FEC ID number of contributing federal political committee. C	Name of Employer Brown-Hiller-Clark & Associates, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Wendy Vanderwater Bratteli		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92076
Mailing Address 515 West Southwest Loop 323		Amount of Each Receipt this Period 42.00
City Tyler	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C	Name of Employer Threlkeld & Company Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) C. Denise R. VanPutten		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92172
Mailing Address 4808 Broadmoor SE		Amount of Each Receipt this Period 30.00
City Grand Rapids	State MI	Zip Code 49512
FEC ID number of contributing federal political committee. C	Name of Employer Lighthouse Insurance Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Michael Venditto
Full Name (Last, First, Middle Initial)
Mailing Address 609 New Road, #D
City Linwood State NJ Zip Code 08221
FEC ID number of contributing federal political committee. **C**
Name of Employer Hafetz & Associates Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92004
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Denise S. Villagran
Full Name (Last, First, Middle Initial)
Mailing Address 1016 Santa Fe, #205
City Corpus Christi State TX Zip Code 78404
FEC ID number of contributing federal political committee. **C**
Name of Employer Entrust, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91770
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Rand R. Wall
Full Name (Last, First, Middle Initial)
Mailing Address 12603 Southwest Freeway, Suite 620
City Stafford State TX Zip Code 77477
FEC ID number of contributing federal political committee. **C**
Name of Employer Lone Star Health Plans, Ltd. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91367
Amount of Each Receipt this Period **100.00**
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **160.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Doris Waller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1778 N. Plano Rd. Suite 310
 City Richardson State TX Zip Code 75081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pan-American Benefits Solutions Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91418
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Timothy P. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 417
 City Hampstead State NC Zip Code 28443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Insurance Systems Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91650
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Jessica Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91577
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael S. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 E. Camelback Road #569
 City Phoenix State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Emerging Benefits Consultants, LLC
 Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **282.00**

Date of Receipt: 09 / 23 / 2014
Transaction ID : 16438-P92235
 Amount of Each Receipt this Period: 42.00
 Payroll Deduction: (\$42.00 Monthly)

B. Stephen C. Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 16180 Hwy 7
 City Mtka State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Warner & Associates
 Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt: 09 / 23 / 2014
Transaction ID : 16438-P92171
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. John L. Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: John Warwick Insurance Services
 Occupation: Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1680.00**

Date of Receipt: 09 / 23 / 2014
Transaction ID : 16438-P91984
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **157.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Watkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 4205 Hillsboro Road, # 120
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pancoast Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P91690
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Dan Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 Office Park Drive Suite 350
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Webb Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16437-P91598
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Yolanda Marie Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Via Piemonte
 City Ontario State CA Zip Code 91710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Financial Partners Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 23 / 2014
Transaction ID : 16438-P92211
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Joshua Weinstein			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91744
Mailing Address 3111 C St., Suite 500			Amount of Each Receipt this Period 30.00
City Anchorage	State AK	Zip Code 99503	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer Northrim Benefits Group	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lynn Charles Wentworth			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91829
Mailing Address 137 Executive Drive Suite E			Amount of Each Receipt this Period 30.00
City Madison	State MS	Zip Code 39110	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer AFLAC	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mitchell West			Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91896
Mailing Address Health Choice One, Attn: Mitch We			Amount of Each Receipt this Period 30.00
City Centennial	State CO	Zip Code 80111	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00	
Name of Employer MW Family Services	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charles L. Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Cloifview Drive
 City State Zip Code
 Brandon MS 39047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Allstate Benefits Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16437-P91393
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Cynthia Whaley
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 N. Washington Street Suite A
 City State Zip Code
 Easton MD 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avery Hall Benefit Solutions, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91772
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Robert H. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 S 29th W Place
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plan Benefit Analysts of Tulsa, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16437-P91515
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jimmie Whitmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Eighth Street
 City State Zip Code
 Wichita Falls TX 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Whitmire & Whitmire, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16437-P91654
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. David V. Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 River Vista Place
 City State Zip Code
 Twin Falls ID 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Magic Valley Insurance, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91843
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Hearst Castle Way
 City State Zip Code
 Plano TX 75025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SeeChange Health Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P92075
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	169.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. George Williams

Mailing Address 4109 Woodway Dr.

City Monroe	State LA	Zip Code 71201
----------------	-------------	-------------------

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

Name of Employer Financial Planning Resources	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91501

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Leslie A. Williams

Mailing Address 1551 E. Cypress Ave., Ste. D

City Redding	State CA	Zip Code 96002
-----------------	-------------	-------------------

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

Name of Employer Leslie A. Williams Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16437-P91517

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Michael Ross Williams

Mailing Address 10040 Regency Circle Ste. 345

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Williams-Deras & Associates, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 16438-P92214

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sherrie K. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 13224 Twilight Trail Place, N. E.
 City Albuquerque State NM Zip Code 87111-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williams Sales & Services, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : 16363
 Amount of Each Receipt this Period
 200.00

B. Lon G. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91571
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Paula L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16437-P91576
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven L. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P92302
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Thomas R. Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boley Featherston Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **755.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16438-P91882
 Amount of Each Receipt this Period **55.00**
 Payroll Deduction (\$55.00 Monthly)

C. Tammy Winn
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 S IH 35, Building 1 Suite 100
 City Austin State TX Zip Code 78744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SWBC Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 23 / 2014**
Transaction ID : 16437-P91384
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Shelly K. Winson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1914

City Chandler State AZ Zip Code 85244

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

Name of Employer True Choice Benefits LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P91927

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Dennis C. Woehler
Full Name (Last, First, Middle Initial)

Mailing Address 720 Drexel Dr.

City Evansville State IN Zip Code 47712

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

Name of Employer Self Employed Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : 16438-P92224

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Rosanne Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 17236

City Tucson State AZ Zip Code 85731-

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : 16364

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Rosanne Wolfe		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92133
Mailing Address PO Box 17236		Amount of Each Receipt this Period 30.00
City Tucson	State AZ	Zip Code 85731
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) B. DianaLou Wolff		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P91785
Mailing Address 70 Maiden Lane 2nd Floor		Amount of Each Receipt this Period 30.00
City Kingston	State NY	Zip Code 12401
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Benefit Counseling Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. William W. Wong		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : 16438-P92135
Mailing Address 43 Waverly Place		Amount of Each Receipt this Period 42.00
City San Francisco	State CA	Zip Code 94108
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Bill Wong & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 OF 175 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Carol Wyckoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 14856 Briggs Street
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercer Voluntary Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P92028
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Luann S. Yarberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 10th St
 City Wichita Falls State TX Zip Code 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P92272
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. M. Zachary Zinser
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 North Evergreen Road, Suite 6
 City Louisville State KY Zip Code 40243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Zinser Benefit Service, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 23 / 2014
Transaction ID : 16438-P91929
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	28044.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : 16466

Amount of Each Disbursement this Period

276.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : 16467

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. National Association of Health Underwriters

Mailing Address 1212 New York Avenue NW Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
Administration and Fundraising

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2014

Transaction ID : 16469

Amount of Each Disbursement this Period

20041.20

SUBTOTAL of Disbursements This Page (optional)..... ▶

20325.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : 16465

Amount of Each Disbursement this Period

1156.77

Full Name (Last, First, Middle Initial)

B. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Banking Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : 16483

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. Stripe Inc.

Mailing Address Wells Fargo Bank

City Walnut Creek State CA Zip Code 94598

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2014

Transaction ID : 16464

Amount of Each Disbursement this Period

1.75

Merchant Fee

SUBTOTAL of Disbursements This Page (optional)..... ▶

1170.52

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

21496.17

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
9/8 Reception

011

Category/
Type

Candidate Name

AMERISH BERA

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16350

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AMI BERA FOR CONGRESS

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
9/13 District Event

011

Category/
Type

Candidate Name

AMERISH BERA

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16381

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
10/25 District Event

011

Category/
Type

Candidate Name

ANNA ESHOO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : 16441

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement
10/6 District Event

011

Candidate Name

JAMES AUSTIN SCOTT

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 16416

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City GLADSTONE State MI Zip Code 49837

Purpose of Disbursement
9/29 District Event

011

Candidate Name

DANIEL J. M.D. BENISHEK

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : 16434

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BIG EASY COMMITTEE

Mailing Address 700 13TH STREET, NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
9/18 Dinner

011

Candidate Name

MARY L LANDRIEU

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 16393

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
Voided Check

011

Candidate Name

KEVIN BRADY

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 16396

Amount of Each Disbursement this Period

-	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Check 2618 Returned - VOIDED

Full Name (Last, First, Middle Initial)

B. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
District Event

011

Candidate Name

SHELLEY MOORE CAPITO

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : 16457

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
10/2 Breakfast

011

Candidate Name

CHARLES W REP DENT

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : 16442

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. CITIZENS TO ELECT RICK LARSEN

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement
9/18 Reception

011

Candidate Name

RICK LARSEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 16390

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CROWLEY LEADERSHIP FUND

Mailing Address PO BOX 15320

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
9/17 Lunch

011

Candidate Name

JOSEPH CROWLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16376

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
9/26 CA Breakfast

011

Candidate Name

JEFF DENHAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : 16443

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
9/19 Lunch

011

Candidate Name

DIANE L MRS BLACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : 16428

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City State Zip Code
WASHINGTON DC 20036

Purpose of Disbursement
9/23 District Event

011

Candidate Name

JOSEPH S DONNELLY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 16418

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369, 250 PRAIRIE CENTER

City State Zip Code
EDEN PRAIRIE MN 55344

Purpose of Disbursement
9/18 Dinner

011

Candidate Name

ERIK PAULSEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16377

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement
9/9 Tailgate

011

Candidate Name

GLENN MR THOMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16351

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
Check returned and voided

011

Candidate Name

JEB HON. HENSARLING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : 16458

Amount of Each Disbursement this Period

-1000.00

Check returned - reported in Sept Report

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARK WARNER (P)

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
9/9 Lunch

011

Candidate Name

MARK ROBERT WARNER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16354

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARY LANDRIEU, INC. (P)

Mailing Address 700 13TH STREET NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
9/11 Lunch

011

Candidate Name

MARY L LANDRIEU

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16357

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF RICH NUGENT

Mailing Address PO BOX 15668

City BROOKSVILLE State FL Zip Code 34604

Purpose of Disbursement
9/16 Lunch

011

Candidate Name

RICHARD B NUGENT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : 16411

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
9/17 Reception

011

Candidate Name

STENY HAMILTON HOYER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16358

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JEFF MERKLEY FOR OREGON (P)

Mailing Address PO BOX 14172

City PORTLAND State OR Zip Code 97293

Purpose of Disbursement
9/23 Breakfast

011

Candidate Name

JEFFREY ALAN MERKLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

Transaction ID : 16360

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement
9/10 Dinner

011

Candidate Name

JAMES D. JORDAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 16395

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement
9/16 Breakfast

011

Candidate Name

BILL JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : 16408

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	5	0	0	0	0	0	0	0	0

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. KLINE FOR CONGRESS

Mailing Address 350 W BURNSVILLE PKWY, STE 375

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement
9/22 District Event

011

Candidate Name
JOHN PAUL JR KLINE

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : 16427

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
9/11 Breakfast

011

Candidate Name
KURT SCHRADER

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16372

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
9/24 District Event

011

Candidate Name
KURT SCHRADER

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16380

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
9/8 Lunch

011

Candidate Name

KYRSTEN SINEMA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16352

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LOFGREN FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC, 1

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
9/17 Breakfast

011

Candidate Name

ZOE LOFGREN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16375

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement
9/18 Reception

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 16415

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
7/10 Reception

011

Candidate Name

LYNN JENKINS

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : 16409

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement
9/10 Lunch

011

Candidate Name

DORIS MATSUI

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 16388

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCCOLLUM FOR CONGRESS

Mailing Address P.O. BOX 14131

City ST. PAUL State MN Zip Code 55114

Purpose of Disbursement
9/29 Reception

011

Candidate Name

BETTY MCCOLLUM

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 16391

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MCNERNEY FOR CONGRESS

Mailing Address P.O. BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement
9/19 Lunch

011

Candidate Name

JERRY MCNERNEY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	4

Transaction ID : 16378

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
9/17 Lunch

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : 16413

Amount of Each Disbursement this Period

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
9/9 Reception/Dinner

011

Candidate Name

PATRICK TIMOTHY MCHENRY

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	4

Transaction ID : 16387

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. PERDUE FOR SENATE

Mailing Address 3110 MAPLE DRIVE NE, SUITE 400

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement
9/29 District Event

011

Category/
Type

Candidate Name

DAVID PERDUE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 16394

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
9/16 Lunch

011

Category/
Type

Candidate Name

PETE MR. SESSIONS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : 16412

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS (P)

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
9/10 Dinner

011

Category/
Type

Candidate Name

THOMAS EDMUNDS PRICE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16356

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. REID SEARCHLIGHT FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
9/18 Breakfast

011

Candidate Name

HARRY REID

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16359

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address PO BOX 118

City UTICA State NY Zip Code 13503

Purpose of Disbursement
9/10 Lunch

011

Candidate Name

RICHARD HANNA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16371

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RON BARBER FOR CONGRESS (P)

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement
9/10 Breakfast

011

Candidate Name

RONALD BARBER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16355

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SANFORD BISHOP FOR CONGRESS

Mailing Address P. O. BOX 909

City State Zip Code
COLUMBUS GA 31902

Purpose of Disbursement
9/23 Reception

011

Category/
Type

Candidate Name

SANFORD D JR BISHOP

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : 16379

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code
EVANSTON IL 60204

Purpose of Disbursement
9/16 Breakfast

011

Category/
Type

Candidate Name

JANICE D SCHAKOWSKY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : 16373

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address PO BOX 270

City State Zip Code
NEWBURGH NY 12550

Purpose of Disbursement
9/18 Lunch

011

Category/
Type

Candidate Name

SEAN PATRICK MALONEY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : 16389

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SHAHEEN VICTORY FUND 2014

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
9/8 Reception

011

Candidate Name

JEANNE SHAHEEN

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : 16353

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

B. TIM BISHOP FOR CONGRESS

Mailing Address PO BOX 437

City FARMINGVILLE State NY Zip Code 11738

Purpose of Disbursement
9/17 Lunch

011

Candidate Name

TIMOTHY BISHOP

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : 16374

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement
9/22 District Event

011

Candidate Name

THOMAS W II REED

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 16425

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Brian Hanby

Mailing Address 662 East 700 North

City Payson State UT Zip Code 84651

Purpose of Disbursement
contribution refunded

010

Candidate Name

Brian Hanby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 16449

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

25.00

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

25.00