

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2000 14TH ST
 Check if different than previously reported. (ACC)
ARLINGTON VA 22201

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 12 02 2008 in the State of VA
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 16 2008 through 11 12 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jennifer Murphy
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 11 19 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 1 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 51869.19 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 52244.12 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 43119.78 | 314390.10 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 95363.90 | 366259.29 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 44073.67 | 314969.06 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 51290.23 | 51290.23 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 1 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 31426.18 | 180574.08 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 11683.00 | 130703.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 43109.18 | 311277.53 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 43109.18 | 311277.53 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 3000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 10.60 | 112.57 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 43119.78 | 314390.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 43119.78 | 314390.10 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 923.67 | 8670.78 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 923.67 | 8670.78 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 43000.00 | 274500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 150.00 | 2605.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 150.00 | 2605.00 |
| 29. Other Disbursements..... | 0.00 | 29193.28 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 44073.67 | 314969.06 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 44073.67 | 314969.06 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 43109.18 | 311277.53 |
| 34. Total Contribution Refunds (from Line 28(d)) | 150.00 | 2605.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 42959.18 | 308672.53 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 923.67 | 8670.78 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 923.67 | 8670.78 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Sergio Acuna

Mailing Address 1656 Bob Murphy Dr

City State Zip Code
El Paso TX 79936-5206

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

Name of Employer Segio Acuna Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12726
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

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

Mailing Address 201W. Fort Street, Mail Code 7969

City State Zip Code
Detroit MI 48226

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

Name of Employer Comerica Insurance Services Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12415
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Sharon Alt

Mailing Address 6410 Southwest Blvd Ste 204

City State Zip Code
Fort Worth TX 76109-3920

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

Name of Employer Alt Benefit Consultants, Inc Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12369
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)
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FOR LINE NUMBER: PAGE 7 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Chester Anderson
 Mailing Address 205 Whippoorwill Dr
 City State Zip Code
 Altamonte Springs FL 32701-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rogers Benefit Group Marketing Representative
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P12916
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mary Kathryn Anderson-Haught
 Mailing Address 512 Cambridge Rd
 City State Zip Code
 Tyler TX 75703-5264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Strategies In Employee Benefits, Inc. agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P12917
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction
 (\$10.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Catherine M. Antonie
 Mailing Address W190 S7238 Lochcrest Blvd
 City State Zip Code
 Muskego WI 53150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Planned Futures LLC Employee Benefit Consultant
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12716
 Amount of Each Receipt this Period
 170.00
 Payroll Deduction
 (\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elizabeth Ashmore

Mailing Address 6102 82nd St # 6

City Lubbock State TX Zip Code 79424-3690

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

Name of Employer: Ashmore & Associates Insurance Agency
Occupation: agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12789
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ginger T. Ashton-Vernon

Mailing Address 3702 Alton Rd SW

City Roanoke State VA Zip Code 24014-3004

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

Name of Employer: Lewis-Gale Medical Center
Occupation: Director of Provider Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12859
 Amount of Each Receipt this Period: 40.00
 Payroll Deduction: (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Misty J. Baker

Mailing Address 502 Brookside Pass

City Cedar Park State TX Zip Code 78613-4237

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

Name of Employer: Lonestar Benefit Solutions
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12704
 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)
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FOR LINE NUMBER: PAGE 9 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Diane L. Barton
 Mailing Address 2732 Kerry Ln
 City State Zip Code
 Oklahoma City OK 73120-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Blue Shield of OK Account Consultant
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 270.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P12757
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Kathryn A. Beals
 Mailing Address 5151 W River Rd
 City State Zip Code
 Waunakee WI 53597-9523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wisconsin Manufactures & Commerce Manager, Employee Benefit Sale
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 375.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P13056
 Amount of Each Receipt this Period
 55.00
 Payroll Deduction
 (\$55.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Darrald T Bean
 Mailing Address 3922 Rampart St
 City State Zip Code
 Boise ID 83704-4557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bean Insurance Agent
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 270.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12705
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 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 10 / 125 |
| | <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. | Full Name (Last, First, Middle Initial) Ann C. Bell | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | Mailing Address 2171 S Pebblecreek Ln | | Transaction ID: 8090-P12746 |
| | City Boise | State ID | Zip Code 83706-6123 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| | Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation agent Aggregate Year-to-Date ▼ 300.00 | Payroll Deduction (\$30.00 Monthly) |

| | | | |
|-----------|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Bruce D. Benton | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | Mailing Address 20161 Delita Dr | | Transaction ID: 8090-P12918 |
| | City Woodland Hills | State CA | Zip Code 91364-3521 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 85.00 |
| | Name of Employer Genesis SmithBenton Insurance & Finan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Agent Aggregate Year-to-Date ▼ 765.00 | Payroll Deduction (\$85.00 Monthly) |

| | | | |
|-----------|---|---|---|
| C. | Full Name (Last, First, Middle Initial) David A Berman | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | Mailing Address 8805 Sawleaf Rd | | Transaction ID: 8090-P13057 |
| | City Indianapolis | State IN | Zip Code 46260-1534 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| | Name of Employer Neace Lukens Holding Company, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation agent Aggregate Year-to-Date ▼ 600.00 | Payroll Deduction (\$60.00 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C. Sue Bisbee

Mailing Address 4211 Parsifal St NE

City State Zip Code
Albuquerque NM 87111-3374

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

Name of Employer Occupation
Infinisource, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P13074

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City State Zip Code
Las Vegas NV 89121-3693

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

Name of Employer Occupation
KIA Insurance President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 843.40

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12380

Amount of Each Receipt this Period
84.34

Payroll Deduction
(\$84.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Bradford H. Blain

Mailing Address 2205 Abbeywood Rd

City State Zip Code
Lexington KY 40515-1157

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

Name of Employer Occupation
Al Torstrick Insurance Agency, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12728

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **144.34**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Russ Blakely
Mailing Address PO Box 11310
City State Zip Code
Chattanooga TN 37401-2310
FEC ID number of contributing federal political committee. **C**
Name of Employer Russ Blakely & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12331
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David M. Block
Mailing Address 80 Challedon Dr
City State Zip Code
Candler NC 28715-9417
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Specialties, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12920
Amount of Each Receipt this Period 50.00
Payroll Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michele B. Bloom
Mailing Address 2213A Walnut St
City State Zip Code
Harrisburg PA 17103-2427
FEC ID number of contributing federal political committee. **C**
Name of Employer Lillis, McKibben & Company Occupation Plan Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.20
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13058
Amount of Each Receipt this Period 30.42
Payroll Deduction (\$30.42 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.42
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: PAGE 13 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James C. Bosier
Mailing Address 6410 N Butler Rd
City Cedar Falls State IA Zip Code 50613-9317
FEC ID number of contributing federal political committee. **C**
Name of Employer Net Worth Advisors Occupation Account Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12532
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lacy N. Boswell
Mailing Address 6 Guano Dr
City Ponte Vedra Beach State FL Zip Code 32082-4200
FEC ID number of contributing federal political committee. **C**
Name of Employer AvMed Health Plans Occupation Sales Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12533
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michael G. Bouton
Mailing Address 6630 W Overland Rd
City Boise State ID Zip Code 83709-2030
FEC ID number of contributing federal political committee. **C**
Name of Employer Colonial Life Occupation agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12409
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$10.00 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: PAGE 14 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jim Bowman
Mailing Address 2701 W 15th St # 554
City Plano State TX Zip Code 75075-7523
FEC ID number of contributing federal political committee. **C**
Name of Employer Bowman & Bowman Consultants, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12337
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Eleanor M. Brockhurst
Mailing Address 5812 N 12th St Unit 4
City Phoenix State AZ Zip Code 85014-2020
FEC ID number of contributing federal political committee. **C**
Name of Employer Brockhurst & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12531
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Andrea Brody
Mailing Address 6018 E Lowden Rd
City Cave Creek State AZ Zip Code 85331-3004
FEC ID number of contributing federal political committee. **C**
Name of Employer United Healthcare Dental Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12927
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: PAGE 15 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Walter S Brown

Mailing Address 56 Madison St

City State Zip Code
Gillette NJ 07933-1802

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

Name of Employer Occupation
Self Employed Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12431

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 10504 Meadow Ln

City State Zip Code
Leawood KS 66206-2637

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

Name of Employer Occupation
Benefit Designs, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12342

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jennifer Bundy-Cobb

Mailing Address 3000 A St Ste 400

City State Zip Code
Anchorage AK 99503-4040

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

Name of Employer Occupation
The Wilson Agency, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12819

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: PAGE 16 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patrick Charles Burns

Mailing Address 5653 Maxwellton Rd

City State Zip Code
Oakland CA 94618-2654

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

Name of Employer: Burns Employee Benefits Insurance Ser
Occupation: Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12715
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jo Anne Burris

Mailing Address 80 Riverview Rd

City State Zip Code
Kiel WI 53042-1771

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

Name of Employer: Maritime Insurance Group
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: 7991
 Amount of Each Receipt this Period: 120.00

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

Mailing Address 3113 W Beltline Hwy

City State Zip Code
Madison WI 53713-2830

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

Name of Employer: Mortenson, Matzelle & Mel-drum
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12840
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction: (\$25.00 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: PAGE 17 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael E. Carmean
Mailing Address 3075 Lee Road 248
City State Zip Code
Smiths AL 36877-3125
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Paragon Marketing Vice President, Group Sales & Marketi
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P12923
Amount of Each Receipt this Period
100.00
Payroll Deduction
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Donna Carnall
Mailing Address 413 Interamerica Blvd Ste 1
City State Zip Code
Laredo TX 78045-8285
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self employed Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12341
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lorelei G. Castellani
Mailing Address PO Box 2100
City State Zip Code
Branchville NJ 07826-2100
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Benefit Guidance Systems Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12718
Amount of Each Receipt this Period
85.00
Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 215.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 125

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Todd Catlin

Mailing Address 5318 N. Hwy C

City State Zip Code
Nashotah WI 53058

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

Name of Employer Occupation
Liberty Insurance Group Agent

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7996-P11881

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$120.00 Monthly)

B.

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

Mailing Address 402 Rawley Rd

City State Zip Code
Americus GA 31719-2150

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

Name of Employer Occupation
Russ Childers, CLU President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 645.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P13047

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

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

Mailing Address 545 E 4500 S Ste E250

City State Zip Code
Salt Lake City UT 84107-2955

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

Name of Employer Occupation
Western Benefit Planners Insurance Se Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12374

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 125 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) David S. Cluley | | Date of Receipt |
| | Mailing Address 2220 Glen Echo Dr SE | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Grand Rapids | MI | 49546-5521 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12702 |
| Name of Employer HealthPlus | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="300.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction (\$30.00 Monthly) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Richard P. Coburn | | Date of Receipt |
| | Mailing Address 19 Minor Ct | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | San Rafael | CA | 94903-3716 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12389 |
| Name of Employer Word & Brown | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="300.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction (\$30.00 Monthly) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dorothy M. Cociu | | Date of Receipt |
| | Mailing Address PO Box 1941 | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Big Bear Lake | CA | 92315-1941 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12703 |
| Name of Employer Advanced Benefit Consulting & Insuran | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="340.00"/> | <input type="text" value="85.00"/> |
| | | | Payroll Deduction (\$85.00 Monthly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="145.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 20 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Martha T. Collins
 Mailing Address 1430 Lemonwood Dr W
 City Upland State CA Zip Code 91786-2539
 Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12537
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin & Associates Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 850.00

B. Full Name (Last, First, Middle Initial)
 George Scott Condos
 Mailing Address 8860 S Tenaya Way
 City Las Vegas State NV Zip Code 89113-5502
 Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12925
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Insurance Agency Occupation Charter Senior Financial Plann
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial)
 Troy J. Cook
 Mailing Address 6600 Westown Pkwy # 250
 City West Des Moines State IA Zip Code 50266-7724
 Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12741
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Krist Insurance Services Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

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: PAGE 21 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carrie Cox
Mailing Address 3621 Eastman Dr
City Oklahoma City State OK Zip Code 73112-1439
FEC ID number of contributing federal political committee. **C**
Name of Employer Oden Roberts Rohrman Insurance Occupation Group Benefits Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13075
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Johnny Lee Dawkins
Mailing Address PO Box 53809
City Fayetteville State NC Zip Code 28305-3809
FEC ID number of contributing federal political committee. **C**
Name of Employer Ebenconcepts Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12352
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Teresa F DeBruin
Mailing Address 5441 Edgerton Dr
City Norcross State GA Zip Code 30092-2185
FEC ID number of contributing federal political committee. **C**
Name of Employer DeBruin Benefit Services Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12709
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: PAGE 22 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 David Deitch
 Mailing Address 2785 E Desert Inn Rd Ste 260
 City State Zip Code
 Las Vegas NV 89121-3693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KIA Insurance Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12351
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Stephanie Denz
 Mailing Address 1808 Hickory Trace Dr
 City State Zip Code
 Orange Park FL 32003-8387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gallagher Benefit Services, Inc. Senior Benefit Consultant
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 385.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P12902
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Lisa S. DeRycke
 Mailing Address 4154 E 38th St
 City State Zip Code
 Tulsa OK 74135-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benefit Designs of Oklahoma, Inc. Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12669
 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 23 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Rush David Dixon | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address 1375 Piccard Dr | Transaction ID: 8089-P12406 |
| | City State Zip Code Rockville MD 20850-4311 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction (\$120.00 Monthly) |
| Name of Employer Early Cassidy and Schilling | Occupation VP of Employee Benefits | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Steve H. Dodder | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address PO Box 2069 | Transaction ID: 8090-P12810 |
| | City State Zip Code Monument CO 80132-2069 | Amount of Each Receipt this Period 60.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction (\$60.00 Monthly) |
| Name of Employer Assurant Health | Occupation Regional Sales Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Claudia S. Dodge | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address 606 Wexwood Ct | Transaction ID: 8089-P12711 |
| | City State Zip Code Richmond VA 23236-4138 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction (\$30.00 Monthly) |
| Name of Employer BB&T Benefit Consultants of Virginia | Occupation Sales Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 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: PAGE 24 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 206 Bon Mange Cir

City State Zip Code
Lafayette LA 70506-3748

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

Name of Employer: Global Financial Resources, Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12903
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 106 S Princeton Ave

City State Zip Code
Wenonah NJ 08090-1937

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

Name of Employer: Kistler-Tiffany Benefits Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12670
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Betty R. Doyle

Mailing Address 3304 Cedar Valley Rd

City State Zip Code
Moore OK 73170-7929

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

Name of Employer: Doyle Insurance Source Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P13027
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: PAGE 25 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dana Drake

Mailing Address 706 N 19th St

City State Zip Code
Coeur D Alene ID 83814-5549

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

Name of Employer Schedler Mack Insurance, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P13028
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tonya D. Draughon

Mailing Address 19252 SW 3rd Ct

City State Zip Code
Pembroke Pines FL 33029-5416

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

Name of Employer Renaissance Life & Health Ins. Co. Occupation Market Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12349
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 208 Essex St

City State Zip Code
Lafayette LA 70506-6133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P13039
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: PAGE 26 / 125

(check only one)

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

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

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

A.

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

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City State Zip Code
Harahan LA 70123-5230

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

Name of Employer Occupation
Ebersole & Associates, In- Agent
c.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1495.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12328

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

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

Mailing Address 26240 Wacker Dr

City State Zip Code
New Baltimore MI 48051-3306

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

Name of Employer Occupation
Comerica Insurance Servic- VP - Group Benefits Division
es, Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12674

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City State Zip Code
Aurora OH 44202-8438

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

Name of Employer Occupation
L.M. Erlenbach, Inc. Benefits Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P13042

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: PAGE 27 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Nicole Fairbairn
Mailing Address 2113 Dakota Dr
City Noblesville State IN Zip Code 46062-9075
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Insurance Concepts, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12712
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jennifer Liane Farrell
Mailing Address 6958 W Juniper Ave
City Peoria State AZ Zip Code 85382-3999
FEC ID number of contributing federal political committee. **C**
Name of Employer Black, Gould & Associates Occupation Sr. Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12508
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mike Farrell
Mailing Address 20518 84th Pl
City Bristol State WI Zip Code 53104-9149
FEC ID number of contributing federal political committee. **C**
Name of Employer Creative Insurance Planning Co. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 16 / 2008
Transaction ID: 7996-P11885
Amount of Each Receipt this Period 120.00
Payroll Deduction (\$120.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 125
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Catherine Ficara

Mailing Address 26999 Central Park Blvd

City State Zip Code
Southfield MI 48076-4174

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

Name of Employer Occupation
Austin Financial Group, LLC agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 8090-P13080

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
John R. Finch

Mailing Address 201 Price Rd # 227

City State Zip Code
Lexington KY 40511-1995

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

Name of Employer Occupation
Colonial Supplemental Insurance Benefits Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 8089-P12675

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jeff R Fishback

Mailing Address 736 Johnson Ferry Rd

City State Zip Code
Marietta GA 30068-4379

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

Name of Employer Occupation
Purchasing Alliance Solutions, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2008

Transaction ID: 8095

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1060.00**

TOTAL This Period (last page this line 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 29 / 125
(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 |
| | | | | | | | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Dennis G. Fletcher

Mailing Address 2510 N Pines Rd Ste 205

City State Zip Code
Spokane WA 99206-7636

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

Name of Employer The Fletcher Financial Group
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12434

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Lorraine Flint

Mailing Address 12038 Sundial St NE

City State Zip Code
Albuquerque NM 87122-4329

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

Name of Employer Flint & Associates, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12355

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Rhonda Lynn Foster

Mailing Address 10046 McCormick Pl

City State Zip Code
Knoxville TN 37923-7401

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

Name of Employer Cariten Healthcare
Occupation Account Services Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12504

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

TOTAL This Period (last page this line 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 30 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brenda N. Franklin

Mailing Address 7915 N Hale Ave Ste D

City Peoria State IL Zip Code 61615-2088

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

Name of Employer OSF HealthPlans Occupation Group Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12817
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert M Frazer

Mailing Address 1751 Wyngate Cir

City Mount Pleasant State SC Zip Code 29466-8016

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

Name of Employer SeniorCareUSA,LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12657
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City Lincoln State NE Zip Code 68506-5168

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13037
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 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: PAGE 31 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City State Zip Code
Wichita Falls TX 76301-3317

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

Name of Employer Occupation
Financial Partners Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12747

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Joan L. Galletta

Mailing Address 3342 Kori Rd

City State Zip Code
Jacksonville FL 32257-8883

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

Name of Employer Occupation
JP Perry Insurance, Inc. Agent

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

Date of Receipt

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

Transaction ID: 8096

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

James S. Garbina

Mailing Address 16510 Summit Dr

City State Zip Code
Omaha NE 68136-4038

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

Name of Employer Occupation
Harry A. Koch Co. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P13066

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bruce L. Gardner
 Mailing Address 504 Bulian Ln
 City Austin State TX Zip Code 78746-5423
 Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13067
 Amount of Each Receipt this Period 80.00
 Payroll Deduction (\$80.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Bruce Gardner Insurance & Investments Occupation Registered Representative
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

B. Full Name (Last, First, Middle Initial)
Joy K. Gardner
 Mailing Address 10605 Sterling Ridge Way
 City Reno State NV Zip Code 89521-5199
 Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13068
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)
 FEC ID number of contributing federal political committee. C
 Name of Employer Comstock Insurance Agencies, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial)
G. Russell Garner
 Mailing Address 1308 Murraywood Dr
 City Columbia State SC Zip Code 29212-1159
 Date of Receipt 11 / 03 / 2008
Transaction ID: 8049
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed Occupation Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 325.00

SUBTOTAL of Receipts This Page (optional) **135.00**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1308 Murraywood Dr

City State Zip Code
Columbia SC 29212-1159

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

Name of Employer Occupation
Self Employed Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12509

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 11865 Blue Bayou Dr

City State Zip Code
Huntley IL 60142-6764

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

Name of Employer Occupation
Benico, LTD Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12510

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ronald L. Gay

Mailing Address 3000 Briarcrest Dr Ste 422

City State Zip Code
Bryan TX 77802-3000

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

Name of Employer Occupation
Scott & White Health Plan Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12775

Amount of Each Receipt this Period
84.00

Payroll Deduction
(\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 144.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Wm. Gennaro
Mailing Address 523 W Vista Ave
City Phoenix State AZ Zip Code 85021-7257
FEC ID number of contributing federal political committee. **C**
Name of Employer Capitol Insurance Brokers, Inc. Occupation agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12658
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Charles J. Giardina
Mailing Address 41 Seven Oaks Rd
City Marrero State LA Zip Code 70072-5059
FEC ID number of contributing federal political committee. **C**
Name of Employer MetLife Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13032
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Patrice Goldfarb
Mailing Address 442 Teaneck Rd
City Ridgefield Park State NJ Zip Code 07660-1516
FEC ID number of contributing federal political committee. **C**
Name of Employer The Employee Benefits Advisors Group Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12512
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$60.00 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: PAGE 35 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carolyn L. Goodwin

Mailing Address 4959 Mill Run Rd

City State Zip Code
Dallas TX 75244-6530

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

Name of Employer Occupation
Goodwin Benefits Group, Agent
LLC

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 295.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12660

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

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

Mailing Address PO Box 90229

City State Zip Code
Anchorage AK 99509-0229

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

Name of Employer Occupation
ODS Alaska Marketing Assistant

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

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

Transaction ID: 8054

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City State Zip Code
Lincoln NE 68506-7519

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

Name of Employer Occupation
The Harry A. Koch Company Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P13046

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line 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 36 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jerri J. Gregory
Mailing Address 925 Euclid Ave
City Des Moines State IA Zip Code 50313-4027
FEC ID number of contributing federal political committee. **C**
Name of Employer AFLAC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12909
Amount of Each Receipt this Period 10.00
Payroll Deduction (\$10.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Patricia A Griffey
Mailing Address 56294 Primrose Cir
City Elkhart State IN Zip Code 46516-1509
FEC ID number of contributing federal political committee. **C**
Name of Employer Page 1 Benefits, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12511
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Stephen A. Grim
Mailing Address 2720 Mandolin Place
City Virginia Beach State VA Zip Code 23451
FEC ID number of contributing federal political committee. **C**
Name of Employer Mid-Atlantic Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 805.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12713
Amount of Each Receipt this Period 95.00
Payroll Deduction (\$95.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 190.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert A Grundman

Mailing Address 7412 Karl Dr

City State Zip Code
Lincoln NE 68516-4368

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

Name of Employer Senior Benefit Strategies
Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P13014

Amount of Each Receipt this Period
40.00

Payroll Deduction

(\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Cristy Russell Gupton

Mailing Address 2138 Goodman Lake Rd

City State Zip Code
Morganton NC 28655-7075

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

Name of Employer Carolina First Assoc.
Occupation Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1070.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12680

Amount of Each Receipt this Period
85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Craig Gussin

Mailing Address 843 Summersong Ct

City State Zip Code
Encinitas CA 92024-5447

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

Name of Employer Auerbach & Gussin Insurance & Financial
Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12432

Amount of Each Receipt this Period
40.00

Payroll Deduction

(\$40.00 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: PAGE 38 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Antonio Gutierrez

Mailing Address 12833 Riverdance Dr.

City Raleigh State NC Zip Code 27613

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

Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12681

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 12833 River Dance Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer Integrated Benefit Solutions, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12683

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City Nevada City State CA Zip Code 95959-2945

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

Name of Employer Halby Insurance Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12404

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: PAGE 39 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Walter T. Hale

Mailing Address 211 E Church St

City State Zip Code
Morrilton AR 72110-3419

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

Name of Employer Occupation
Hawkins Insurance Agency Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12444

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dwight A. Hall

Mailing Address 6107 Hazelwood Ave

City State Zip Code
Indianapolis IN 46228-1316

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

Name of Employer Occupation
Midwest Insurance Market- Regional Sales Director
ers of America

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12514

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 415 Thorncliff Dr

City State Zip Code
Fayetteville NC 28303-5221

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

Name of Employer Occupation
Ebenconcepts Company President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12515

Amount of Each Receipt this Period
410.00

Payroll Deduction
(\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **470.00**

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

**SCHEDULE A (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 / 125 |
| | <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. | Full Name (Last, First, Middle Initial) Gerald G Hartman | | Date of Receipt |
| | Mailing Address 3822 Gemini Cir | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Boise | ID | 83709-4834 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Insurance Network America Inc | | Occupation Agent | Transaction ID: 8089-P12518 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 500.00 | <input type="text"/> 50.00 |
| | | | Payroll Deduction |
| | | | (\$50.00 Monthly) |

| | | | |
|---|---|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Sheila H Hartman | | Date of Receipt |
| | Mailing Address 20315 Howard Ct | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Woodland Hills | CA | 91364-5668 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Financial Independence Co-mpany | | Occupation Agent | Transaction ID: 8089-P12519 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 680.00 | <input type="text"/> 170.00 |
| | | | Payroll Deduction |
| | | | (\$170.00 Monthly) |

| | | | |
|---|--|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Lori Headley | | Date of Receipt |
| | Mailing Address PO Box 14725 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Portland | OR | 97293-0725 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Healthwise Insurance Plan-ning | | Occupation Agent | Transaction ID: 8089-P12394 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text"/> 300.00 | <input type="text"/> 30.00 |
| | | | Payroll Deduction |
| | | | (\$30.00 Monthly) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 41 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8090-P12822

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joseph E. Henehan

Mailing Address 685 Carnegie Dr Ste 205

City State Zip Code
San Bernardino CA 92408-3550

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

Name of Employer The Henehan Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12378

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jon Hicks

Mailing Address 3620 Mountainside Dr

City State Zip Code
Colorado Springs CO 80918-5528

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

Name of Employer Hicks Benefit Group Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12522

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **215.00**

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 125 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Richard L Hill | | Date of Receipt |
| | Mailing Address 4435 O St | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Lincoln | NE | 68510-1842 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer UNICO Financial Services, Inc. | | Occupation Agent | Transaction ID: 8090-P12785 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="600.00"/> | <input type="text" value="60.00"/> |
| | | | Payroll Deduction |
| | | | (\$60.00 Monthly) |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mark Hobgood | | Date of Receipt |
| | Mailing Address 130 Rutland Dr | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Hallsville | TX | 75650-6213 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Healthcare Partners of East Texas, In | | Occupation Agent | Transaction ID: 8089-P12665 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="220.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction |
| | | | (\$30.00 Monthly) |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dean M Hoffman | | Date of Receipt |
| | Mailing Address 1155 Greenridge Ter | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Brookfield | WI | 53045-4558 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Diversified Insurance Services, Inc. | | Occupation Agent | Transaction ID: 8089-P12689 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="300.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction |
| | | | (\$30.00 Monthly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="120.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sheri S Hokin

Mailing Address 3330 Dundee Rd Ste C3

City Northbrook State IL Zip Code 60062-2328

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

Name of Employer Hokin Sternberg Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12377

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

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

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer Centralia General Agencies Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12793

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Gloria D. Hopper

Mailing Address 613 Sunnybrook Dr

City Monroe State NC Zip Code 28110-2770

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

Name of Employer Wachovia Insurance Services, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P13017

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

TOTAL This Period (last page this line 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 44 / 125

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Occupation
Health Alliance Plan Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12320

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
A. Watts Huckabee

Mailing Address 611 Forest Ln

City State Zip Code
Rock Hill SC 29730-3720

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

Name of Employer Occupation
Carolina's Insurance Group AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12524

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Lisa L. Iils

Mailing Address 2401 E Mercer Ln

City State Zip Code
Phoenix AZ 85028-2527

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

Name of Employer Occupation
Glass Financial Group Employee Benefit Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12433

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line 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 45 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2051 Via Concha

City State Zip Code
San Clemente CA 92673-5601

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

Name of Employer Executive Financial Advisors Inc. Occupation President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13020
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 1017 N Maplewood Ave

City State Zip Code
Peoria IL 61606-1035

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

Name of Employer Jackson Financial Services Occupation General Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 282.50

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12666
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Leah Anne Janway

Mailing Address 2225 SW 96th St

City State Zip Code
Oklahoma City OK 73159-6861

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

Name of Employer Berryhill Insurance Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13034
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: PAGE 46 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Julia A. Jennings
Mailing Address 2 Lady Slipper Ln
City Marion State MA Zip Code 02738-1294
FEC ID number of contributing federal political committee. **C**
Name of Employer: Sylvia & Co. Ins. Agency, Inc. Occupation: Vice President, Employee Benef
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12538
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
R. Allan Jensen
Mailing Address 6060 S Kenton Way
City Englewood State CO Zip Code 80111-5728
FEC ID number of contributing federal political committee. **C**
Name of Employer: Self employed Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12926
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David S Johnson
Mailing Address 1482 Baron Ct
City Stone Mountain State GA Zip Code 30087-3037
FEC ID number of contributing federal political committee. **C**
Name of Employer: David S. Johnson Insurance Occupation: Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12667
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 215.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 47 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert D. Johnson

Mailing Address 2684 Heywood Ln

City State Zip Code
Hayes VA 23072-4428

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

Name of Employer: Corporate Insurance Concepts, Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12347
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Sandra Johnson

Mailing Address 15707 Deer Crst

City State Zip Code
San Antonio TX 78248-1327

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

Name of Employer: Hairston, Johnson & Associates, PLLC Occupation: Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12677
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Suzanne K. Johnson

Mailing Address 6235 Morrison Blvd Ste 302

City State Zip Code
Charlotte NC 28211-3508

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

Name of Employer: Strategic Employee Benefit Services Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12820
Amount of Each Receipt this Period: 40.00
Payroll Deduction: (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line 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 48 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kenneth Jones

Mailing Address 13500 Shaker Blvd Apt 502

City Cleveland State OH Zip Code 44120-1572

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

Name of Employer GBA Solutions Occupation agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12491

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Keith Jordano

Mailing Address 12751 Orange Blvd

City West Palm Beach State FL Zip Code 33412-1413

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

Name of Employer Jordano Insurance Group, Inc. Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12402

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek

Mailing Address 6711 Berry Rd

City Ravenna State OH Zip Code 44266-9161

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

Name of Employer Kaczmarek Insurance Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P13030

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: PAGE 49 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thelma Darlene Kaczmarek

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-9161

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

Name of Employer: Kaczmarek Ins. Services Agency, Inc. Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P13031
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 Monthly)

B.

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

Mailing Address 8033 W Sunset Blvd # 982

City State Zip Code
Los Angeles CA 90046-2401

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

Name of Employer: Insurance Neighborhood Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: 8045
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
George R Keeling

Mailing Address 1875 N Highway 385

City State Zip Code
Levelland TX 79336-9493

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

Name of Employer: George R. Keeling Insurance Agency Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P13023
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1185.00

TOTAL This Period (last page this line 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 50 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph A. Kelliher
Mailing Address 24 Sawyer Dr
City Salem State VA Zip Code 24153-6810
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefits Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12883
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tamara P Kennedy
Mailing Address 16321 N 105th Way
City Scottsdale State AZ Zip Code 85255-9009
FEC ID number of contributing federal political committee. **C**
Name of Employer Rogers Benefit Group Inc Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12645
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Carolyn J. King
Mailing Address 6 Country Ln
City Sussex State NJ Zip Code 07461-4630
FEC ID number of contributing federal political committee. **C**
Name of Employer New England Financial Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12656
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: PAGE 51 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Laurie J Kirkland
Mailing Address 6601 Glacier Ct
City State Zip Code
Yakima WA 98908-2382
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Conover Insurance, Inc. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12492
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Barbara Jean Knox
Mailing Address 318 Calash Run
City State Zip Code
Fort Wayne IN 46845-2104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Intrahealthsolutions, Inc. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13005
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kay Knutson
Mailing Address 11005 Spain Rd NE
City State Zip Code
Albuquerque NM 87111-1899
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Presbyterian Health Plan VP Medicare Programs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1210.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12381
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 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: PAGE 52 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ross W. Kraft

Mailing Address 21 Jordan Rd

City State Zip Code
New Hartford NY 13413-2311

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

Name of Employer Meridian Group of New York, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12494
Amount of Each Receipt this Period 30.42
Payroll Deduction (\$30.42 Monthly)

B. Full Name (Last, First, Middle Initial)
Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City State Zip Code
Omaha NE 68116-5135

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

Name of Employer Holmes Murphy and Associates, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12886
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Linda E. Krueger

Mailing Address 5753 Housman Ave

City State Zip Code
Pueblo CO 81004-9708

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

Name of Employer Beta Health Association, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12993
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.42

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: PAGE 53 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 435 Kingswood

City Lexington State KY Zip Code 40502-1000

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

Name of Employer Lawless Insurance Agency Occupation Owner/Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12496
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 12988 W Paint Dr

City Boise State ID Zip Code 83713-1947

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

Name of Employer Scott Leavitt Insurance & Financial S Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 930.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12994
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Marilyn Anne Leonard

Mailing Address 3676 Woodley Dr

City San Jose State CA Zip Code 95148-2829

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

Name of Employer Beacon Ridge Health Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12653
 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: PAGE 54 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jacqueline L. Letts
Mailing Address 4401 N. 33 Mile Road

City State Zip Code
Charelevoix MI 49663

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

Name of Employer Occupation
Bingham Insurance Services AGENT

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12673

Amount of Each Receipt this Period
25.00

Payroll Deduction
(\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ronald M. Levine
Mailing Address 6625 The Corners Pkwy

City State Zip Code
Norcross GA 30092-3342

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

Name of Employer Occupation
ARINSO International Vice President HRO Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12443

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles N. Lineberger
Mailing Address 2927 Berwick Ln

City State Zip Code
Gastonia NC 28054-6055

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

Name of Employer Occupation
Benefit Partners, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12887

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: PAGE 55 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Larry Link

Mailing Address 6901 Ravine Cir

City State Zip Code
Worthington OH 43085-2886

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

Name of Employer InsuranceLink Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12544
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 2851 W Princeton Ave

City State Zip Code
Eau Claire WI 54703-1343

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

Name of Employer Johnson Insurance Services Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12626
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Juan Ramon Lopez

Mailing Address 27 Banstead

City State Zip Code
Trabuco Canyon CA 92679-3740

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

Name of Employer Kaiser Permanente Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12638
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: PAGE 56 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Douglas Lubenow

Mailing Address 3 Fulton Dr

City State Zip Code
Mount Laurel NJ 08054-4510

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

Name of Employer Lubenow Agency Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12823
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan Tullis Luvisi

Mailing Address 2185 Avian Pl

City State Zip Code
Jacksonville FL 32224-3011

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

Name of Employer James F. Tullis & Associates, Inc. Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12499
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer The Medical Link, Inc. Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12426
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: PAGE 57 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carla Magarity
Mailing Address 22071 Martinez St
City Woodland Hills State CA Zip Code 91364-1612
FEC ID number of contributing federal political committee. **C**
Name of Employer Time Employee Benefits Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12629
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Thomas G. Magnus
Mailing Address PO Box 999
City El Granada State CA Zip Code 94018-0999
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross of California Occupation Sales Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12345
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Victoria A. Major-Bell
Mailing Address 3602 Harwich Ct
City Lake Worth State FL Zip Code 33467-1532
FEC ID number of contributing federal political committee. **C**
Name of Employer VMB Solutions Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13000
Amount of Each Receipt this Period 10.00
Payroll Deduction (\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 70.00
TOTAL This Period (last page this line 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 58 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dale W. Maloney

Mailing Address 401 Wekiva Cove Rd

City State Zip Code
Longwood FL 32779-5635

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

Name of Employer Benefits Division, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12644

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Richard S. Manin

Mailing Address 33 Manchester St

City State Zip Code
Galloway NJ 08205-3678

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

Name of Employer Richard S. Manin Insurance Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12546

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kimberly C. Martin

Mailing Address 6 Rasada Dr

City State Zip Code
Weaverville NC 28787-9306

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

Name of Employer Ebenconcepts Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12888

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line 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 59 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Matthew L. Masone

Mailing Address 367 Sheffield Rd

City State Zip Code
Severna Park MD 21146-1647

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

Name of Employer Occupation
Lincoln Financial Group Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12625

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Donald L. Mathern

Mailing Address 7650 Cherrywood Dr

City State Zip Code
Boise ID 83704-3541

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

Name of Employer Occupation
Insurance Specialists Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12336

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City State Zip Code
Greensboro NC 27410-8362

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

Name of Employer Occupation
EbenConcepts Company Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12640

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 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: PAGE 60 / 125

(check only one)

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

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

| | | | |
|---|--|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Tom W Mayer | | Date of Receipt |
| | Mailing Address 2720 Aldrich Ave S | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Minneapolis | MN | 55408-1316 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Direct Benefits, Inc. | | Occupation Owner | Transaction ID: 8089-P12641 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="300.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction |
| | | | (\$30.00 Monthly) |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) John R. McConaughy | | Date of Receipt |
| | Mailing Address 6312 Anthony Dr | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Liberty Twp | OH | 45011-1303 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer JRM & Associates Agency, Inc | | Occupation Agent | Transaction ID: 8089-P12655 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="300.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction |
| | | | (\$30.00 Monthly) |

| | | | |
|---|--|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) H. Luke McDermott | | Date of Receipt |
| | Mailing Address 1044 Park Palisade Dr | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | South Jordan | UT | 84095-2229 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer McDermott Company & Associates | | Occupation Agent | Transaction ID: 8089-P12500 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> | <input type="text" value="100.00"/> |
| | | | Payroll Deduction |
| | | | (\$100.00 Monthly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="160.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 61 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Leslie E. McGerr

Mailing Address 6125 Havelock Ave

City Lincoln State NE Zip Code 68507-1234

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

Name of Employer Les McGerr & Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12411

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan McGinnis

Mailing Address 9905 S Maplewood Ave

City Tulsa State OK Zip Code 74137-5534

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2008

Transaction ID: 8019

Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Dennis M McLaughlin

Mailing Address 614 Wellesley Dr

City Houston State TX Zip Code 77024-5507

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

Name of Employer Core Benefit Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 12 / 2008

Transaction ID: 8097

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 5060.00

TOTAL This Period (last page this line 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 62 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 123 E 2nd Ave

City State Zip Code
Spokane WA 99202-1525

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

Name of Employer Jones & Mitchell Insurance Occupation Benefits Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12344
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Monte A. Merken

Mailing Address 24577 Indian Hill Ln

City State Zip Code
West Hills CA 91307-3829

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

Name of Employer Petersen International Underwriters Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12890
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City State Zip Code
Katy TX 77450-4909

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

Name of Employer TradeMark Insurance Agency LLC Occupation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12632
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 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 63 / 125 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Bradley V. Miles | | Date of Receipt |
| | Mailing Address 11417 E 44th Ave | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Spokane Valley | WA | 99206-9403 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12633 |
| Name of Employer Brad Miles Insurance | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="740.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll Deduction (\$30.00 Monthly) |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Jeffrey R. Miles | | Date of Receipt |
| | Mailing Address 736 Amoroso PI | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Venice | CA | 90291-3802 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12634 |
| Name of Employer The Miles Organization, Inc. | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="935.00"/> | <input type="text" value="170.00"/> |
| | | | Payroll Deduction (\$170.00 Monthly) |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Glendae Mitchell | | Date of Receipt |
| | Mailing Address 736 Old Greenville Rd | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Fayetteville | GA | 30215-5935 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8090-P12845 |
| Name of Employer Benevestco, Inc. | | Occupation Account Executive | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="25.00"/> |
| | | | Payroll Deduction (\$25.00 Monthly) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="225.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 64 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Stephanie Monette
Mailing Address 1510 Meadow Wood Ln
City Reno State NV Zip Code 89502-8503
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Mary's Health Plans Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12818
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David R. Moore
Mailing Address 605 Truitt Dr
City Elon State NC Zip Code 27244-9262
FEC ID number of contributing federal political committee. **C**
Name of Employer David R. Moore, CLU & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13002
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Wesley P. Moore
Mailing Address PO Box 604
City Darlington State SC Zip Code 29540-0604
FEC ID number of contributing federal political committee. **C**
Name of Employer W P Moore Agency Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1120.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12814
Amount of Each Receipt this Period 110.00
Payroll Deduction (\$110.00 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: PAGE 65 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Reine C. Morris

Mailing Address PO Box 1271

City State Zip Code
Portland OR 97207-1271

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

Name of Employer Regence BlueCross BlueShield
Occupation Account Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12322

Amount of Each Receipt this Period
20.00

Payroll Deduction
(\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Carolynne E. Muldoon

Mailing Address 5553 Baca Cir

City State Zip Code
Boulder CO 80301-3520

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

Name of Employer Colorado Employee Benefit Group, LLC
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12616

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Glen W. Mulready

Mailing Address 2708 W 66th Pl

City State Zip Code
Tulsa OK 74132-1301

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

Name of Employer Self Employed
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12368

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line 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 66 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ray M. Musser
Mailing Address 404 N 2nd Ave Ste B
City Upland State CA Zip Code 91786-4701
FEC ID number of contributing federal political committee. **C**
Name of Employer Ray M. Musser & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12448
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joshua D. Nace
Mailing Address 936 N 34th St Ste 208
City Seattle State WA Zip Code 98103-8869
FEC ID number of contributing federal political committee. **C**
Name of Employer Dental Health Services, Inc. Occupation Vice President Sales & Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12852
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Katrina A. Nash
Mailing Address 6812 Rivergate Ln
City Oklahoma City State OK Zip Code 73132-3905
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental Plan of Oklahoma Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P13013
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: PAGE 67 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Warner Pacific Insurance Services
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 8046

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ronnell Nolan

Mailing Address 364 Steele Blvd

City State Zip Code
Baton Rouge LA 70806-5131

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

Name of Employer The Nolan Group
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8090-P13009

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Trisha Norket

Mailing Address 1401 Riverside Dr

City State Zip Code
Charlotte NC 28214-9651

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

Name of Employer Wachovia Insurance Services
Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12445

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **5090.00**

TOTAL This Period (last page this line 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 68 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 2052

City Franklin State NC Zip Code 28744-2052

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

Name of Employer Wayah Insurance Agency Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12897

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Frank R. Novy

Mailing Address 21238 Woodview Cir

City Strongsville State OH Zip Code 44149-9261

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

Name of Employer Qualified Administrative Services, In Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12503

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lora A. Oldham

Mailing Address 20039 E Brightway Dr

City Mokena State IL Zip Code 60448-1404

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

Name of Employer Aetna Occupation Director of Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12619

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: PAGE 69 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Terri M. Olson

Mailing Address PO Box 21479

City State Zip Code
Keizer OR 97307-1479

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

Name of Employer Occupation
Olson Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12788
Amount of Each Receipt this Period: 25.00
Payroll Deduction: (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Tiffany Otis-Albert

Mailing Address 18920 Stonewater Blvd

City State Zip Code
Northville MI 48168-8560

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

Name of Employer Occupation
PPOM Vice President Corporate Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12467
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 47 Laurel Hill Dr

City State Zip Code
Niantic CT 06357-1536

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

Name of Employer Occupation
Parker Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12983
Amount of Each Receipt this Period: 90.00
Payroll Deduction: (\$90.00 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: PAGE 70 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jesse A. Patton

Mailing Address 701 Grand Ave

City State Zip Code
West Des Moines IA 50265-3625

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12468
Amount of Each Receipt this Period: 350.00
Payroll Deduction: (\$350.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lee Patton

Mailing Address 3105 True Pkwy, Apt 608

City State Zip Code
West Des Moines IA 50265

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

Name of Employer Associations Marketing Group, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12870
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Alyce Pendell

Mailing Address 3030 SE 12th St Unit 1077

City State Zip Code
Renton WA 98058-3887

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

Name of Employer Sprague Israel Giles, Inc. Occupation Employee Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12603
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **410.00**

TOTAL This Period (last page this line 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 71 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ross W. Pendergraft
Mailing Address 16622 Calahan St
City North Hills State CA Zip Code 91343-3602
FEC ID number of contributing federal political committee. **C**
Name of Employer Arroyo Insurance Services, Inc Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12604
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kenneth G. Penn
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 Executive Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12470
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Juna M. Penney
Mailing Address 2091 Shepherdia Dr
City Anchorage State AK Zip Code 99508-4043
FEC ID number of contributing federal political committee. **C**
Name of Employer Premera Blue Cross Blue Shield of Ala Occupation Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 10 / 21 / 2008
Transaction ID: 8011
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Herb Pennington
Mailing Address 4640 Woodbridge Dr
City Kernersville State NC Zip Code 27284-8850
FEC ID number of contributing federal political committee. **C**
Name of Employer Pennington Associates Inc. Occupation Principal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 290.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12438
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Clifford E. Perras
Mailing Address 1621 Cedar St
City South Bend State IN Zip Code 46617-2533
FEC ID number of contributing federal political committee. **C**
Name of Employer Perras & Associates Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12782
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David R. Perry
Mailing Address 2003 Charvais Dr
City Lake Charles State LA Zip Code 70601-5605
FEC ID number of contributing federal political committee. **C**
Name of Employer The Perry Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12622
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 73 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jackie Audrey Peterson
Mailing Address 816 Calle Myriam

City Sparks State NV Zip Code 89436-0663

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

Name of Employer Self Employed Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12996
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joe Phiifer
Mailing Address 2323 N. Houston St.

City Dallas State TX Zip Code 75219

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

Name of Employer SafeGuard Dental & Vision Occupation Sr. Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 795.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12872
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joseph E. Pittman
Mailing Address 7430 Vinton St

City Omaha State NE Zip Code 68124-3452

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

Name of Employer Creative Association Management Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12623
 Amount of Each Receipt this Period 35.00
 Payroll Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

TOTAL This Period (last page this line 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 74 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Susan R. Pittman

Mailing Address 32418 51st Ave SW

City State Zip Code
Federal Way WA 98023-1936

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

Name of Employer Occupation
Insure NW Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12804

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Angela Potts Bopp

Mailing Address 1205 Highway 2 Ste 202

City State Zip Code
Sandpoint ID 83864-2716

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

Name of Employer Occupation
Harris/Dean Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12843

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
David Michael Pressley

Mailing Address 1075 Moran Rd

City State Zip Code
Franklin TN 37069-6960

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12988

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: PAGE 75 / 125

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Terri B. Pritchard

Mailing Address 1399 Ashleybrook Ln Ste 110

City State Zip Code
Winston Salem NC 27103-2961

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

Name of Employer Third Party Marketers Of America, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12354

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

John G. Prue

Mailing Address 12713 S Edinburg St

City State Zip Code
Olathe KS 66062-1300

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

Name of Employer Humana, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12874

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Colleen Mary Pruitt

Mailing Address 5805 75th St

City State Zip Code
Lubbock TX 79424-1727

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

Name of Employer TACT Insurance Agency Occupation Agency Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 495.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12472

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: PAGE 76 / 125

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Connie Puett

Mailing Address 5160 N Eyrie Way

City State Zip Code
Boise ID 83703-4287

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

Name of Employer Occupation
Primary Health Marketing & Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12473

Amount of Each Receipt this Period

31.00

Payroll Deduction

(\$31.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Rebecca L. Purdy

Mailing Address 8121 Desert Jewel Cir

City State Zip Code
Las Vegas NV 89128-7741

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

Name of Employer Occupation
The Onyx Group Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12875

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jeffrey A. Ranf

Mailing Address 2600 Denali St Ste 102

City State Zip Code
Anchorage AK 99503-2746

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

Name of Employer Occupation
Wallace Group Services Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12437

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City Midlothian State VA Zip Code 23113-6726

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

Name of Employer BB&T Benefit Consultants of Virginia. Occupation Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12474
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jon C Rauser

Mailing Address 949 Lamplighter Ln

City Grafton State WI Zip Code 53024-9314

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

Name of Employer The Rauser Agency, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12475
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

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

Mailing Address 110 Beaver Bnd

City Canton State MS Zip Code 39046-9296

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

Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu Occupation Director of Marketing - Life/H

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12476
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 295.00

TOTAL This Period (last page this line 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 78 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address 971 N Perry St

City State Zip Code
Ottawa OH 45875-1218

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

Name of Employer Fawcett, Lammon, Recker & Associates
Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8090-P12802

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Eric Redman

Mailing Address PO Box 930

City State Zip Code
Rathdrum ID 83858-0930

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

Name of Employer Redman & Company Insurance Inc
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12335

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Susan Redman

Mailing Address PO Box 930

City State Zip Code
Rathdrum ID 83858-0930

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

Name of Employer Redman & Company Insurance, Inc.
Occupation inside sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12385

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: PAGE 79 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joni Robin Reents
Mailing Address 12433 Bellaire Dr
City Thornton State CO Zip Code 80241-2925
FEC ID number of contributing federal political committee. **C**
Name of Employer Romer, Reents & Associates, Inc. Occupation Producer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12609
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lois Kohler Rhoades
Mailing Address 352 Ridgetop Rd
City Fleetwood State NC Zip Code 28626
FEC ID number of contributing federal political committee. **C**
Name of Employer Hicks, Kohler & Associates Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12748
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Russell Lee Rice
Mailing Address 8830 Buckskin Dr
City Boerne State TX Zip Code 78006-5554
FEC ID number of contributing federal political committee. **C**
Name of Employer AVESIS, Inc. Occupation Regional VP of Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12611
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: PAGE 80 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City State Zip Code
Kennesaw GA 30152-4077

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1105.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12563

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Glen E Riensche

Mailing Address 4316 S 48th St

City State Zip Code
Lincoln NE 68516-1287

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

Name of Employer Advanced Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12797

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Patti S. Ring

Mailing Address 158 E Larkspur Ln

City State Zip Code
Onalaska WI 54650-8300

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

Name of Employer 3PAdministrators Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7993

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ► **235.00**

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

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

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

FOR LINE NUMBER: PAGE 81 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City State Zip Code
El Paso TX 79912-2803

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12876
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12323
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joseph K. Roberts

Mailing Address 4000 S 36th St

City State Zip Code
Lincoln NE 68506-4809

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12974
Amount of Each Receipt this Period: 120.00
Payroll Deduction: (\$120.00 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: PAGE 82 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 739 E Jackson St

City State Zip Code
Martinsville IN 46151-2033

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

Name of Employer American Community Mutual Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12439

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer Palm Canyon Insurance Agency Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8090-P12992

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Clayton W Rooy

Mailing Address 7914 Kenton Ave

City State Zip Code
Parma OH 44129-4320

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

Name of Employer Insurance Strategy, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12612

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: PAGE 83 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles P. Rosen

Mailing Address 849 Somera Ct

City State Zip Code
Simi Valley CA 93065-5546

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

Name of Employer: Acme Insurance & Financial Services
Occupation: President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12614
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Franklin W. Roth

Mailing Address 1605 E Harwood St Ste 100

City State Zip Code
Orlando FL 32803-5551

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

Name of Employer: Benefits Consulting Group of Florida
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 12 / 2008
Transaction ID: 8094
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Eugene L. Rowe

Mailing Address 10430 Wilshire Blvd

City State Zip Code
Los Angeles CA 90024-4651

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

Name of Employer: R & R Insurance and Retirement Service
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12987
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **310.00**

TOTAL This Period (last page this line 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 84 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City State Zip Code
Budd Lake NJ 07828-1438

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

Name of Employer John J. Slattery Associates
Occupation Director of Broker Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12479

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City State Zip Code
Woodbury MN 55125-9592

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

Name of Employer Sailer Benefit Services, Inc.
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12484

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Stephen J. Salamon

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

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

Name of Employer Heritage Financial Consultants, LLC
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: 8089-P12396

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: PAGE 85 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City State Zip Code
Dacula GA 30019-3290

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

Name of Employer
E2E Benefits Services, Inc.

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12485

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ryan A Saul

Mailing Address 1521 Technology Pkwy

City State Zip Code
Cedar Falls IA 50613-6977

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

Name of Employer
PIPAC

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12399

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City State Zip Code
Marietta GA 30064-2474

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

Name of Employer
Schiebel & Associates, LLC
dba Shopbe

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12487

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 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: PAGE 86 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 2604 Blackhawk Dr

City State Zip Code
Bellevue NE 68123-3704

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

Name of Employer Occupation
NP Dodge Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12947

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Occupation
The Rainmakers Group, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12569

Amount of Each Receipt this Period 110.00

Payroll Deduction (\$110.00 Monthly)

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

Mailing Address 210 Garden Ave

City State Zip Code
Nashville TN 37205-2422

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

Name of Employer Occupation
Colonial Supplemental Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12756

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: PAGE 87 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Matt Schnug
 Mailing Address 16590 SW Rogue River Ter
 City State Zip Code
 Beaverton OR 97006-7975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ODS Companies Marketing Rep
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 8 / 2 0 0 8
Transaction ID: 8055
 Amount of Each Receipt this Period
 365.00

B. Full Name (Last, First, Middle Initial)
James J. Scholl
 Mailing Address 8669 Ainsdale Ct
 City State Zip Code
 Lone Tree CO 80124-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scholl & Associates Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8089-P12435
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Alan R. Schulman
 Mailing Address 10010 Colesville Rd Ste A
 City State Zip Code
 Silver Spring MD 20901-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Insurance Benefits & Advisors Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: 8090-P12794
 Amount of Each Receipt this Period
 170.00
 Payroll Deduction
 (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 565.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James D. Schulz
Mailing Address 7101 S 82nd St

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12408
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Gregory J. Seifert
Mailing Address 3311 NE 115th St

City Vancouver State WA Zip Code 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12570
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Steven Selinsky
Mailing Address 28638 Oak Point Dr

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Humana, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 28 / 2008
Transaction ID: 8043
 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 570.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 125
(check only one)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bruce J. Setlik

Mailing Address 17808 Harney St

City State Zip Code
Omaha NE 68118-3500

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

Name of Employer American Community Mutual, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12958
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Kathryne A. Sexton

Mailing Address 436 Tumbleweed Rd

City State Zip Code
Yukon OK 73099-6842

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

Name of Employer Insurance Solutions Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2008
Transaction ID: 8068
Amount of Each Receipt this Period 250.00

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

Mailing Address 463 Tumbleweed Rd

City State Zip Code
Yukon OK 73099-6843

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

Name of Employer Insurance Solutions Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2008
Transaction ID: 8069
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 530.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Douglas W Sheffer

Mailing Address 110 International Way

City Springfield State OR Zip Code 97477-1034

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

Name of Employer PacificSource Health Plans Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12332

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 8 1st St

City Asheville State NC Zip Code 28803-1414

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

Name of Employer Benefit Design Group Occupation Marketing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12977

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 2844 Regal Ln

City Oviedo State FL Zip Code 32765-7573

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

Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Vice President/Life & LTC Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12615

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 91 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|--|--|---|
| A. | Full Name (Last, First, Middle Initial) Jeffrey Sherrod | | Date of Receipt |
| | Mailing Address 3810 Holly Ridge Dr | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Longview | TX | 75605-2500 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Principal Life Insurance Co. | | Occupation Agent | Payroll Deduction (\$30.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 270.00 | |
| | | Transaction ID: 8089-P12348 | |
| | | Amount of Each Receipt this Period <input type="text"/> 30.00 | |

| | | | |
|---|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Thomas E. Shores | | Date of Receipt |
| | Mailing Address 8596 W Bolsa St | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Boise | ID | 83709-5196 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer T.A. Shores Inc. | | Occupation Agent | Payroll Deduction (\$31.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 310.00 | |
| | | Transaction ID: 8089-P12481 | |
| | | Amount of Each Receipt this Period <input type="text"/> 31.00 | |

| | | | |
|---|--|--|---|
| C. | Full Name (Last, First, Middle Initial) Eileen M. Shrem | | Date of Receipt |
| | Mailing Address 215 McCabe Ave Apt C1 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Bradley Beach | NJ | 07720-1465 |
| | FEC ID number of contributing federal political committee. | | <input type="text"/> C <input type="text"/> |
| Name of Employer Independent Insurance Planner | | Occupation Agent | Payroll Deduction (\$30.00 Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 270.00 | |
| | | Transaction ID: 8089-P12482 | |
| | | Amount of Each Receipt this Period <input type="text"/> 30.00 | |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 91.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 92 / 125
(check only one)
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 13 14 15 16 17

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

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

Mailing Address 5904 Hitching Post Ln

City State Zip Code
Nashville TN 37211-6934

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

Name of Employer Occupation
ESP, Inc President, CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12602

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City State Zip Code
Moorpark CA 93021-3761

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

Name of Employer Occupation
Acme Insurance and Financial Services Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12483

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Steven J. Sinkler

Mailing Address 10185 NW 102nd St

City State Zip Code
Clive IA 50325-6770

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

Name of Employer Occupation
Coventry Health Care of Iowa Director of Individual Sales

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12961

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)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Roger W Skinner
Mailing Address 11835 N 40th Way
City Phoenix State AZ Zip Code 85028-1525
FEC ID number of contributing federal political committee. **C**
Name of Employer GroupLink, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12896
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Desmond X. Slattery
Mailing Address 1800 State Route 34
City Wall State NJ Zip Code 07719-9168
FEC ID number of contributing federal political committee. **C**
Name of Employer John J. Slattery Associates Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12412
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Deirdre Slattery Fallon
Mailing Address PO Box 256
City Spring Lake State NJ Zip Code 07762-0256
FEC ID number of contributing federal political committee. **C**
Name of Employer John J. Slattery Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12357
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 195.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code
Los Angeles CA 90046-3284

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

Name of Employer Occupation
GENESIS/Smith-Benton President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2008

Transaction ID: 8089-P12589

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Nathaniel M. Smith

Mailing Address 5311 77 Center Dr Ste 72

City State Zip Code
Charlotte NC 28217-0751

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

Name of Employer Occupation
Rogers Benefit Group Agent

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2008

Transaction ID: 8051

Amount of Each Receipt this Period
365.00

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

Mailing Address 169 Hawthorne Dr

City State Zip Code
Kensington CT 06037-4074

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

Name of Employer Occupation
AmeriBen Alliance, LLC Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2008

Transaction ID: 8089-P12590

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **480.00**

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

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

Use separate schedule(s)
for each category of the
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Teresa A. Smith
Mailing Address 2828 Lily St
City Anchorage State AK Zip Code 99508-4771
FEC ID number of contributing federal political committee. **C**
Name of Employer Premera BlueCross BlueShield of Alaska Occupation agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12861
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James Randall Southard
Mailing Address 7848 Nc Highway 68 N
City Stokesdale State NC Zip Code 27357-9326
FEC ID number of contributing federal political committee. **C**
Name of Employer Professional Benefits Associates, LLC Occupation Partner
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12576
Amount of Each Receipt this Period 65.00
Payroll Deduction (\$65.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard Blake Spell
Mailing Address 7873 Bufflehead Ct
City Greensboro State NC Zip Code 27455-8376
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealthcare Occupation Account Executive
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12591
Amount of Each Receipt this Period 20.00
Payroll Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 115.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jackie L. Spragins
Mailing Address 2009 Speedway Ave
City State Zip Code
Wichita Falls TX 76301-6067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allred-Thompson-Mason-Daugherty Insur Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12963
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Norman D. Springer
Mailing Address 1626 203rd St E
City State Zip Code
Westfield IN 46074-9687
FEC ID number of contributing federal political committee. **C**
Name of Employer American Community Mutual Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12455
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Delvin L. Stahl
Mailing Address PO Box 388
City State Zip Code
Sutton NE 68979-0388
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Plus, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12863
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 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)
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter J Stein

Mailing Address 1164 Silver Beech Rd

City Herndon State VA Zip Code 20170-2328

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

Name of Employer NAHU Occupation VP Congressional Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12459

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jo Steinberg

Mailing Address 11803 W North Ave

City Milwaukee State WI Zip Code 53226-2043

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

Name of Employer Healics/Midland Health Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 28 / 2008

Transaction ID: 8053

Amount of Each Receipt this Period 100.00

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

Mailing Address 77 Ridgeview Ln

City Mount Arlington State NJ Zip Code 07856-2321

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

Name of Employer NAS Financial Services Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4955.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12580

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 355.00

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City State Zip Code
Mount Arlington NJ 07856-2321

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

Name of Employer Self Employed Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12950
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James R. Stephens

Mailing Address 1607 Lower Union Hill Rd

City State Zip Code
Canton GA 30115-8435

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

Name of Employer WellCare Health Plans, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12778
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Ames Stetzler

Mailing Address 9225 Indian Creek Pkwy

City State Zip Code
Shawnee Mission KS 66210-2009

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

Name of Employer The Resource Group, L.C. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12346
Amount of Each Receipt this Period 25.00
Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

Mailing Address 9755 Randall Dr

City Indianapolis State IN Zip Code 46280-2944

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

Name of Employer Benefit Innovations LLP Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12561

Amount of Each Receipt this Period 135.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James L. Sugden

Mailing Address 628 Wild Ridge Cir

City Lafayette State CO Zip Code 80026-2583

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

Name of Employer Employee Benefit Solutions, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12952

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 15316 Pine St

City Omaha State NE Zip Code 68144-5117

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

Name of Employer Senior Market Sales, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12953

Amount of Each Receipt this Period 125.00

Payroll Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 / 125 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Ryan R. Swinton | | Date of Receipt |
| | Mailing Address 9931 N 151st St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Waverly | NE | 68462-1611 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12597 |
| Name of Employer Midlands Financial Benefits | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 340.00 | <input type="text"/> 85.00 |
| | | | Payroll Deduction (\$85.00 Monthly) |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Ryan P. Thorn | | Date of Receipt |
| | Mailing Address 10342 Springcrest Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | South Jordan | UT | 84095-4538 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8090-P12791 |
| Name of Employer Ryan P. Thorn Insurance Planning, Inc. | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 | <input type="text"/> 30.00 |
| | | | Payroll Deduction (\$30.00 Monthly) |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Robert J Tierney | | Date of Receipt |
| | Mailing Address 671 E Riverpark Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Boise | ID | 83706-4066 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 8089-P12547 |
| Name of Employer Tierney Consulting, Inc. | | Occupation Agent | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | <input type="text"/> 30.00 |
| | | | Payroll Deduction (\$30.00 Monthly) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 145.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Helen M. Todd
Mailing Address 54 Belle Meadow Ln
City Little Rock State AR Zip Code 72210-3714
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc. Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12549
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John David Todd
Mailing Address 7011 Lucea Rd
City Little Rock State AR Zip Code 72210-4146
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12550
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Richard H. Todd
Mailing Address 54 Belle Meadow Ln
City Little Rock State AR Zip Code 72210-3714
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12551
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: PAGE 102 / 125
(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 |
| | | | | | | | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Dave Toeben

Mailing Address 1625 Division St

City State Zip Code
Waite Park MN 56387-1811

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

Name of Employer Occupation
Insight Insurance Services President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12334

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

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

Mailing Address 7555 Brookstead Xing

City State Zip Code
Duluth GA 30097-1953

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

Name of Employer Occupation
Admin America Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12942

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jennifer L. Toups

Mailing Address 4521 Laurel St

City State Zip Code
New Orleans LA 70115-1538

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

Name of Employer Occupation
Business Insurance Group Director of Marketing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12565

Amount of Each Receipt this Period

35.00

Payroll Deduction

(\$35.00 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

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

A. Full Name (Last, First, Middle Initial)
Eric S. Townsend

Mailing Address 8523 W Lockerbie Dr

City Indianapolis State IN Zip Code 46234-2638

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

Name of Employer Mutual of Omaha Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12418

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Janet Trautwein

Mailing Address 7212 Redlac Dr

City Clifton State VA Zip Code 20124-1948

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

Name of Employer NAHU Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12954

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
C. Louanne Trebing

Mailing Address 1806 Patton Dr

City Garland State TX Zip Code 75042-8205

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

Name of Employer Trebing Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8090-P12956

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**

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

A. Full Name (Last, First, Middle Initial)
Charles Trogdon

Mailing Address 2950 E Richmond Ave

City State Zip Code
Fresno CA 93720-4977

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

Name of Employer Occupation
Gallagher Benefit Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12599

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Brian Urban

Mailing Address 11329 Kansas Cir

City State Zip Code
Omaha NE 68164-1555

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

Name of Employer Occupation
Corporate Resource Group, Inc. Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12553

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dawn Michelle Urso

Mailing Address 1469 Deborah Dr

City State Zip Code
Spring Hill FL 34609-4604

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

Name of Employer Occupation
Alltrust Insurance agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12540

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) ►

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

A. Full Name (Last, First, Middle Initial)
Jean Van Der Sommen
Mailing Address 3483 Satellite Blvd
City Duluth State GA Zip Code 30096-8692
FEC ID number of contributing federal political committee. **C**
Name of Employer: Lloyd Bennett Professional Services G Occupation: Employee Benefits
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 8089-P12403
Amount of Each Receipt this Period: 15.00
Payroll Deduction: (\$15.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert B. Vernon
Mailing Address 3702 Alton Rd SW
City Roanoke State VA Zip Code 24014-3004
FEC ID number of contributing federal political committee. **C**
Name of Employer: Southwind Health Partners Occupation: President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12957
Amount of Each Receipt this Period: 40.00
Payroll Deduction: (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Charles G. Wagner
Mailing Address PO Box 9
City Burwell State NE Zip Code 68823-0009
FEC ID number of contributing federal political committee. **C**
Name of Employer: Town and Country Insurance Agency, In Occupation: President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12851
Amount of Each Receipt this Period: 50.00
Payroll Deduction: (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) **105.00**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Janice Walker
Mailing Address 4019 Cardinal Rd
City Akron State OH Zip Code 44333-1503
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Designs, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12566
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Timothy P. Walsh
Mailing Address 701 Oyster Catcher Dr
City Hampstead State NC Zip Code 28443-8340
FEC ID number of contributing federal political committee. **C**
Name of Employer Advanced Insurance Systems Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12965
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jessica F Waltman
Mailing Address 2000 14th St N Ste 450
City Arlington State VA Zip Code 22201-2573
FEC ID number of contributing federal political committee. **C**
Name of Employer NAHU Occupation VP, Policy and State Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12829
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)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Hughes Waren
Mailing Address 1109 Princeton Dr
City State Zip Code
Wilmington NC 28403-2528
FEC ID number of contributing federal political committee. **C**
Name of Employer Ebenconcepts, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12862
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Carmen Waring
Mailing Address 32 E Levert Dr
City State Zip Code
Luling LA 70070-3126
FEC ID number of contributing federal political committee. **C**
Name of Employer BlueCross BlueShield of LA Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8090-P12867
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John L. Warwick
Mailing Address PO Box 272
City State Zip Code
Chico CA 95927-0272
FEC ID number of contributing federal political committee. **C**
Name of Employer John Warwick Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 10 / 29 / 2008
Transaction ID: 8089-P12460
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)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Dan L. Waters

Mailing Address PO Box 2669

City State Zip Code
Hickory NC 28603-2669

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

Name of Employer Dan L. Waters & Associates, Inc. Occupation Agent

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

Date of Receipt: 11 / 06 / 2008
Transaction ID: 8104
Amount of Each Receipt this Period: 100.00

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

Mailing Address 125 Powell Rd

City State Zip Code
Newport NC 28570-3706

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

Name of Employer Ebenconcepts Occupation AGENT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12930
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Cecilia La Verne Webb

Mailing Address 8016 Dumas Dr NE

City State Zip Code
Albuquerque NM 87109-5208

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

Name of Employer Lovelace Health Plan Occupation Account Associate

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: 8090-P12931
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
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial)
Charles A Webb

Mailing Address 15 S Jefferson St

City State Zip Code
Roanoke VA 24011-1303

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

Name of Employer Benefits Group, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12407

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 3800 Flowering Grove Ct

City State Zip Code
Louisville KY 40241-3044

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

Name of Employer Weilage Benefit Specialis- Occupation Vice President
ts, Inc.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12945

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jennifer L. Wenke

Mailing Address 4703 SE 17th PI Apt 505

City State Zip Code
Cape Coral FL 33904-8797

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

Name of Employer Lutgert Insurance Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12598

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

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

A. Full Name (Last, First, Middle Initial)
Charles L. Westmoreland

Mailing Address PO Box 925

City State Zip Code
Jackson MS 39205-0925

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

Name of Employer American Public Life Insurance Company
Occupation Director of Agency Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12317

Amount of Each Receipt this Period 80.00

Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City State Zip Code
Dahlonega GA 30533

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

Name of Employer Benefit Design Strategies
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12461

Amount of Each Receipt this Period 20.00

Payroll Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Robert H. White

Mailing Address 218 W 6th St

City State Zip Code
Tulsa OK 74119-1004

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

Name of Employer CommunityCare HMO Plans of OK
Occupation Marketing Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12806

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 130.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 125
(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)

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Dale Whiteis</p> <p>Mailing Address 7820 S Granite Ave</p> <p>City State Zip Code Tulsa OK 74136-8456</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Whiteis Benefits</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: 8090-P12842</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p> |
| <p>B. Full Name (Last, First, Middle Initial) George Williams</p> <p>Mailing Address 4109 Woodway Dr</p> <p>City State Zip Code Monroe LA 71201-2218</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Financial Planning Resources</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: 8090-P12929</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p> |
| <p>C. Full Name (Last, First, Middle Initial) Melvin Dwayne Wilson</p> <p>Mailing Address 203 Chickasaw Trl</p> <p>City State Zip Code Maiden NC 28650-9406</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dwayne Wilson Insurance & Financial S</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: 8090-P12933</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p> |

| | |
|---|--------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>90.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paula L Wilson

Mailing Address 31930 Daniel Way

City State Zip Code
Temecula CA 92591-2129

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

Name of Employer Occupation
Paula Wilson, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12934

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Sue A. Wilson

Mailing Address 5705 NW 109th St

City State Zip Code
Oklahoma City OK 73162-5835

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

Name of Employer Occupation
Sue Wilson Brokerage, Inc. President

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12935

Amount of Each Receipt this Period
25.00

Payroll Deduction
(\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Tammy Winn

Mailing Address 5940 Hartson

City State Zip Code
Kyle TX 78640-8827

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

Name of Employer Occupation
Pro Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8090-P12936

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: PAGE 113 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shelly K Winson

Mailing Address 2491 W Binner Dr

City State Zip Code
Chandler AZ 85224-4112

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

Name of Employer Occupation
Principal Financial Group Business Development Director,

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12554

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Thomas A. Witkowski

Mailing Address 6737 W Washington St Ste 2360

City State Zip Code
Milwaukee WI 53214-5648

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

Name of Employer Occupation
WDA Insurance Programs In- c. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 7996-P11894

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$120.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
DianaLou Wolff

Mailing Address 106 Main St

City State Zip Code
Kingston NY 12401-4410

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

Name of Employer Occupation
Benefit Counseling Associates Group & Health Benefit Special

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 8089-P12586

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: PAGE 114 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Barbara Kay Wong

Mailing Address 1311 L St

City Anchorage State AK Zip Code 99501-4266

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

Name of Employer Capital Management Benefits Corp. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12587

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Harvey F. Wood

Mailing Address 1300 Lynbrook Dr

City Charlotte State NC Zip Code 28211-4260

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

Name of Employer Harvey Wood & Associates, LLC Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 8067

Amount of Each Receipt this Period 120.00

C.

Full Name (Last, First, Middle Initial)
Dennis E. Wright

Mailing Address 318 Calash Run

City Fort Wayne State IN Zip Code 46845-2104

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

Name of Employer IntraHealth Solutions, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 8089-P12464

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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

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

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

FOR LINE NUMBER: PAGE 115 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Luann S. Yarberry

Mailing Address 4500 Bermuda Ln

City State Zip Code
Wichita Falls TX 76308-2443

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

Name of Employer Occupation
Allred-Thompson-Mason-Daugherty Ins. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 8089-P12555

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Robert A Ziff

Mailing Address 568 Valleyview Rd

City State Zip Code
Langhorne PA 19047-2221

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

Name of Employer Occupation
Avanti Benefits Corp President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 8089-P12440

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **130.00**

TOTAL This Period (last page this line number only) ► **31426.18**

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

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

FOR LINE NUMBER: (check only one)

PAGE 116 / 125

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) American Express | Transaction ID: 8107 Date of Disbursement 11 / 03 / 2008 |
| | Mailing Address PO Box 53852 | Amount of Each Disbursement this Period 132.58 |
| | City Phoenix State AZ Zip Code 85072 | |
| | Purpose of Disbursement Credit Card Fees | 001 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Bank of America | Transaction ID: 8113 Date of Disbursement 10 / 30 / 2008 |
| | Mailing Address 7810 Old Branch Avenue | Amount of Each Disbursement this Period 58.10 |
| | City Clinton State MD Zip Code 20735 | |
| | Purpose of Disbursement Closing Bank Fees | 001 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Merchant Services | Transaction ID: 8108 Date of Disbursement 11 / 04 / 2008 |
| | Mailing Address 7300 Chapman Way | Amount of Each Disbursement this Period 597.61 |
| | City Knoxville State TN Zip Code 37920 | |
| | Purpose of Disbursement Credit Card Fees | 001 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 788.29 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 125

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

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

A.

Full Name (Last, First, Middle Initial)
Regions Bank

Transaction ID: 8109

Date of Disbursement

Mailing Address 6286 N College

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 1 | | 1 | 0 | | 2 | 0 | 0 | 8 |

City Indianapolis State IN Zip Code 46220

Amount of Each Disbursement this Period

| |
|--------|
| 135.38 |
|--------|

Purpose of Disbursement
Bank Fee

| |
|-------------------|
| 001 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 135.38 |
|--------|

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

| |
|--------|
| 923.67 |
|--------|

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS | Transaction ID: 8004 Date of Disbursement |
| | Mailing Address PO BOX 25950 | <input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City WOODBURY State MN Zip Code 55125 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1500.00"/> |
| | Candidate Name MICHELE M BACHMANN | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE | Transaction ID: 8005 Date of Disbursement |
| | Mailing Address POST OFFICE BOX 12469 | <input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City ATLANTA State GA Zip Code 30355 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="5000.00"/> |
| | Candidate Name C SAXBY CHAMBLISS | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE | Transaction ID: 8073 Date of Disbursement |
| | Mailing Address POST OFFICE BOX 12469 | <input type="text" value="11"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City ATLANTA State GA Zip Code 30355 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Run-off Contribution | <input type="text" value="5000.00"/> |
| | Candidate Name C SAXBY CHAMBLISS | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="11500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

A. DREIER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City UPLAND State CA Zip Code 91785

Purpose of Disbursement
Breakfast 10.24

011
Category/
Type

Candidate Name
DAVID DREIER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 26

Transaction ID: 8037

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

-1000.00

B. DREIER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City UPLAND State CA Zip Code 91785

Purpose of Disbursement
Breakfast 10.24

011
Category/
Type

Candidate Name
DAVID DREIER

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 26

Transaction ID: 8026

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

C. ENZI FOR US SENATE

Full Name (Last, First, Middle Initial)

ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
MICHAEL B ENZI

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WY District: 00

Transaction ID: 7999

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN | Transaction ID: 8021 Date of Disbursement |
| | Mailing Address P.O. Box 44369 | <input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="21"/> <input type="text" value="1"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/> |
| | City Eden Prairie State MN Zip Code 55344 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement In-District Contribution | <input type="text" value="2500.00"/> |
| | Candidate Name ERIK PAULSEN | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF | Transaction ID: 8003 Date of Disbursement |
| | Mailing Address P. O. BOX 710235 | <input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="23"/> <input type="text" value="3"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/> |
| | City OAK HILL State VA Zip Code 20171 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Reception 10.23 | <input type="text" value="2000.00"/> |
| | Candidate Name FRANK R. WOLF | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH | Transaction ID: 7985 Date of Disbursement |
| | Mailing Address 228 S WASHINGTON STE 115 | <input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="16"/> <input type="text" value="6"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/> |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Reception 10/16 | <input type="text" value="1000.00"/> |
| | Candidate Name GORDON HAROLD SMITH | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="5500.00"/> |
|---|--------------------------------------|

| | |
|--|----------------------|
| TOTAL This Period (last page this line number only) | <input type="text"/> |
|--|----------------------|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS | Transaction ID: 8000 Date of Disbursement 10 / 20 / 2008 |
| | Mailing Address 2345 Grand, Suite 2400 | Amount of Each Disbursement this Period 1000.00 |
| | City Kansas City State MO Zip Code 64108 | |
| | Purpose of Disbursement Contribution Candidate Name Samuel B GRAVES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 | 011 Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS | Transaction ID: 8002 Date of Disbursement 10 / 24 / 2008 |
| | Mailing Address PO BOX 45444 | Amount of Each Disbursement this Period 2000.00 |
| | City Phoenix State AZ Zip Code 85064 | |
| | Purpose of Disbursement Contribution BBQ 10/24 Candidate Name JOHN B. SHADEGG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 | 011 Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS | Transaction ID: 8044 Date of Disbursement 11 / 03 / 2008 |
| | Mailing Address PO BOX 45444 | Amount of Each Disbursement this Period 2000.00 |
| | City Phoenix State AZ Zip Code 85064 | |
| | Purpose of Disbursement Contribution Candidate Name JOHN B. SHADEGG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 | 011 Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) KNOLLENBERG FOR CONGRESS COMMITTEE | Transaction ID: 7986 Date of Disbursement |
| | Mailing Address 31000 Telegraph Road, #110 | <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City Bingham Farms State MI Zip Code 48025 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement In-District Drop | <input type="text" value="2000.00"/> |
| | Candidate Name JOSEPH K. KNOLLENBERG | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS | Transaction ID: 8023 Date of Disbursement |
| | Mailing Address P.O. Box 540098 | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/> |
| | City Omaha State NE Zip Code 68154 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1500.00"/> |
| | Candidate Name LEE TERRY | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE | Transaction ID: 8006 Date of Disbursement |
| | Mailing Address 425 SECOND STREET NE | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="7500.00"/> |
| | Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="11000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name JON SR PORTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7998 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS</p> <p>Mailing Address PO Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name MICHAEL J ROGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8022 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.</p> <p>Mailing Address P.O. BOX 40233</p> <p>City FORT WAYNE State IN Zip Code 46804</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name MARK E SOUDER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 8001 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
TEAM SUNUNU

Mailing Address PO BOX 500

City RYE State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
JOHN E SUNUNU

Office Sought: House
 Senate
 President

State: NH District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 7997

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

43000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kimberly King

Transaction ID: 8105

Date of Disbursement

Mailing Address 720 Coquina Ln

| | | | | |
|---|---|---|---|---|
| ^M <input type="text" value="1"/> ^M <input type="text" value="0"/> | / | ^D <input type="text" value="1"/> ^D <input type="text" value="6"/> | / | ^Y <input type="text" value="2"/> ^Y <input type="text" value="0"/> ^Y <input type="text" value="0"/> ^Y <input type="text" value="8"/> |
|---|---|---|---|---|

City Virginia Beach State VA Zip Code 23451

Amount of Each Disbursement this Period

| |
|--------|
| 150.00 |
|--------|

Purpose of Disbursement
contribution refunded

| |
|-------------------|
| 010 |
| Category/ Type |

Candidate Name
Kimberly King

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 150.00 |
|--------|

TOTAL This Period (last page this line number only)

| |
|--------|
| 150.00 |
|--------|