

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW

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

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

C C00283135

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 05 / 01 / 2013 through [MM] / [DD] / [YYYY] 05 / 31 / 2013

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 06 / 13 / 2013

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="88834.18"/>	<input type="text" value="88834.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="102420.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35930.25"/>	<input type="text" value="223056.66"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="138350.55"/>	<input type="text" value="311890.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39711.52"/>	<input type="text" value="213251.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98639.03"/>	<input type="text" value="98639.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20098.66	100852.61
(ii) Unitemized	15831.59	119203.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35930.25	220056.54
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35930.25	220056.54
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35930.25	223056.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35930.25	223056.66

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1611.52	10611.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1611.52	10611.81
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38100.00	202600.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	40.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	40.00
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39711.52	213251.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39711.52	213251.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35930.25	220056.54
34. Total Contribution Refunds (from Line 28(d))	0	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35930.25	220016.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1611.52	10611.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1611.52	10611.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IMG Benefits Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73602
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Jeff Ahrendsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 S Tejon St., Suite 113
 City Colorado Springs State CO Zip Code 80903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73855
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

C. Terry Allard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **580.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73912
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6102 82nd St, Bldg #6

City Lubbock State TX Zip Code 79423

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

Name of Employer Ashmore & Associates Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73185

Amount of Each Receipt this Period **170.00**

Payroll Deduction **(\$170.00 Monthly)**

B. Rick D. Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 4390 Earney Road, Suite 240

City Woodstock State GA Zip Code 30188

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

Name of Employer Rick Bailey & Company, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73608

Amount of Each Receipt this Period **135.00**

Payroll Deduction **(\$135.00 Monthly)**

C. Dawn Barr
Full Name (Last, First, Middle Initial)

Mailing Address 1305 NE 29th St.

City Ankeny State IA Zip Code 50021

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

Name of Employer Mercer Occupation Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73579

Amount of Each Receipt this Period **42.00**

Payroll Deduction **(\$42.00 Monthly)**

SUBTOTAL of Receipts This Page (optional).....▶	347.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 92
<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. Debra Beaucoudray
Full Name (Last, First, Middle Initial)

Mailing Address 5627 Superior Dr. Suite A-3

City Baton Rouge State LA Zip Code 70816

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

Name of Employer Beaucoudray Medica Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : **14764-P73761**

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

B. Marie D. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 701 4th Ave S. #1500

City Minneapolis State MN Zip Code 55415

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

Name of Employer DeRuyter Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : **14762-P73067**

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address P.O. Box 56149

City Sherman Oaks State CA Zip Code 91413

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

Name of Employer Genesis Financial & Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : **14762-P73273**

Amount of Each Receipt this Period **170.00**

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73019

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Gallagher Benefit Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73764

Amount of Each Receipt this Period 250.00

Payroll Deduction (\$250.00 Monthly)

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

Mailing Address 11 Summer Street, Suite 6

City Chelmsford State MA Zip Code 01824

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

Name of Employer New England Medical Insurance Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73341

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert J Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E. Warm Springs Rd., Suite 108
 City Las Vegas State NV Zip Code 89119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Healthcare Access Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73920
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

B. James C. Bosier
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Main Street
 City Cedar Falls State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Accel Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73580
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Victoria J. Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 5726 Fairley Hall Court
 City Norcross State GA Zip Code 30092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Braden Benefit Strategies, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73100
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Emily Black Bremer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Bonhomme Ave., # 213
 City Saint Louis State MO Zip Code 63105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bremer Conley LLC Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73766
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Joe Brining
 Full Name (Last, First, Middle Initial)
 Mailing Address 5718 E 101st Pl
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurant Health Occupation Area Sales Mgr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73768
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Belinda Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 460
 City Luckey State OH Zip Code 43443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consumer Driven Concepts, L.L.C. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73021
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Madeleine Brown		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73616
Mailing Address P.O. Box 1490,		Amount of Each Receipt this Period 85.00
City Jackson	State MS	Zip Code 39215
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Fisher Brown Bottrell Insurance, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Scott T. Buie		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73259
Mailing Address 6440 South Wasatch Blvd., #150		Amount of Each Receipt this Period 50.00
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)	
Name of Employer Buie Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Patrick Burns		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73923
Mailing Address 5653 Maxwellton Road		Amount of Each Receipt this Period 85.00
City Oakland	State CA	Zip Code 94618
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Burns Employee Benefits Insurance Ser	Occupation Managing Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9713 Key West Ave, Suite 401

City Rockville State MD Zip Code 20850

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

Name of Employer The Insurance Exchange, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73375

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Kareim R. Cade
Full Name (Last, First, Middle Initial)

Mailing Address 28411 Northwestern Hwy., Ste 950

City Southfield State MI Zip Code 48034

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

Name of Employer Great Lakes Benefit Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73023

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 1500 Liberty Ridge Drive, Suite 3

City Wayne State PA Zip Code 19087

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

Name of Employer Radnor Benefits Group, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73376

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: (check only one)	PAGE 14 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Louie L. Cason
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11229

City Columbia State SC Zip Code 29211

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

Name of Employer The Cason Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73626

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

B. Mike R. Castleberry
Full Name (Last, First, Middle Initial)

Mailing Address 506 Holly St

City Little Rock State AR Zip Code 72205

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

Name of Employer HealthSCOPE Benefits Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **343.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73773

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709

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

Name of Employer Russ Childers, CLU Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73627

Amount of Each Receipt this Period **90.00**

Payroll Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **260.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shelley A Chornak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 East 9th Street, Suite 800
 City Cleveland State OH Zip Code 44114-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Strategic Employee Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73472
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Rita H. Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H&H Insurance Solutions, Inc. Occupation Benefits Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73628
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Dorothy M. Cociu
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 6677
 City Fullerton State CA Zip Code 92834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Benefit Consulting & Insuran Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73928
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8000 Bonhomme Ave Suite 213

City Clayton State MO Zip Code 63105

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

Name of Employer Bremer Conley LLC Occupation Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73777

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

B. Carolyn Cook Conner
Full Name (Last, First, Middle Initial)

Mailing Address 169 Yankee Paradise Road

City Hazlehurst State GA Zip Code 31539-

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

Name of Employer Cook Insurance Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2013
Transaction ID : 14748

Amount of Each Receipt this Period 500.00

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

Mailing Address 15800 Crabbs Branch Way #350

City Rockville State MD Zip Code 20855

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

Name of Employer Independent Benefit Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P72999

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 627.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6428 Wilcot Ct.

City Johnston State IA Zip Code 50131

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

Name of Employer Marsh U.S. Consumer Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73072

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi State MI Zip Code 48375-

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

Name of Employer Health Alliance Administrators Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73475

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Steven G. Cosby

Mailing Address 53 South 3rd Street Ste 220

City Warrenton State VA Zip Code 20186

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

Name of Employer Cosby Insurance Group Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73379

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **212.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John B. Crable
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 East Park Dr., # 600
 City Mount Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Synergies Group, Inc. Occupation VP & Lead Conosultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73381
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. Valerie L. Cramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 588 Three Mile Road NW Suite 101
 City Grand Rapids State MI Zip Code 49544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grotenhuis Occupation Employee Benefits Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73024
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

C. Neil R Crosby
 Full Name (Last, First, Middle Initial)
 Mailing Address 1561 Berkshire Ct.
 City San Marcos State CA Zip Code 92069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warner Pacific Insurance Services Occupation Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73930
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 5880 Live Oak Parkway, Suite 250

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73635

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address PO Box 148

City Watson	State LA	Zip Code 70786
----------------	-------------	-------------------

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 M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73193

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Johnny Lee Dawkins
Full Name (Last, First, Middle Initial)

Mailing Address 921-C S. McPherson Church Road

City Fayetteville	State NC	Zip Code 28305
----------------------	-------------	-------------------

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

Name of Employer Ebenconcepts	Occupation Broker/Consultant
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73637

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5880 Live Oak Parkway Suite 230

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P73638

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

B. James Franklin Deese
Full Name (Last, First, Middle Initial)

Mailing Address 2811 Lenoir Dr

City Greensboro	State NC	Zip Code 27408
--------------------	-------------	-------------------

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

Name of Employer American Fidelity	Occupation Broker
---------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P73639

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

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

Mailing Address 15200 Omega Drive, #100

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P73383

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 92
	<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. Steve H. Dodder
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132

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

Name of Employer Assurant Health Occupation Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73866

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 4520 S National

City Springfield State MO Zip Code 65810

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

Name of Employer Coventry Health Care Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73783

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

C. Geoffrey R Duke
Full Name (Last, First, Middle Initial)

Mailing Address 9920 Kincey Ave Suite 120

City Huntersville State NC Zip Code 28078

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

Name of Employer MPAY Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73643

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tina Durand
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 61157
 City State Zip Code
 Corpus Christi TX 78466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heavin & Associates Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 05 / 23 / 2013
Transaction ID : 14762-P73200
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Michael Dysart
 Full Name (Last, First, Middle Initial)
 Mailing Address 2815 Camino Del Rio South, Suite
 City State Zip Code
 San Diego CA 92108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Healthcare Solutions Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 05 / 23 / 2013
Transaction ID : 14764-P73937
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Eugene Ebersole
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Evans Road Building 3, Suite
 City State Zip Code
 Harahan LA 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LouisianaBenefits.com Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 466.67

Date of Receipt
 05 / 23 / 2013
Transaction ID : 14764-P73784
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael A. Embry
 Full Name (Last, First, Middle Initial)
 Mailing Address 26240 Wacker Dr.
 City Chesterfield Twp. State MI Zip Code 48051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comerica Insurance Services, Inc. Occupation VP - Group Benefits Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73479
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Gregory Engle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73483
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

c. John G. Fagen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 19
 City Demotte State IN Zip Code 46310-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Arts Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73484
 Amount of Each Receipt this Period 25.00
 Payroll Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	237.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nicole Fairbairn
 Full Name (Last, First, Middle Initial)
 Mailing Address 8069 Little Circle Road
 City Noblesville State IN Zip Code 46060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Creative Insurance Concepts, Inc. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73486
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Cheryl S. Farmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5010 Carrage Dr
 City Evansville State IN Zip Code 47716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Resources Inc. Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73487
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Sam Fiorentino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1931 Georgetown Rd., Suite 212
 City Hudson State OH Zip Code 44236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sam Fiorentino & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73488
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey R Fishback
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Johnson Ferry Road Building C
 City Marietta State GA Zip Code 30068-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73652
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Barry J. Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 7343 El Camino Real
 City Atascadero State CA Zip Code 93422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barry J. Fisher Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73940
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Eva Jean Fomalont
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 Indian Schools Rd. NE
 City Albuquerque State NM Zip Code 87110-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lovelace Health Plan Occupation Mgr., Sales/Retention Division
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **725.00**

Date of Receipt **05 / 28 / 2013**
Transaction ID : 14772
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey M. Ford		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73391
Mailing Address P O Box 515		Amount of Each Receipt this Period 42.00
City Cloverdale	State VA	Zip Code 24077
FEC ID number of contributing federal political committee. C	Name of Employer JM Ford and Associates, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) B. H. Larry Fortenberry		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73114
Mailing Address PO Box 16566		Amount of Each Receipt this Period 42.00
City Jackson	State MS	Zip Code 39236
FEC ID number of contributing federal political committee. C	Name of Employer Executive Planning Group, P.A.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73076
Mailing Address 4435 O Street		Amount of Each Receipt this Period 50.00
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C	Name of Employer UNICO Financial Services, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Payroll Deduction (\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kelly Don Fristoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 8th Street, Suite 300
 City State Zip Code
 Wichita Falls TX 76301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Financial Partners Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73202
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Michelle Fuller
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Thompson Park P.O. Box 1976
 City State Zip Code
 Hattiesburg MS 39403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BancorpSouth Insurance Services, Inc. Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73656
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Joan A. Fusco
 Full Name (Last, First, Middle Initial)
 Mailing Address 25B Hanover Rd., Suite 220
 City State Zip Code
 Florham Park NJ 07932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Savoy Associates Director, Research & Education
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73392
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction
 (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joan L. Galletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Kori Road
 City Jacksonville State FL Zip Code 32257-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JP Perry Insurance, Inc. Occupation Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73657
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. James S. Garbina
 Full Name (Last, First, Middle Initial)
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Harry A. Koch Co Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73077
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Charles T. Gartlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Tarworth Terrace
 City Manchester State NJ Zip Code 08759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson, Reid & Co. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73393
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John P. Garven
Full Name (Last, First, Middle Initial)

Mailing Address 11715 East Main Street - PO Box 8

City	State	Zip Code
Huntley	IL	60142

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

Name of Employer	Occupation
Benico, LTD	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73492

Amount of Each Receipt this Period

620.00

Payroll Deduction
 (\$42.00 Monthly)

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

Mailing Address One Griffin Brook Dr.

City	State	Zip Code
Methuen	MA	01844-

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

Name of Employer	Occupation
Borislow Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : 14776

Amount of Each Receipt this Period

500.00

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

Mailing Address 3820 W Happy Valley Rd Ste 141, P

City	State	Zip Code
Glendale	AZ	85310

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

Name of Employer	Occupation
Capitol Insurance Brokers, Inc.	Pres.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73870

Amount of Each Receipt this Period

78.00

Payroll Deduction
 (\$78.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julie Reno George
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 25172
 City Winston Salem State NC Zip Code 27114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegacy FCU Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73661
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

B. Michael Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Dutch Square Blvd., Suite 115
 City Columbia State SC Zip Code 29210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson & Associates Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73662
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

C. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73663
 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: (check only one)	PAGE 31 OF 92
	<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. Patrice S. Goldfarb
 Full Name (Last, First, Middle Initial)
 Mailing Address 442 Teaneck Rd.
 City Ridgefield Park State NJ Zip Code 07660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Employee Benefits Advisors Group Occupation Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73348
 Amount of Each Receipt this Period **60.00**
 Payroll Deduction (\$60.00 Monthly)

B. Arthur Granado
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Granado Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73207
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Michael D. Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 South 13th Street, Suite 1650
 City Lincoln State NE Zip Code 68508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Harry A. Koch Co Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **555.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73079
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Patricia A. Griffey
 Full Name (Last, First, Middle Initial)
 Mailing Address 53800 Generations Drive
 City South Bend State IN Zip Code 46635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Page 1 Benefits, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73496
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Robert A Grundman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Benefit Strategies Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73081
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

C. Craig Gussin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4330 La Jolla Village Dr.,# 330
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73951
 Amount of Each Receipt this Period **95.00**
 Payroll Deduction (\$95.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Teresa Gutierrez		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73666
Mailing Address 12833 River Dance Dr.		Amount of Each Receipt this Period 85.00
City Raleigh	State NC	Zip Code 27613
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer JBA Benefits, Inc.	Occupation President/Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. David R. Gwin		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73118
Mailing Address I-20 At Alpine Rd. AV-100		Amount of Each Receipt this Period 42.00
City Columbia	State SC	Zip Code 29219
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer BlueCross BlueShield of SC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Christopher S. Harrison		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73668
Mailing Address 921-C South McPherson Church Road		Amount of Each Receipt this Period 410.00
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$410.00 Monthly)	
Name of Employer Ebenconcepts Company	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00	

SUBTOTAL of Receipts This Page (optional).....▶	537.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gerald G Hartman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5716
 City Boise State ID Zip Code 83705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Network America Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73871
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

B. Hedy S Hebert
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Boardwalk Blvd.
 City Bossier City State LA Zip Code 71111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Consulting Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73796
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Dan M. Heffley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 50031
 City Henderson State NV Zip Code 89016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employer Benefit Source, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73957
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012

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

Name of Employer Business Planning Group Of OK Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73215

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

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

Mailing Address 19310 Sonoma Highway, #A

City Sonoma State CA Zip Code 95476

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73958

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 38176 Medical Center Avenue

City Zephyrhills State FL Zip Code 33540

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

Name of Employer The Canadian Drugstore Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73670

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **270.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Al Hombroek		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73673
Mailing Address 30 Lumpkin St, Suite D		Amount of Each Receipt this Period 85.00
City Lawrenceville	State GA	Zip Code 30046
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Multiple Benefits Corporation	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Kymberly J. Hopwood		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73960
Mailing Address 530 Water Street, 7th Floor		Amount of Each Receipt this Period 85.00
City Oakland	State CA	Zip Code 94607
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Dealey, Renton & Associates	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Michelle S. Howard		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73507
Mailing Address 2850 West Grand Boulevard		Amount of Each Receipt this Period 42.00
City Detroit	State MI	Zip Code 48202
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Health Alliance Plan	Occupation Director of Producer Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	212.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jerry D. Jackson		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73510
Mailing Address 5113 N. Executive Drive Suite 102		Amount of Each Receipt this Period 42.00
City Peoria	State IL	Zip Code 61614
FEC ID number of contributing federal political committee. C	Name of Employer Jackson Financial Services	Occupation General Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) B. Julie A. Jennings		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73350
Mailing Address 500 Faunce Corner Rd Bldg 100, Su		Amount of Each Receipt this Period 85.00
City Dartmouth	State MA	Zip Code 02747
FEC ID number of contributing federal political committee. C	Name of Employer Sylvia & Co. Ins. Agency, Inc.	Occupation Vice President, Employee Benef
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Cerrina Jensen		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73281
Mailing Address 2520 Venture Oaks Way #240		Amount of Each Receipt this Period 42.00
City Sacramento	State CA	Zip Code 95833
FEC ID number of contributing federal political committee. C	Name of Employer Armstrong @ Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 373.00	Payroll Deduction (\$42.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1482 Baron Court

City State Zip Code
Stone Mountain GA 30087

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

Name of Employer Occupation
David S. Johnson Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 23 / 2013
Transaction ID : 14764-P73678

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

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

Mailing Address 6235 Morrison Boulevard, Suite 302

City State Zip Code
Charlotte NC 28211

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

Name of Employer Occupation
Strategic Employee Benefit Services President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.00

Date of Receipt
05 / 23 / 2013
Transaction ID : 14764-P73677

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Kristine M. Kassel
Full Name (Last, First, Middle Initial)

Mailing Address 8631 S Priest Drive #101

City State Zip Code
Tempe AZ 85284

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

Name of Employer Occupation
Benefits By Design, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 23 / 2013
Transaction ID : 14762-P73264

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 334.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. George R. Keeling
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Drawer K-1630 507 Avenue G
 City Levelland State TX Zip Code 79336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George R. Keeling Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73219
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Dianne M. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7320 N La Cholla Blvd. Suite 154-
 City Tucson State AZ Zip Code 85741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sandbrook Benefits Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73265
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

C. Roger J. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 Lewis Hargett Circle Ste 100
 City Lexington State KY Zip Code 40503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Mutual Financial Network Occupation Employee Benefits Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73512
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Tamara P. Kennedy		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73874
Mailing Address 7740 N. 16th Street, #110		Amount of Each Receipt this Period 200.00
City Phoenix	State AZ	Zip Code 85020-
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$200.00 Monthly)
Name of Employer Rogers Benefit Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Dierdre Kennedy-Simington		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73963
Mailing Address 3452 East Foothill Blvd., #514		Amount of Each Receipt this Period 42.00
City Pasadena	State CA	Zip Code 91107
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Polenzani Benefits & Insurance Servic	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. John Kiebler		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73514
Mailing Address 300 W Vine St Ste 1600		Amount of Each Receipt this Period 85.00
City Lexington	State KY	Zip Code 40507
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Humana	Occupation CHC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional).....▶	327.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Valerie S. Koch
Full Name (Last, First, Middle Initial)
Mailing Address 2429 North Avenue

City Bridgeport	State CT	Zip Code 06604
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73351

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

B. Linda Rose Koehler
Full Name (Last, First, Middle Initial)
Mailing Address 235 Main St

City Pleasanton	State CA	Zip Code 94566-
--------------------	-------------	--------------------

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

Name of Employer Herzog Insurance Agency	Occupation Health Benefits Insurance Producer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14762-P73283

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)
Mailing Address 1501 Ingersoll Ave Suite 200

City Des Moines	State IA	Zip Code 50309
--------------------	-------------	-------------------

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

Name of Employer Prisma Strategies	Occupation President
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14762-P73084

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Suzanne Kolterman

Mailing Address 341 N. 6th Street PO Box 426

City Seward	State NE	Zip Code 68434
----------------	-------------	-------------------

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

Name of Employer Kolterman Agency, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Transaction ID : 14762-P73085

Amount of Each Receipt this Period

177.00

Payroll Deduction
 (\$50.00 Monthly)

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

Mailing Address 2637 S. 158th Plaza #200

City Omaha	State NE	Zip Code 68116
---------------	-------------	-------------------

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

Name of Employer Holmes Murphy & Associates	Occupation Senior Acct Manager
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Transaction ID : 14762-P73086

Amount of Each Receipt this Period

42.00

Payroll Deduction
 (\$42.00 Monthly)

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

Mailing Address 6315 Crested Butte Drive

City Dallas	State TX	Zip Code 75252
----------------	-------------	-------------------

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

Name of Employer Ovation Health & Life Services, Inc.	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Transaction ID : 14764-P73802

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 989 Governors Ln Ste 350

City Lexington State KY Zip Code 40513

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

Name of Employer Occupation
Benefit Advisors Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 23 / 2013
Transaction ID : 14764-P73519

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 4546 Fleet Drive

City Baton Rouge State LA Zip Code 70809

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

Name of Employer Occupation
Lock In Your Wealth, LLC Direct Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 23 / 2013
Transaction ID : 14764-P73803

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Emma Stacey Leigh
Full Name (Last, First, Middle Initial)

Mailing Address 600 TownPark Lane NW Suite LL-1000

City Kennesaw State GA Zip Code 30144

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

Name of Employer Occupation
Alliant Health Plans, Inc. Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 23 / 2013
Transaction ID : 14764-P73689

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Karen B. Leonard

Mailing Address 435 Washington Street PO Box 50

City Hackettstown	State NJ	Zip Code 07840
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FEC ID number of contributing federal political committee. **C**

Name of Employer Leonard Financial Group, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73410

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 220 Emerson Place

City Davenport	State IA	Zip Code 52801
-------------------	-------------	-------------------

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

Name of Employer Gallagher Benefit Services, Inc.	Occupation Area Vice President
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73590

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 1851 E. First, #1100

City Santa Ana	State CA	Zip Code 92705
-------------------	-------------	-------------------

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

Name of Employer Kaiser Permanente	Occupation Area Director
---------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73970

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: (check only one)	PAGE 45 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Mailing Address 106 Oil Center Dr. Ste. 250

City Lafayette State LA Zip Code 70503

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

Name of Employer Insurance Resource Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73806

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 301 Madison Avenue, 4th Floor

City New York State NY Zip Code 10017

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

Name of Employer The Medical Link, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73354

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Austin Lee Madison

Mailing Address 3011 Armory Hill Dr Ste 250

City Nashville State TN Zip Code 37204

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

Name of Employer Crichton Brandon Jackson & Ward Occupation VP employee benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73693

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	334.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Benji Marrs		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73525
Mailing Address 1151 Red Mile Rd		Amount of Each Receipt this Period 85.00
City Lexington	State KY	Zip Code 40504
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Insurance Marketing	Occupation Benefit Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Matthew L. Masone		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73414
Mailing Address 4061 Powder Mill Road, Ste 350		Amount of Each Receipt this Period 45.00
City Beltsville	State MD	Zip Code 20705
FEC ID number of contributing federal political committee. C	Name of Employer Assurant Employee Benefits	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Payroll Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial) C. Carol Matznick		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73131
Mailing Address PO Box 38905		Amount of Each Receipt this Period 42.00
City Greensboro	State NC	Zip Code 27438
FEC ID number of contributing federal political committee. C	Name of Employer North Carolina AHU	Occupation Executive Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3300 Battleground Ave., #320

City Greensboro State NC Zip Code 27410

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

Name of Employer EbenConcepts Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73697

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

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

Mailing Address PO Box 805

City West Chester State OH Zip Code 45071

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

Name of Employer JRM & Associates Agency, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **398.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73529

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

C. Randy L. McDaniel
Full Name (Last, First, Middle Initial)

Mailing Address 575 Chambers Road

City McDonough State GA Zip Code 30253

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

Name of Employer self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73132

Amount of Each Receipt this Period **42.00**

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. H. Luke McDermott
 Full Name (Last, First, Middle Initial)
 Mailing Address 883 West Baxter Drive
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDermott Company & Associates Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73880
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. Ward McKalson
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 E Blanco Rd., Ste 103
 City Salinas State CA Zip Code 93901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Central Coast Insurance Servi Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73978
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Amie Nicole McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 9064 Boone Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Partners, LLC Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73223
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92
	<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. Brian McLaughlin
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Elm Street, Suite 301

City Manchester State NH Zip Code 03101

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

Name of Employer Granite Group Benefits, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73356

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 501 N. Riverpoint Blvd., Ste 125

City Spokane State WA Zip Code 99202-

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

Name of Employer PayneWest Insurance Occupation Benefits Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73979

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Mary M. Mengason
Full Name (Last, First, Middle Initial)

Mailing Address 312 E. Main Street

City Salisbury State MD Zip Code 21802

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P73417

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: (check only one)	PAGE 50 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Griffin L. Meredith		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2013 Transaction ID : 14764-P73710
Mailing Address 2518 Wendell Ave		Amount of Each Receipt this Period 85.00
City Louisville State KY Zip Code 40205-3012	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer FSAB Benefits	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Norman Joseph Michaels		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2013 Transaction ID : 14764-P73357
Mailing Address 80 Business Park Drive Ste 306		Amount of Each Receipt this Period 250.00
City Armonk State NY Zip Code 10504	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$250.00 Monthly)
Name of Employer Michaels & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Jeffrey R. Miles		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2013 Transaction ID : 14764-P73981
Mailing Address 4300 Wallace Ln		Amount of Each Receipt this Period 85.00
City Nashville State TN Zip Code 37215	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer The Miles Organization, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dennis F. Mobley		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73135
Mailing Address 137 Executive Drive Suite D		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)	
Name of Employer Mobley Insurance Agency, LLC	Occupation Office Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Sandra V. Mobley		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73136
Mailing Address 137 Executive Dr. Suite D		Amount of Each Receipt this Period 50.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50.00 Monthly)	
Name of Employer Mobley Insurance Agency LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Douglas F. Moore		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73420
Mailing Address 1010 Ohio River Blvd		Amount of Each Receipt this Period 42.00
City Pittsburgh	State PA	Zip Code 15202
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Seubert & Associates, Inc.	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Julia T. Moore

Mailing Address 9208 Clinton Anderson Drive NW

City	State	Zip Code
Albuquerque	NM	87114

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

Name of Employer	Occupation
J. Moore Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73882

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Todd Morrow

Mailing Address 1173 Brittmore

City	State	Zip Code
Houston	TX	77043

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

Name of Employer	Occupation
Benefit Concepts	General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73817

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Ray M. Musser

Mailing Address 404 North Second Avenue, Suite E

City	State	Zip Code
Upland	CA	91786

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

Name of Employer	Occupation
Ray Musser & Associates Insurance Ser	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73983

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. John J. Nelson			Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73984
Mailing Address 32110 Agoura Rd			Amount of Each Receipt this Period 416.66
City Westlake Village	State CA	Zip Code 91361	Payroll Deduction (\$416.66 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2083.30	
Name of Employer Warner Pacific Insurance Services	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. B. Ronnell Ronnell Nolan			Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73225
Mailing Address PO Box 65128			Amount of Each Receipt this Period 42.00
City Baton Rouge	State LA	Zip Code 70896	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer The Nolan Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Terri M. Olson			Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73289
Mailing Address P. O. Box 21479			Amount of Each Receipt this Period 50.00
City Keizer	State OR	Zip Code 97307	Payroll Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Olson Insurance	Occupation Independent Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	508.66
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Tiffany A. Otis-Albert		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73538
Mailing Address 600 E. Lafayette Blvd.		Amount of Each Receipt this Period 42.00
City Detroit	State MI	Zip Code 48226
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director External Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Krista Palmer-Voyce		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73820
Mailing Address 4851 LBJ FWY, Ste 100		Amount of Each Receipt this Period 30.00
City Dallas	State TX	Zip Code 75244
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer BenefitMall	Occupation Carrier Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. John C. Parker		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P72996
Mailing Address 47 Laurel Hill Drive		Amount of Each Receipt this Period 100.00
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100.00 Monthly)
Name of Employer Parker Agency	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 92
	<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. Jesse A. Patton
Full Name (Last, First, Middle Initial)

Mailing Address 1112 Maple Street

City West Des Moines State IA Zip Code 50265

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73593

Amount of Each Receipt this Period 350.00

Payroll Deduction (\$350.00 Monthly)

B. Ross W. Pendergraft
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73989

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Juna M. Penney
Full Name (Last, First, Middle Initial)

Mailing Address 2091 Shepherdia Drive

City Anchorage State AK Zip Code 99508

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

Name of Employer Providence Health & Services Alaska Occupation Region Manager, Payer Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73990

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Paige W. Phillips		Date of Receipt
Mailing Address 1434 Hwy 301		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Calera	AL	35040
FEC ID number of contributing federal political committee.		Transaction ID : 14762-P73151
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Benefit Partners, LLC	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="339.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan R. Pittman		Date of Receipt
Mailing Address 32418 51st Avenue, SW		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Federal Way	WA	98023
FEC ID number of contributing federal political committee.		Transaction ID : 14762-P73291
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
Insure NW Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tom G. Polenzani		Date of Receipt
Mailing Address 3452 E. Foothill Blvd. #514		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.		Transaction ID : 14764-P73992
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
Name of Employer	Occupation	Payroll Deduction
Polenzani Benefits & Ins. Svcs., Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$170.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="305.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Robert P. Poli

Mailing Address 6101 Executive Boulevard, Suite 1

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation
Insurance Marketing Center, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P73428

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 8375 West Flamingo Road, Suite 102

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Occupation
Distinctive Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P73995

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Kathy M. Rainwater

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Threlkeld & Company Insurance Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14762-P73231

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2108 West Laburnum Avenue, Suite

City Richmond State VA Zip Code 23227

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73430

Amount of Each Receipt this Period **170.00**

Payroll Deduction **(\$170.00 Monthly)**

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

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544

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

Name of Employer Keystone Insurers Group, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73544

Amount of Each Receipt this Period **85.00**

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

C. R Dane Rianhard
Full Name (Last, First, Middle Initial)

Mailing Address 1 E. Pratt St., Unit 902

City Baltimore State MD Zip Code 21202

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

Name of Employer FranklinMorris, Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73432

Amount of Each Receipt this Period **85.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeff Rich
Full Name (Last, First, Middle Initial)
Mailing Address 135 Wood Rd
City Braintree State MA Zip Code 02184-
FEC ID number of contributing federal political committee. **C**
Name of Employer Hsinsurance.com Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 28 / 2013**
Transaction ID : 14775
Amount of Each Receipt this Period **500.00**

B. Shan Ricketts
Full Name (Last, First, Middle Initial)
Mailing Address 736 Johnson Ferry Road Building C
City Marietta State GA Zip Code 30068
FEC ID number of contributing federal political committee. **C**
Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73720
Amount of Each Receipt this Period **85.00**
Payroll Deduction
(\$85.00 Monthly)

C. Susan M. Rider
Full Name (Last, First, Middle Initial)
Mailing Address 1402 N Capital #400
City Indianapolis State IN Zip Code 46202
FEC ID number of contributing federal political committee. **C**
Name of Employer Gregory & Appel Insurance Occupation Senior Account Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **234.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73546
Amount of Each Receipt this Period **72.00**
Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **657.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert L. Rifkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Madison Avenue 7th Floor
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert L. Rifkin Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73359
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Elizabeth E. Rios-Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 Executive Blvd #205
 City El Paso State TX Zip Code 7990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Employee Benefits VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73234
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction (\$50.00 Monthly)

C. Michael A. Rivera
 Full Name (Last, First, Middle Initial)
 Mailing Address 12200 Northwest Frwy, Suite 662
 City Houston State TX Zip Code 77092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest General Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73827
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **177.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7101 S. 82nd St., #B

City Lincoln State NE Zip Code 68516

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73088

Amount of Each Receipt this Period **170.00**

Payroll Deduction **(\$170.00 Monthly)**

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

Mailing Address 1775 E Palm Canyon Dr, Ste 110 -

City Palm Springs State CA Zip Code 92264

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

Name of Employer Palm Canyon Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73292

Amount of Each Receipt this Period **85.00**

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

C. Mario Roiz
Full Name (Last, First, Middle Initial)

Mailing Address 10446 NW 31st Terrace

City Miami State FL Zip Code 33172

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

Name of Employer HR Benefit Services, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73723

Amount of Each Receipt this Period **42.00**

Payroll Deduction **(\$42.00 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **297.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98007
------------------	-------------	-------------------

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

Name of Employer The Partners Group	Occupation Vice President Sales
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P74000

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Joel Rosenblum

Mailing Address 230 Lipan Way

City Boulder	State CO	Zip Code 80303
-----------------	-------------	-------------------

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

Name of Employer Insurance for Asset Protection	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73891

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Francis A. Ruggiero

Mailing Address 15 Kennedy Drive

City Budd Lake	State NJ	Zip Code 07828
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FEC ID number of contributing federal political committee. **C**

Name of Employer Slattery GA a division of Bollinger	Occupation Director of Broker Education
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73436

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	297.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen J. Salamon		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73437
Mailing Address P.O. Box 4252		Amount of Each Receipt this Period 85.00
City Timonium	State MD	Zip Code 21094
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Health Plan Headquarters	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Raymer M. Sale		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73725
Mailing Address 2905 Premiere Parkway Suite 285		Amount of Each Receipt this Period 170.00
City Duluth	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer E2E Benefits Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

Full Name (Last, First, Middle Initial) C. Rose P. Sandoval		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73362
Mailing Address One Griffin Brook Drive		Amount of Each Receipt this Period 100.00
City Methuen	State MA	Zip Code 01844
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Borislow Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	355.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Al C. Schiebel		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73727
Mailing Address 200 Sandy Springs Pl., # 300A		Amount of Each Receipt this Period 45.00
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 Monthly)	
Name of Employer Schiebel & Associates, LLC dba Shopbe	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mel A. Schlesinger		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73728
Mailing Address PO Box 21533		Amount of Each Receipt this Period 85.00
City Winston Salem	State NC	Zip Code 27120
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer self	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Alan R. Schulman		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73439
Mailing Address 7361 Calhoun Place, Ste 550		Amount of Each Receipt this Period 85.00
City Derwood	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Insurance Benefits & Advisors	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 65 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Matt B. Schwartz

Mailing Address 2950 Breckenridge Lane

City State Zip Code
Louisville KY 40220-

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

Name of Employer Occupation
Schwartz & Associates dba Schwartz In President/Strategic Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P73551

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Ron Segal

Mailing Address 23901 Calabasas Road, # 1021

City State Zip Code
Calabasas CA 91302

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

Name of Employer Occupation
Ron Segal Insurance Services, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P74002

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$60.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Gregory J. Seifert

Mailing Address PO Box 189 916 Main Street

City State Zip Code
Vancouver WA 98666

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

Name of Employer Occupation
Biggs Insurance Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2013
Transaction ID : 14764-P74003

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven Selinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BeneSys, Inc Occupation Director of Sales and Marketin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73553
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Kenneth A. Sherlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 First Street
 City Asheville State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sherlin Insurance Services Occupation Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73162
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Thomas E. Shores
 Full Name (Last, First, Middle Initial)
 Mailing Address 8596 W Bolsa Ct.
 City Boise State ID Zip Code 83709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer T.A. Shores Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73893
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Anya Y. Simpson

Mailing Address 700 Newtown Road, Suite 5

City Norfolk State VA Zip Code 23502

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

Name of Employer Benefit Plans, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73444

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Desmond X. Slattery

Mailing Address 1800 Route 34 Blvd. 1, # 102

City Wall State NJ Zip Code 07719

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

Name of Employer Slattery GA Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73445

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Amy T. Smith

Mailing Address P O Box 14207

City Jackson State MS Zip Code 39236

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

Name of Employer Stewart Sneed Hewes/BancorpSouth Insu Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14764-P73735

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **169.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Frank J Smith		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73560
Mailing Address P. O. Box 1559		Amount of Each Receipt this Period 85.00
City Wheaton	State IL	Zip Code 60189
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Business Insurance Underwriters, Inc.	Occupation Senior Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Gregory S. Smith		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73561
Mailing Address 2201 Woodlawn Road PO Box 370		Amount of Each Receipt this Period 30.00
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Group Marketing Services Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Myron D. Smith		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P74005
Mailing Address PO Box 56149		Amount of Each Receipt this Period 85.00
City Sherman Oaks	State CA	Zip Code 91413
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Genesis Financial Insurance Services	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Paul E. Smith		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73364
Mailing Address 100 Queen Street		Amount of Each Receipt this Period 125.00
City Southington	State CT	Zip Code 06489
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$125.00 Monthly)
Name of Employer AmeriBen Alliance, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) B. James Randall Southard		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73737
Mailing Address 300 N. Greene St., 6th Floor		Amount of Each Receipt this Period 65.00
City Greensboro	State NC	Zip Code 27401
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$65.00 Monthly)
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Anne P. Sperling		Date of Receipt MM / DD / YYYY 05 / 28 / 2013 Transaction ID : 14773
Mailing Address 805 St. Michael's Drive		Amount of Each Receipt this Period 120.00
City Santa Fe	State NM	Zip Code 87505-
FEC ID number of contributing federal political committee. C		
Name of Employer Daniels Insurance Agency, Inc.	Occupation Employee Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

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: (check only one)	PAGE 70 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Anne P. Sperling

Mailing Address 805 St. Michael's Drive

City Santa Fe State NM Zip Code 87505

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

Name of Employer Daniels Insurance Agency, Inc. Occupation Employee Benefits Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73894

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. William Craig Splawn

Mailing Address 800 Avenue C

City Katy State TX Zip Code 77493

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

Name of Employer Splawn & Associates Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73838

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Jackie L. Spragins

Mailing Address PO Box 1071

City Wichita Falls State TX Zip Code 76307

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

Name of Employer Higginbotham Ins Agency, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14762-P73240

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 92
	<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. Delvin L. Stahl
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 388 807 S. Maltby Ave.

City Sutton State NE Zip Code 68979

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

Name of Employer Insurance Plus, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73089

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

B. Eugene A. Starks
Full Name (Last, First, Middle Initial)

Mailing Address 613 Crescent Circle Suite 201

City Ridgeland State MS Zip Code 39157

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

Name of Employer Benefit Administration Services, Ltd. Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73167

Amount of Each Receipt this Period **120.00**

Payroll Deduction (\$120.00 Monthly)

C. James R. Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Boulevard

City Fort Myers State FL Zip Code 33908-

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

Name of Employer MVS Consulting Group Occupation Leadership Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **05 / 23 / 2013**

Transaction ID : 14762-P73169

Amount of Each Receipt this Period **170.00**

Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **332.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Marilyn A. Stenger
Full Name (Last, First, Middle Initial)

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers State FL Zip Code 33908

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73168

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Rodney Stuart
Full Name (Last, First, Middle Initial)

Mailing Address 600 East Carmel Drive Suite 110

City Carmel State IN Zip Code 46032

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

Name of Employer Strategic Insurance Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73059

Amount of Each Receipt this Period
 50.00

Payroll Deduction
 (\$50.00 Monthly)

C. James F. Summers
Full Name (Last, First, Middle Initial)

Mailing Address 8420 West Dodge Road, 5th Floor

City Omaha State NE Zip Code 68114

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

Name of Employer Senior Market Sales, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14762-P73091

Amount of Each Receipt this Period
 125.00

Payroll Deduction
 (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O Box 795008 131 Interpark Blvd.

City San Antonio	State TX	Zip Code 78279
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wortham Insurance & Risk Management	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73841

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

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

Mailing Address PO Box 31029

City Charleston	State SC	Zip Code 29417
--------------------	-------------	-------------------

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

Name of Employer David M. Gilston Insurance Agency, In	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73741

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

C. Ryan R. Swinton
Full Name (Last, First, Middle Initial)

Mailing Address 7101 S. 82 St.

City Lincoln	State NE	Zip Code 68516
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FEC ID number of contributing federal political committee. **C**

Name of Employer Midlands Financial Benefits	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : 14764-P73597

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Marsha Tellesbo

Mailing Address 1001 4th Avenue, Suite 3200

City Seattle	State WA	Zip Code 98154
-----------------	-------------	-------------------

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

Name of Employer Tellesbo & Company	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P74010

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. David J. Terpening

Mailing Address 22850 Crenshaw Blvd., # 206

City Torrance	State CA	Zip Code 90505
------------------	-------------	-------------------

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

Name of Employer California Health Plans	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P74012

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Harry P. Thal

Mailing Address PO Box 2137

City Kernville	State CA	Zip Code 93238
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harry P. Thal Insurance Agency	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : 14764-P74013

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: (check only one)	PAGE 75 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Marc Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Center Street, Suite 1410
 City Little Rock State AR Zip Code 72201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stephens Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73844
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Jennifer L. Toups
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 Galleria Blvd, Suite 1224
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73244
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Janet Trautwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73014
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 297.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 92
	<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. Wendy Vanderwater Bratteli
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73846
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

B. Rand R. Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 12603 Southwest Freeway, Suite 620
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Health Plans, Ltd. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73249
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

C. Doris Waller
 Full Name (Last, First, Middle Initial)
 Mailing Address 6411 Highland Crest Ln
 City Sachse State TX Zip Code 75048-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pan-American Benefits Solutions Occupation Senior Sales Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14762-P73250
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jessica F Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Doyle Rd
 City Wayne State PA Zip Code 19087-3903
 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 ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73298
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. John L. Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Warwick Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P74015
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

c. Mark A. Waugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Arendell Street Suite 204
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EbenConcepts Occupation Employee Benefits Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73176
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 15 S. Jefferson Street

City Roanoke State VA Zip Code 24011

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

Name of Employer Benefits Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73453

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$170.00 Monthly)

B. Dan Webb
Full Name (Last, First, Middle Initial)

Mailing Address 5251 Office Park Drive Suite 350

City Bakersfield State CA Zip Code 93309

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

Name of Employer The Webb Insurance Group Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14762-P73295

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$170.00 Monthly)

C. Lynn Weirich
Full Name (Last, First, Middle Initial)

Mailing Address 400 North Loop 1604 East, Suite 1

City San Antonio State TX Zip Code 78232

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

Name of Employer Business Financial Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : 14764-P73849

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **390.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Robert H. White		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73251
Mailing Address 6724 S 29th W Place		Amount of Each Receipt this Period 42.00
City Tulsa	State OK	Zip Code 74132-
FEC ID number of contributing federal political committee. C	Name of Employer Plan Benefit Analysts of Tulsa, Inc.	Occupation Marketing Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) B. Jimmie Whitmire		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14762-P73252
Mailing Address 503 Eighth Street		Amount of Each Receipt this Period 42.00
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C	Name of Employer Whitmire & Whitmire, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) C. David V. Wilcox		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73907
Mailing Address 166 River Vista Place		Amount of Each Receipt this Period 42.00
City Twin Falls	State ID	Zip Code 83301
FEC ID number of contributing federal political committee. C	Name of Employer Magic Valley Insurance, Inc.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 92
	<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. Trei Wild
Full Name (Last, First, Middle Initial)
Mailing Address 3724 Hearst Castle Way
City Plano State TX Zip Code 75025
FEC ID number of contributing federal political committee. **C**
Name of Employer Corvesta Services Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73851
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Mike Williams
Full Name (Last, First, Middle Initial)
Mailing Address 10040 Regency Circle Ste. 345
City Omaha State NE Zip Code 68114
FEC ID number of contributing federal political committee. **C**
Name of Employer Williams Deras Associates, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14764-P73600
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Paula L. Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 31930 Daniel Way
City Temecula State CA Zip Code 92559
FEC ID number of contributing federal political committee. **C**
Name of Employer Paula Wilson, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 425.00

Date of Receipt 05 / 23 / 2013
Transaction ID : 14762-P73297
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: (check only one)	PAGE 81 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Thomas R. Wilson		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73852
Mailing Address 701 Lamar		Amount of Each Receipt this Period 55.00
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$55.00 Monthly)
Name of Employer Boley Featherston Insurance Agency	Occupation Benefits Consulstant/Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00	

Full Name (Last, First, Middle Initial) B. Owen W. Wingate		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73754
Mailing Address 155 Professional Dr		Amount of Each Receipt this Period 42.00
City Ponte Vedra Beach	State FL	Zip Code 32082
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Wingate Insurance Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Rosanne Wolfe		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : 14764-P73910
Mailing Address 4600 East Swans Nest Road		Amount of Each Receipt this Period 30.00
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Wolfe Insurance & Consultants, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	127.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 92
	<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. Barbara Kay Wong
Full Name (Last, First, Middle Initial)
Mailing Address 548 Coastal Place
City Anchorage State AK Zip Code 99501
FEC ID number of contributing federal political committee. **C**
Name of Employer Capital Management Benefits Corp. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **255.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P74019
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

B. Dennis E. Wright
Full Name (Last, First, Middle Initial)
Mailing Address 1111 Chestnut Hills Pky
City Fort Wayne State IN Zip Code 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Plans, LLC Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73576
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. Ashley Wynkoop
Full Name (Last, First, Middle Initial)
Mailing Address 255 Primera Blvd, Suite 264
City Lake Mary State FL Zip Code 32746
FEC ID number of contributing federal political committee. **C**
Name of Employer CIGNA Healthcare Occupation Broker Representative
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **05 / 23 / 2013**
Transaction ID : 14764-P73756
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **212.00**
TOTAL This Period (last page this line 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 OF 92
(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)
Shannon Zajec

Mailing Address 1420 E. Roseville Pkwy

City Roseville State CA Zip Code 95661

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

Name of Employer Employers Select Insurance Services I Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : 14764-P74020

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	20098.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2013

Transaction ID : 14826

Amount of Each Disbursement this Period

288.92

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2013

Transaction ID : 14827

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Service Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2013

Transaction ID : 14825

Amount of Each Disbursement this Period

1284.65

SUBTOTAL of Disbursements This Page (optional)..... ▶

1581.52

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Service Fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : 14828

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

30.00

1611.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ALASKANS FOR BEGICH 2014

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement
June 4 Event

011

Candidate Name

MARK BEGICH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	3

Transaction ID : 14757

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City GLADSTONE State MI Zip Code 49837

Purpose of Disbursement
DC Event

011

Candidate Name

DANIEL J. MD BENISHEK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	3

Transaction ID : 14746

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement
June 4 Breakfast

011

Candidate Name

MICHELLE GRISHAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	3

Transaction ID : 14758

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 185

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
DC Event

011

Candidate Name

MICHAEL G. FITZPATRICK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	3

Transaction ID : 14755

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
Hershey Event

011

Candidate Name

JOSEPH R. PITTS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	3

Transaction ID : 14816

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. ISSA FOR CONGRESS (P)

Mailing Address PO BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement
CA Event

011

Candidate Name

DARRELL ISSA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 49

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	3

Transaction ID : 14814

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. KLINE FOR CONGRESS

Mailing Address 101 W BURNSVILLE PKWY SUITE 104

City State Zip Code
BURNSVILLE MN 55337

Purpose of Disbursement
DC Event

011

Candidate Name
JOHN PAUL JR KLINE

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2013

Transaction ID : 14730

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
DC Event

011

Candidate Name
MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 14760

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MATHESON FOR CONGRESS

Mailing Address P O BOX 521048

City State Zip Code
SALT LAKE CITY UT 84152

Purpose of Disbursement
Contribution

011

Candidate Name
JAMES D MATHESON

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 14756

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: (check only one)	PAGE 89 OF 92							
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="checked" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

Full Name (Last, First, Middle Initial) A. MICHAUD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 06 / 2013
Mailing Address 213 LISBON ST		Transaction ID : 14815
City LEWISTON	State ME	
Zip Code 04240	Purpose of Disbursement DC Event	Amount of Each Disbursement this Period 1000.00
Candidate Name MICHAEL H. MICHAUD	Disbursement For: 2014 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) B. MULVANEY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 06 / 2013
Mailing Address P.O. BOX 1975		Transaction ID : 14813
City LANCASTER	State SC	
Zip Code 29721	Purpose of Disbursement DC Event	Amount of Each Disbursement this Period 1000.00
Candidate Name JOHN MICHAEL 'MICK' MULVANEY	Disbursement For: 2014 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Date of Disbursement MM / DD / YYYY 05 / 01 / 2013
Mailing Address 425 SECOND STREET NE		Transaction ID : 14728
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement 2013	Amount of Each Disbursement this Period 15000.00
Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		

SUBTOTAL of Disbursements This Page (optional)..... ▶	17000.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement DC Event

Candidate Name
PETER G OLSON

Office Sought: House Senate President
State: TX District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 21 / 2013

Transaction ID : 14754

Amount of Each Disbursement this Period
1000.00

Category/Type
011

Full Name (Last, First, Middle Initial)
B. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement DC Event

Candidate Name
PAUL DAVID TONKO

Office Sought: House Senate President
State: NY District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2013

Transaction ID : 14747

Amount of Each Disbursement this Period
1000.00

Category/Type
011

Full Name (Last, First, Middle Initial)
C. PRICE FREEDOM FUND

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement May 11 Event

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: House Senate President
State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 06 / 2013

Transaction ID : 14812

Amount of Each Disbursement this Period
2500.00

Category/Type
011

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	PAGE 91 OF 92
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. TIBERI FOR CONGRESS		MM / DD / YYYY 05 / 06 / 2013	
Mailing Address 2931 E DUBLIN GRANVILLE ROAD		Transaction ID : 14818	
City COLUMBUS	State OH	Zip Code 43231	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement OH Event	<input type="checkbox"/> 011	Category/ Type	
Candidate Name PATRICK J. TIBERI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 12			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. TIBERI FOR CONGRESS (P)		MM / DD / YYYY 05 / 06 / 2013	
Mailing Address 2931 E DUBLIN GRANVILLE ROAD		Transaction ID : 14817	
City COLUMBUS	State OH	Zip Code 43231	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement OH event	<input type="checkbox"/> 011	Category/ Type	
Candidate Name PATRICK J. TIBERI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AK District: 12			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. VOLUNTEERS FOR SHIMKUS		MM / DD / YYYY 05 / 01 / 2013	
Mailing Address PO BOX 661		Transaction ID : 14729	
City COLLINSVILLE	State IL	Zip Code 62234	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement DC Event	<input type="checkbox"/> 011	Category/ Type	
Candidate Name JOHN M SHIMKUS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 15			

SUBTOTAL of Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement
DC Event

011

Category/
Type

Candidate Name

JACKIE (SWIHART) WALORSKI

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 14751

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

38100.00