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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) 2000 14TH ST ADDRESS (number and street) Check if different than previously **ARLINGTON** ٧A 22201 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00283135 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Oct 20 (M10) Apr 20 (M4) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jennifer Murphy Type or Print Name of Treasurer Jennifer Murphy Electronically Filed by 04 15 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 40

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) D D <sup>®</sup> D 02 0 1 2010 0.2 28 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 188966.64 January 1 (b) Cash on Hand at 218528.64 Begining of Reporting Period ..... 41805.84 99928.02 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 260334.48 288894.66 6(a) and 6(c) for Column B) ..... 27221.57 55781.75 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 233112.91 233112.91 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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) 3 / 40

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

Y Y W Y 2 0 1 0

o: M M O 2

D D 28

Y Y Y Y 2 0 1 0

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Contributions (other than loans) From:     (a) Individuals/Persons Other                   |                               |                                   |
| Than Political Committees (i) Itemized (use Schedule A)                                    | 14385.00                      | 41745.00                          |
| (ii) Unitemized  | 27417.67                      | 58176.34                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)  | 41802.67                      | 99921.34                          |
| (b) Political Party Committees   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines            | 0.00                          | 0.00                              |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)                                  | 41802.67                      | 99921.34                          |
| Transfers From Affiliated/Other     Party Committees                                       | 0.00                          | 0.00                              |
| 3. All Loans Received  | 0.00                          | 0.00                              |
| Loan Repayments Received     Offsets To Operating Expenditures                             | 0.00                          | 0.00                              |
| (Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)                              | 0.00                          | 0.00                              |
| Refunds of Contributions Made     to Federal candidates and Other     Political Committees | 0.00                          | 0.00                              |
| 7. Other Federal Receipts (Dividends, Interest, etc.)                                      | 3.17                          | 6.68                              |
| 3. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3)   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5)   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))                     | 41805.84                      | 99928.02                          |
| Total Federal Receipts     (subtract Line 18(c) from Line 19)                              | 41805.84                      | 99928.02                          |

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 40

|     | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|--------------------------------|
| 21. | Operating Expenditures:  (a) Shared Federal/Non-Federal                       |                               | 1                              |
|     | Activity (from Schedule H4)   | 0.00                          | 0.00                           |
|     | (i) Federal Share   |                               |                                |
|     | (ii) Non-Federal Share  | 0.00                          | 0.00                           |
|     | (b) Other Federal Operating   | 1011 E7                       | 2026 75                        |
|     | Expenditures(c) Total Operating Expenditures                                  | 1811.57                       | 3036.75                        |
|     | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))              | 1811.57                       | 3036.75                        |
| 22. | Transfers to Affiliated/Other Party   |                               |                                |
| 2   | Committees Contributions to   | 0.00                          | 0.00                           |
| .0. | Federal Candidates/Committeesand Other Political Committees                   | 25000.00                      | 50800.00                       |
| 4.  | Independent Expenditure   |                               |                                |
| 5   | (use Schedule E)  | 0.00                          | 0.00                           |
| J.  | Committees (2 U.S.C. 441a(d)) (use Schedule F)                                | 0.00                          | 0.00                           |
|     |   | 0.00                          | 0.00                           |
| 26. | Loan Repayments Made  | 0.00                          | 0.00                           |
|     | Loans Made  | 0.00                          | 0.00                           |
| 28. | Refunds of Contributions To:  (a) Individuals/Persons Other                   |                               |                                |
|     | Than Political Committees   | 410.00                        | 1945.00                        |
|     | (b) Political Party Committees  | 0.00                          | 0.00                           |
|     | (c) Other Political Committees  | 0.00                          | 0.00                           |
|     | (such as PACs)  | 0.00                          | 0.00                           |
|     | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))                | 410.00                        | 1945.00                        |
|     |   |                               |                                |
| 9.  | Other Disbursements   | 0.00                          | 0.00                           |
| 80. | Federal Election Activity (2 U.S.C 431(20))                                   |                               |                                |
|     | (a) Shared Federal Election Activity  |                               |                                |
|     | (from Schedule H6)  | 0.00                          | 0.00                           |
|     | (i) Federal Share   |                               |                                |
|     | (ii) "Levin" Share  | 0.00                          | 0.00                           |
|     | (b) Federal Election Activity Paid Entirely                                   | 0.00                          | 0.00                           |
|     | With Federal Funds  |                               | 3.00                           |
|     | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00                          | 0.00                           |
| 31. | Total Disbursements (add Lines 21(c), 22,                                     |                               |                                |
|     | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                      | 27221.57                      | 55781.75                       |
| 32. | Total Federal Disbursements   |                               |                                |
|     | (subtract Line 21(a)(ii) and Line 30(a)(ii)                                   |                               |                                |
|     | from Line 31)   | 27221.57                      | 55781.75                       |

### **DETAILED SUMMARY PAGE**

of Disbursements

| III. Net Contributions/Operating<br>Expenditures |   | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|---|----------------------------|-----------------------------------|
| 33.  | Total Contributions (other than loans) from Line 11(d), page 3)         | 41802.67                   | 99921.34                          |
| 34.  | Total Contribution Refunds<br>(from Line 28(d))                         | 410.00                     | 1945.00                           |
| 5.   | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 41392.67                   | 97976.34                          |
| 36.  | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1811.57                    | 3036.75                           |
| 37.  | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 0.00                              |
| 38.  | Net Operating Expenditures (subtract Line 37 from Line 36)              | 1811.57                    | 3036.75                           |

FE6AN026

|                    | HEDULE A (FEC Form 3X) MIZED RECEIPTS  |                                  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 6 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 11              |
|--------------------|--|----------------------------------|--|---|
| or fo              | r commercial purposes, other than using th   | Statements may<br>e name and add | y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \                  | IAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAL                            | .TH UNDERV                       | WRITERS PAC (HUPAC)  |   |
|                    | ull Name (Last, First, Middle Initial)<br>Elizabeth Ashmore                            |                                  |  | Date of Receipt   |
| _                  | Mailing Address 6102 82nd St Ste 6   |                                  |  | 02 26 2010  |
|                    | City<br>Lubbock  | State<br>TX                      | Zip Code<br>79424-0803   | Transaction ID: 9711 Amount of Each Receipt this Period                                     |
| F                  | EC ID number of contributing ederal political committee.                               | C                                | 75424 0000   | 150.00  |
| <u>r</u>           | Jame of Employer Ashmore & Associates Insu- ance Agency Receipt For:  Primary  General | Occupatio agent Aggregate        | n<br>e Year-to-Date ▼  |   |
|                    | Primary General Other (specify) ▼  |                                  | 350.00   | Cap Conference 2010   |
| <b>3.</b> <u>k</u> | Full Name (Last, First, Middle Initial) Kathryn A. Beals                               |                                  |  | Date of Receipt   |
| IV.                | Mailing Address 5151 W River Rd  |                                  |  | 02 23 2010  |
|                    | City   | State                            | Zip Code   | Transaction ID: 9691-P31450   |
| _                  | Vaunakee   | WI                               | 53597-9523   | Amount of Each Receipt this Period  |
|                    | EC ID number of contributing ederal political committee.                               | С                                |  | 125.00  Payroll Deduction   |
| N<br>              | lame of Employer<br>Dean Health Plan   | Occupatio<br>Agent               | n  | ayron beduction   |
| F                  | Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                        | e Year-to-Date ▼<br>295.00   | (\$125.00 Annually)   |
|                    | full Name (Last, First, Middle Initial)  |                                  |  | Date of Receipt   |
| N                  | Mailing Address 6421 Perkins Rd Bldg   | ј А # 2В                         |  | 02 22 2010  |
|                    | City   | State                            | Zip Code   | Transaction ID: 9690-P30959   |
| _                  | Baton Rouge  | LA                               | 70808-6200   | Amount of Each Receipt this Period  |
|                    | EC ID number of contributing ederal political committee.                               | C                                |  | 250.00  |
| N<br>E             | lame of Employer<br>Besselman & Little Agency  | Occupatio<br>Agent               | n  | Payroll Deduction   |
| F                  | Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate                        | e Year-to-Date ▼ 500.00  | (\$250.00 Monthly)  |
| SUI                | BTOTAL of Receipts This Page (optional) .  | 1                                |  | 525.00  |
|                    | TAL This Period (last page this line numbe   |                                  |  |   |

|            | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                               | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 40 (check only one)    X   11a                                    |
|------------|--|-------------------------------|---|---|
| 0          | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | tatements may<br>name and add | not be sold or used by any persolress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|            | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALT  | TH UNDERV                     | VRITERS PAC (HUPAC)   |   |
| . <u>/</u> | Full Name (Last, First, Middle Initial) Patrick Burns  |                               |   | Date of Receipt   |
|            | Mailing Address 5653 Maxwelton Rd  |                               |   | 0 2 2 2 2 2 1 0 1 0   |
|            | City   | State                         | Zip Code  | Transaction ID: 9690-P31409   |
|            | Oakland  | CA                            | 94618-2654  | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                       | C                             |   | 210.00  |
|            | Name of Employer<br>Burns Employee Benefits  | Occupation                    | n<br>g Member   | Payroll Deduction   |
|            | Insurance Ser Receipt For:   | , ' <u> </u>                  | Year-to-Date ▼  |   |
|            | Primary General Other (specify) ▼  | 39.53                         | 295.00  | (\$85.00 Monthly)   |
| _          | Full Name (Last, First, Middle Initial)<br>Kareim R. Cade  |                               |   | Date of Receipt   |
|            | Mailing Address 1544 Pebble Beach Dr   |                               |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|            | City   | State                         | Zip Code  | Transaction ID: 9678-P30846   |
|            | Pontiac  | MI                            | 48340-1367  | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                       | C                             |   | 210.00  |
|            | Name of Employer<br>Great Lakes Benefit Group  | Occupation CEO                | ١   | Payroll Deduction   |
|            | Receipt For:   |                               | Year-to-Date ▼  |   |
|            | Primary General Other (specify) ▼  |                               | 295.00  | (\$85.00 Monthly)   |
| _          | Full Name (Last, First, Middle Initial) Alison M. Challacombe                                    |                               |   | Date of Receipt   |
|            | Mailing Address 20575 Woodside Ct  |                               |   | 02 22 2010  |
|            | City   | State                         | Zip Code  | Transaction ID: 9690-P31181   |
|            | Bend   | OR                            | 97702-9528  | Amount of Each Receipt this Period  |
|            | FEC ID number of contributing federal political committee.                                       | C                             |   | 210.00  |
|            | Name of Employer<br>LifeWise Health Plan of  | Occupation                    |   | Payroll Deduction   |
|            | <u>Oregon</u>  | , •                           | Coordinator Large Gr  | _   |
|            | Receipt For: Primary General   | Aggregate                     | Year-to-Date ▼  | (\$85.00 Monthly)   |
|            | Other (specify) ▼  | 0 0                           | 295.00  | L (ψου.ου Μοπίπη)   |
| Γ          | SUBTOTAL of Receipts This Page (optional)  | l                             |   | 630.00  |

|                                       | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 40 (check only one)    X   11a                                    |
|---------------------------------------|--|--------------------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL | e name and ad                  | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                                       | Full Name (Last, First, Middle Initial) Russell B. Childers Mailing Address 402 Rawley Rd  | Stata                          | 7in Code  | Date of Receipt  Date of Receipt  2 3 2 0 1 0   |
|                                       | City<br><u>Americus</u>  | State<br>GA                    | Zip Code<br>31719-2150  | Transaction ID: 9698  Amount of Each Receipt this Period                                    |
|                                       | FEC ID number of contributing federal political committee.   | C                              |   | 125.00  |
|                                       | Name of Employer Russ Childers, CLU  Receipt For:  Primary  Other (specify) ▼  | Occupation President Aggregate |   | Cap Conference 2010   |
|                                       | Full Name (Last, First, Middle Initial) Jim Daubert  Mailing Address 9121 Pioneer Ct   |                                |   | Date of Receipt  0 2 2 2 2 1 0  |
|                                       | City   | State                          | Zip Code  | Transaction ID: 9673-P29364   |
|                                       | Lincoln  | NE                             | 68520-9305  | Amount of Each Receipt this Period  |
|                                       | FEC ID number of contributing federal political committee.   | C                              |   | 150.00  |
|                                       | Name of Employer<br>Daubert and Butler Associ-<br>ates   | Occupatio<br>Agent             | n   | Payroll Deduction   |
|                                       | Receipt For:  Primary General  Other (specify) ♥   | Aggregate                      | e Year-to-Date ▼<br>1150.00   | (\$150.00 Annually)   |
| _                                     | Full Name (Last, First, Middle Initial) Rush David Dixon   |                                |   | Date of Receipt   |
|                                       | Mailing Address 1375 Piccard Dr  |                                |   | 02 22 2010  |
|                                       | City   | State                          | Zip Code  | Transaction ID: 9690-P31028   |
|                                       | Rockville  FEC ID number of contributing federal political committee.  | C                              | 20850-4311  | Amount of Each Receipt this Period  170.00  |
|                                       | Name of Employer<br>Early Cassidy and Schilling  | Occupatio<br>VP of En          | n<br>nployee Benefits   | Payroll Deduction   |
|                                       | Receipt For:  Primary General  Other (specify) ▼   | <del>, '</del>                 | e Year-to-Date ▼ 340.00   | (\$170.00 Monthly)  |
|                                       | SUBTOTAL of Receipts This Page (optional)  |                                |   | 445.00  |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 9 / 40   (check only one)   X   11a                                   |
|----|--|---------------------|--|---|
| Ar | ny information copied from such Reports and S<br>for commercial purposes, other than using the | tatements may       | y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALT                                      |                     |  |   |
|    | Full Name (Last, First, Middle Initial)<br>Virginia L Eggert                                   |                     |  | Date of Receipt   |
|    | Mailing Address 6430 N Camino Arturo   |                     |  | 02 26 2010  |
|    | City   | State               | Zip Code   | Transaction ID: 9713  |
|    | Tucson   | AZ                  | 85718-2012   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                   |  | 300.00  |
|    | Name of Employer<br>EM Insurance Services  | Occupation<br>Agent | n  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate           | Year-to-Date ▼ 300.00  |   |
|    | Full Name (Last, First, Middle Initial)<br>Michael A. Embry                                    |                     |  | Date of Receipt   |
|    | Mailing Address 26240 Wacker Dr  |                     |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City   | State               | Zip Code   | Transaction ID: 9637  |
|    | New Baltimore  | MI                  | 48051-3306   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                   |  | 125.00  |
|    | Name of Employer<br>Comerica Insurance Servic-<br>es, Inc.                                     | Occupation VP - Gro | n<br>up Benefits Division  |   |
|    | Receipt For:   | Aggregate           | e Year-to-Date ▼   |   |
|    | Primary General Other (specify) ▼  |                     | 210.00   | Capitol Conference 2010   |
|    | Full Name (Last, First, Middle Initial)<br>Michael A. Embry                                    |                     |  | Date of Receipt   |
|    | Mailing Address 26240 Wacker Dr  |                     |  | 0 2 2 2 2 1 0 1 0   |
|    | City   | State               | Zip Code   | Transaction ID: 9690-P31339   |
|    | New Baltimore  | MI                  | 48051-3306   | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                   |  | 85.00   |
|    | Name of Employer<br>Comerica Insurance Servic-   | Occupation VP - Gro | n<br>up Benefits Division  | Payroll Deduction   |
|    | es, Inc.<br>Receipt For:   | . '                 | e Year-to-Date ▼   |   |
|    | Primary General Other (specify) ▼  |                     | 295.00   | (\$85.00 Monthly)   |
| _  | BUBTOTAL of Receipts This Page (optional)  | <u> </u>            |  | 510.00  |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16                |
|--------|--|----------------------------------|---|---|
| A<br>0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements may<br>e name and add | not be sold or used by any persitress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL   | TH UNDERV                        | VRITERS PAC (HUPAC)   |   |
|        | Full Name (Last, First, Middle Initial)<br>Albert C Ertel  |                                  |   | Date of Receipt   |
|        | Mailing Address 2710 Redding Rd NE   |                                  |   | 02 09 2010  |
|        | City   | State<br>GA                      | Zip Code  | Transaction ID: 9635  |
|        | Atlanta FEC ID number of contributing federal political committee.                               | C                                | 30319-2908  | Amount of Each Receipt this Period 500.00   |
|        | Name of Employer<br>Essential Benefit Solutio-<br>ns, LLC.                                       | Occupation                       |   |   |
|        | Receipt For:   |                                  | Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼  |                                  | 500.00  |   |
| _      | Full Name (Last, First, Middle Initial)<br>Albert C Ertel  |                                  |   | Date of Receipt   |
|        | Mailing Address 2710 Redding Rd NE   |                                  |   | 02 22 2010  |
|        | City   | State                            | Zip Code  | Transaction ID: 9673-P29360   |
|        | Atlanta  | GA                               | 30319-2908  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                       | C                                |   | 150.00  Payroll Deduction   |
|        | Name of Employer<br>Essential Benefit Solutio-<br>ns, LLC.                                       | Occupation<br>President          |   | 1 ayron beduction   |
|        | Receipt For:   | Aggregate                        | Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼  |                                  | 650.00  | (\$150.00 Annually)   |
|        | Full Name (Last, First, Middle Initial)<br>Jonathan Frisch                                       |                                  |   | Date of Receipt   |
|        | Mailing Address 1528 Wyndham Cv  |                                  |   | 02 05 2010  |
|        | City   | State                            | Zip Code  | Transaction ID: 9630  |
|        | Memphis  | TN                               | 38120-1426  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                       | C                                |   | 150.00  |
|        | Name of Employer<br>Zalowitz Frisch Benefits<br>Group  | Occupation<br>Agent              |   |   |
|        | Receipt For: Primary General Other (specify)   | Aggregate                        | Year-to-Date ▼ 350.00   | Cap Conference 2010   |
| Γ      | SUBTOTAL of Receipts This Page (optional) .  |                                  |   | 800.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | for e                          | separate schedule(s)<br>ach category of the<br>iled Summary Page | FOR LINE NUMBER: PAGE 11 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|--------------------------------|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEA |                                |  |  |
| Full Name (Last, First, Middle Initial) Julie Reno George  |                                | , ,  | Date of Receipt  |
| Mailing Address 1691 Westbrook Pla   |                                |  | 02 25 25 2010  |
| City   | ·                              | Code   | Transaction ID: 9709   |
| Winston Salem  | NC 27                          | 103-2993   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C                              |  | 300.00   |
| Name of Employer<br>JBA Benefits, LLC  | Occupation<br>Agent            |  |  |
| Receipt For:   | Aggregate Year-to              | -Date <b>V</b>   |  |
| Primary General Other (specify) ▼  | 0 0 0                          | 300.00   | Cap Conference 2010  |
| Full Name (Last, First, Middle Initial) Willis H. Glaros   | _1                             |  | Date of Receipt  |
| Mailing Address 9772 Rosewood Dr   |                                |  | 0 2 2 2 2 2 1 0 1 0  |
| City   | State Zip                      | Code   | Transaction ID: 9690-P31032  |
| Saint John   | IN 46                          | 373-9035   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | С                              |  | 170.00   |
| Name of Employer<br>Employer Benefit Systems   | Occupation<br>Agent            |  | Payroll Deduction  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to              | -Date ▼ 340.00   | (\$170.00 Monthly)   |
| Full Name (Last, First, Middle Initial) Donald W. Goldmann   | 1                              |  | Date of Receipt  |
| Mailing Address 6615 E Kings Crown   | Rd                             |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
| City   | ·                              | Code   | Transaction ID: 9673-P29361  |
| Orange   | CA 92                          | 869-4385   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C                              |  | 125.00   |
| Name of Employer<br>Word & Brown   | Occupation<br>VP of National S | Sales  | Payroll Deduction  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to              |  | (\$125.00 Annually)  |
| SUBTOTAL of Receipts This Page (optional)  |                                |  | 595.00   |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 12 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
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| or for commercial purposes, other than using the   | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions                               |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA                                      | LTH UNDERWRITERS PAC (HUPAC)   |  |
| Full Name (Last, First, Middle Initial)  Michael D. Gray  Mailing Address 7305 Pioneers Blvd |  | Date of Receipt  |
| City   | State Zip Code   | 0 2 1 2 2 0 1 0 Transaction ID: 9646   |
| Lincoln  | NE 68506-7519  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | C  | 125.00   |
| Name of Employer<br>The Harry A. Koch Company  | Occupation Agent   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  225.00   | Capitol Gold Conference<br>2010  |
| Full Name (Last, First, Middle Initial)<br>Michael D. Gray                                   |  | Date of Receipt  |
| Mailing Address 7305 Pioneers Blvd   |  | 02 22 2010   |
| City   | State Zip Code   | Transaction ID: 9678-P30845  |
| Lincoln  | NE 68506-7519  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | C  | 100.00   |
| Name of Employer<br>The Harry A. Koch Company  | Occupation Agent   | Payroll Deduction  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 325.00  | (\$100.00 Monthly)   |
| Full Name (Last, First, Middle Initial)<br>Chris Hansen                                      |  | Date of Receipt  |
| Mailing Address 224 E 500 S  |  | 02 23 7 2010   |
| City<br>Bountiful  | State Zip Code UT 84010-4940   | Transaction ID: 9695  Amount of Each Receipt this Period                     |
| FEC ID number of contributing federal political committee.                                   | C  | 365.00   |
| Name of Employer<br>Pacific Service Insurance  | Occupation<br>Agent  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 365.00  |  |
| SUBTOTAL of Receipts This Page (optional)  |  | 590.00   |

|   | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                              | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 13 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 1              |
|---|--|------------------------------|--|---|
| 0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL   | TH UNDERV                    | WRITERS PAC (HUPAC)  |   |
|   | Full Name (Last, First, Middle Initial)<br>Christopher S. Harrison                               |                              |  | Date of Receipt   |
|   | Mailing Address 415 Thorncliff Dr  |                              |  | 02 / 22 / 2010  |
|   | City   | State                        | Zip Code   | Transaction ID: 9690-P31164   |
|   | Fayetteville FEC ID number of contributing   | NC                           | 28303-5221   | Amount of Each Receipt this Period  |
|   | federal political committee.   | C                            |  | 410.00  |
|   | Name of Employer<br>Ebenconcepts Company   | Occupatio<br>Presiden        |  | Payroll Deduction   |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | e Year-to-Date ▼ 820.00  | (\$410.00 Monthly)  |
| _ | Full Name (Last, First, Middle Initial) Carol T Hayes  |                              |  | Date of Receipt   |
|   | Mailing Address 2330 Barrett Cottage   | Pl                           |  | 0 2 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|   | City   | State                        | Zip Code   | Transaction ID: 9629  |
|   | Marietta   | GA                           | 30066-4993   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                       | C                            |  | 125.00  |
|   | Name of Employer<br>Purchasing Alliance Solut-<br>ions, Inc.                                     | Occupatio<br>VP - Bro        | n<br>kerage Services   |   |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | e Year-to-Date ▼ 3125.00   | Cap Conference 2010   |
|   | Full Name (Last, First, Middle Initial)<br>Richard L Hill  |                              |  | Date of Receipt   |
|   | Mailing Address 4435 O St  |                              |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|   | City   | State                        | Zip Code   | Transaction ID: 9649  |
|   | Lincoln  | NE                           | 68510-1842   | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.                                       | С                            |  | 125.00  |
|   | Name of Employer<br>UNICO Financial Services,<br>Inc.  | Occupatio<br>Agent           |  |   |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | e Year-to-Date ▼ 210.00  | Cap Gold 2010   |
| Γ | SUBTOTAL of Receipts This Page (optional) .  | 1                            |  | 660.00  |

|        | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                               | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--------|--|-------------------------------|---|--|
| A<br>0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | tatements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                               |
|        | NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL  | TH UNDERV                     | VRITERS PAC (HUPAC)   |  |
|        | Full Name (Last, First, Middle Initial)<br>Dean M Hoffman  |                               |   | Date of Receipt  |
|        | Mailing Address 1155 Greenridge Ter  |                               |   | 02 22 2010   |
|        | City<br>Brookfield   | State<br>WI                   | Zip Code  | Transaction ID: 9679   |
|        | FEC ID number of contributing federal political committee.                                       | C                             | 53045-4558  | Amount of Each Receipt this Period  125.00                                   |
|        | Name of Employer<br>National CooperativeRx   | Occupatio<br>Agent            | n   |  |
|        | Receipt For:  Primary General  Other (specify) ▼   | ,                             | e Year-to-Date ▼<br>210.00  | Cap Conference 2010  |
| _      | Full Name (Last, First, Middle Initial)<br>Dean M Hoffman  | l                             |   | Date of Receipt  |
|        | Mailing Address 1155 Greenridge Ter  |                               |   | 02 22 2010   |
|        | City   | State                         | Zip Code  | Transaction ID: 9690-P31363  |
|        | Brookfield   | WI                            | 53045-4558  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                       | С                             |   | 85.00  |
|        | Name of Employer<br>National CooperativeRx   | Occupatio<br>Agent            | n   | Payroll Deduction  |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼<br>295.00  | (\$85.00 Monthly)  |
|        | Full Name (Last, First, Middle Initial) Al Hombroek  |                               |   | Date of Receipt  |
|        | Mailing Address 30 Lumpkin St Ste D  |                               |   | M M / D D / Y Y Y Y Y O D D / Y Z D 1 0                                      |
|        | City   | State                         | Zip Code  | Transaction ID: 9690-P30968  |
|        | Lawrenceville  | GA                            | 30045-8410  | Amount of Each Receipt this Period   |
|        | FEC ID number of contributing federal political committee.                                       | C                             |   | 50.00 Payroll Deduction  |
|        | Name of Employer<br>Multiple Benefits Corpora-<br>tion   | Occupatio<br>Agent            | _   | - ayron beduction  |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                     | e Year-to-Date ▼<br>225.00  | (\$50.00 Monthly)  |
|        | SUBTOTAL of Receipts This Page (optional)  | •                             |   | 260.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 40 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|----|--|----------------------------------|---|---|
| Ai | ny information copied from such Reports and S<br>for commercial purposes, other than using the | Statements may<br>e name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                                |
|    | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL                                       | TH UNDERV                        | VRITERS PAC (HUPAC)   |   |
|    | Full Name (Last, First, Middle Initial) Michelle S. Howard                                     |                                  |   | Date of Receipt   |
|    | Mailing Address 2850 W Grand Blvd  |                                  |   | M M / D D / Y Y Y Y Y O D D / 22 2010   |
|    | City   | State                            | Zip Code  | Transaction ID: 9668  |
|    | Detroit  | MI                               | 48202-2643  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                                |   | 150.00  |
|    | Name of Employer<br>Health Alliance Plan   | Occupatio<br>Agent               | n   |   |
|    | Receipt For: Primary General   | , ' <u> </u>                     | e Year-to-Date ▼<br>180.00  | CAP Conference 2010   |
|    | Other (specify) ▼  | 0 0                              | 180.00  |   |
|    | Full Name (Last, First, Middle Initial) Michelle S. Howard                                     |                                  |   | Date of Receipt   |
|    | Mailing Address 2850 W Grand Blvd  |                                  |   | 02 / 22 / 2010  |
|    | City   | State                            | Zip Code  | Transaction ID: 9690-P30902   |
|    | Detroit  | MI                               | 48202-2643  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                                |   | 30.00   |
|    | Name of Employer<br>Health Alliance Plan   | Occupatio<br>Agent               | n   | Payroll Deduction   |
|    | Receipt For:   | Aggregate                        | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼  | 0 0                              | 210.00  | (\$30.00 Monthly)   |
|    | Full Name (Last, First, Middle Initial) Julia A. Jennings                                      |                                  |   | Date of Receipt   |
|    | Mailing Address 2 Lady Slipper Ln  |                                  |   | 02 22 2010  |
|    | City   | State                            | Zip Code  | Transaction ID: 9690-P31184   |
|    | Marion   | MA                               | 02738-1294  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C                                |   | 235.00  |
|    | Name of Employer<br>Sylvia & Co. Ins. Agency,<br>Inc.  | Occupatio<br>Vice Pres           | n<br>sident, Employee Benef   | Payroll Deduction   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                        | e Year-to-Date ▼ 320.00   | (\$85.00 Monthly)   |
|    | Curer (Specify)  | 0 0                              | 0 0 0 0 0 0 0 0   | 1   |
|    | UBTOTAL of Receipts This Page (optional)   |                                  |   | 415.00  |

|   | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 40 (check only one)    X   |
|---|--|---|---|---|
| A | ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL | e name and ad                                     | dress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|   | Full Name (Last, First, Middle Initial) David S Johnson  Mailing Address 1482 Baron Ct   |   |   | Date of Receipt    M  |
|   | City<br>Stone Mountain   | State<br>GA                                       | Zip Code<br>30087-3037  | Transaction ID: 9647  Amount of Each Receipt this Period                                    |
|   | FEC ID number of contributing federal political committee.   | C   |   | 125.00  |
|   | Name of Employer David S. Johnson Insurance  Receipt For:  Primary General  Other (specify) ▼  | Occupatio<br>Agent<br>Aggregate                   | e Year-to-Date ▼  225.00  | Cap Conference 2010   |
|   | Full Name (Last, First, Middle Initial) David S Johnson Mailing Address 1482 Baron Ct  | <u> </u>  |   | Date of Receipt  0 2 2 2 2 1 0 1 0  |
|   | City   | State   | Zip Code  | Transaction ID: 9690-P31327   |
|   | Stone Mountain  FEC ID number of contributing federal political committee.   | GA C  | 30087-3037  | Amount of Each Receipt this Period  100.00  |
|   | Name of Employer David S. Johnson Insurance  Receipt For: Primary Other (specify)  | Agent Aggregate                                   | e Year-to-Date ▼ 325.00   | Payroll Deduction  (\$100.00 Monthly)   |
| _ | Full Name (Last, First, Middle Initial) Laurie J Kirkland  Mailing Address 6601 Glacier Ct   | 0 0   |   | Date of Receipt   |
|   | City   | State   | Zip Code  | 0 2 2 2 2 0 1 0 Transaction ID: 9673-P29363   |
|   | Yakima FEC ID number of contributing federal political committee.  | C   | 98908-2382  | Amount of Each Receipt this Period 125.00   |
|   | Name of Employer<br>Conover Insurance, Inc.  | Occupatio<br>Agent                                | n   | Payroll Deduction   |
|   | Receipt For:  Primary  General  Other (specify) ▼  | <del>, ' '                                 </del> | e Year-to-Date ▼ 210.00   | (\$125.00 Annually)   |
| Ę | SUBTOTAL of Receipts This Page (optional) .  |   |   | 350.00  |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | .,                      | Use separate schedule(s) for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 17/40 (check only one)  X 11a 11b 11c 12 13 14 15 16                  |
|--|-------------------------|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | d Statements may        | not be sold or used by any pers  | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE                                   |                         | •  |   |
| Full Name (Last, First, Middle Initial) Ronald David Knight                              |                         |  | Date of Receipt   |
| Mailing Address PO Box 507   |                         |  | 0 2 1 6 2 0 1 0   |
| City   | State                   | Zip Code   | Transaction ID: 9648  |
| Carrollton   | GA                      | 30112-0009   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                       |  | 150.00  |
| Name of Employer<br>J. Smith Lanier & Co., In-   | Occupation<br>Agent     | 1  |   |
| C. Receipt For: Primary General Other (specify) ▼  |                         | Year-to-Date ▼<br>1150.00  | Cap Conference 2010   |
| Full Name (Last, First, Middle Initial) Ronald David Knight                              |                         |  | Date of Receipt   |
| Mailing Address PO Box 507   |                         |  | 02 08 2010  |
| City   | State                   | Zip Code   | Transaction ID: 9633-P28796   |
| Carrollton   | GA                      | 30112-0009   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                       |  | 1000.00   |
| Name of Employer<br>J. Smith Lanier & Co., In-   | Occupation<br>Agent     | 1  | Payroll Deduction   |
| Receipt For:   |                         | Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  |                         | 1000.00  | (\$1000.00 Annually)  |
| Full Name (Last, First, Middle Initial)<br>Linda Rose Koehler                            |                         |  | Date of Receipt   |
| Mailing Address 516 Shelley St   |                         |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State                   | Zip Code   | Transaction ID: 9656  |
| Livermore  | CA                      | 94550-2368   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                               | C                       |  | 125.00  |
| Name of Employer<br>Herzog Insurance Agency  | Occupation<br>Health In | n<br>surance Specialist  |   |
| Receipt For:   |                         | Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 0 0                     | 210.00   | Cap Conference 2010   |
|  |                         |  | 1275.00   |

| SCHEDULE<br>ITEMIZED R                           | A (FEC Form 3X)<br>ECEIPTS    |                         | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 18 / 40 (check only one)    X   |
|--|-------------------------------|-------------------------|--|---|
| or for commercial p                              | urposes, other than using the | name and add            | y not be sold or used by any perso<br>dress of any political committee to<br>VRITERS PAC (HUPAC) | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last<br>Linda Rose Koeh               | First, Middle Initial)        |                         |  | Date of Receipt   |
| Mailing Address                                  |                               |                         |  | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| City   |                               | State                   | Zip Code   | Transaction ID: 9678-P30806   |
| Livermore  |                               | CA                      | 94550-2368   | Amount of Each Receipt this Period  |
| FEC ID number federal political of               |                               | C                       |  | 85.00   |
| Name of Employ<br>Herzog Insurand                | ver<br>ce Agency              | Occupation<br>Health In | n<br>surance Specialist  | Payroll Deduction   |
| Receipt For: Primary Other (spe                  | General cify) ▼               |                         | Year-to-Date ▼<br>295.00   | (\$85.00 Monthly)   |
| Full Name (Last<br>Jeff Kunkle                   | First, Middle Initial)        |                         |  | Date of Receipt   |
| Mailing Address                                  | 1190 Mallard Cir              |                         |  | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                                      |
| City   |                               | State                   | Zip Code   | Transaction ID: 9639  |
| <u>Bogart</u>                                    |                               | GA                      | 30622-2763   | Amount of Each Receipt this Period  |
| FEC ID number federal political of               |                               | C                       |  | 365.00  |
| Name of Employ<br>Athens Area He<br>Select, Inc. | rer<br>alth Plan              | Occupation<br>Agent     | n  |   |
| Receipt For:                                     |                               | Aggregate               | Year-to-Date   |   |
| Primary Other (spe                               | ☐ General<br>ecify) ▼         |                         | 365.00   |   |
| Full Name (Last<br>Emma S Leigh                  | First, Middle Initial)        |                         |  | Date of Receipt   |
| Mailing Address                                  | 5101 Peachtree Rd             |                         |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   |                               | State                   | Zip Code   | Transaction ID: 9640  |
| <u>Atlanta</u>                                   |                               | GA                      | 30341-2715   | Amount of Each Receipt this Period  |
| FEC ID number federal political of               |                               | С                       |  | 150.00  |
| Name of Employ<br>Alliant Health Sy              | ver<br>vstems                 | Occupation Manager      | 1  |   |
| Receipt For: Primary Other (spe                  | General ccify) ▼              | Aggregate               | Year-to-Date ▼<br>150.00   | Capitol Gold Conference<br>2010   |
| OUDTOTAL (D                                      | ceipts This Page (optional)   |                         |  | 600.00  |

| Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions for for commercial purposes, other then using the name and address of any pullical committee to solicit contributions from such committee.    NAME OF COMMITTEE (In Full)   | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate so<br>for each categor<br>Detailed Summa                | ry of the                          |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) Emma S Leigh  Mailing Address 5101 Peachtree Rd  City State Zip Code Altanta GA 30341-2715  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  State Zip Code NY 10017-8103  Date of Receipt Transaction ID: 9638  Amount of Each Receipt this Period  Transaction ID: 9636  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 9636  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Transaction ID: |  | tatements may not be sold or use<br>name and address of any politica |                                    |
| Bernal S Leigh   Mailing Address 5101 Peachtree Rd  | NATIONAL ASSOCIATION OF HEALT              | TH UNDERWRITERS PAC (  | HUPAC)                             |
| City Atlanta GA 30341-2715  CC    C   C   C   C   C   C   | Emma S Leigh                               |  | Date of Receipt                    |
| Atlanta GA 30341-2715  FEC ID number of contributing federal political committee.  C  Name of Employer The Medical Lirik, Inc.  Perimary General Other (specify) ▼  Primary General Occupation Name of Employer The Medical Lirik, Inc.  Primary General Other (specify) ▼  Primary General Occupation NY 10017-8103  FEC ID number of contributing federal political committee.  Name of Employer The Medical Lirik, Inc.  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Daniel W. McMahon  Malling Address 123 E 2nd Ave  City State Zip Code President  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Payroll Deduction  Transaction ID: 9680  Amount of Each Receipt this Period  (\$170.00 Monthly)  Transaction ID: 9680  Amount of Each Receipt this Period  City State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  C  Primary General Occupation  President Aggregate Year-to-Date ▼  Occupation  Benefits Manager  Aggregate Year-to-Date ▼  Cap Conference 2010  | Mailing Address 5101 Peachtree Rd          |  |                                    |
| FEC ID number of contributing federal political committee.    Name of Employer Alliant Health Systems   |  | ·  |                                    |
| Name of Employer   Alliant Health Systems   Occupation   Manager  | <u>Atlanta</u>                             | GA 30341-2715  | Amount of Each Receipt this Period |
| Receipt For:  |  | C  | 365.00                             |
| Primary   | Name of Employer<br>Alliant Health Systems | - I  |                                    |
| Other (specify) ▼  Full Name (Last, First, Middle Initial) Maurice Lyons  Mailing Address 301 Madison Ave FI 4  City New York NY 10017-8103  FEC ID number of contributing federal political committee.  Name of Employer The Medical Link, Inc.  Receipt For: Primary General Other (specify) ▼  State Zip Code NY 10017-8103  Payroll Deduction  President  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Daniel W. McMahon  Mailing Address 123 E 2nd Ave  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  City Spokane  City Spokane  FEC ID number of contributing federal political committee.  City Spokane  Cit | Receipt For:                               | <del>- '                                   </del>                    |                                    |
| Maurice Lyons  Mailing Address 301 Madison Ave FI 4  City State Zip Code NY 10017-8103  FEC ID number of contributing federal political committee.  Name of Employer The Medical Lirik, Inc.  Receipt For: Primary General Other (specify) ▼  City State Zip Code NY 10017-8103  Amount of Each Receipt this Period  Transaction ID: 9690-P31059  Amount of Each Receipt this Period  Payroll Deduction  Transaction ID: 9680  Amount of Each Receipt this Period  Coupation Benefits Manager  Payroll Deduction  Aggregate Year-to-Date ▼  Cap Conference 2010   |  |  | 515.00                             |
| Mailing Address 301 Madison Ave FI 4  City State Zip Code NY 10017-8103  FEC ID number of contributing federal political committee.  Name of Employer The Medical Lirik, Inc.  President  Receipt For: Aggregate Year-to-Date ▼  City State Zip Code 170.00 Monthly)  Full Name (Last, First, Middle Initial) Daniel W. McMahon  Mailing Address 123 E 2nd Ave  City State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  City State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  City State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  City State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  City State Zip Code Spokane WA 99202-1525  FEC ID number of contributing federal political committee.  City State Zip Code Spokane WA 99202-1525  City State Zip Code Transaction ID: 9680  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Cap Conference 2010   |  |  | Date of Receipt                    |
| New York  FEC ID number of contributing federal political committee.  Name of Employer The Medical Link, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Daniel W. McMahon  Mailing Address 123 E 2nd Ave  Figh State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  Name of Employer Western States Jones & Mitchell Receipt For: Primary General  C  |  |  | M M / D D / Y Y Y Y                |
| FEC ID number of contributing federal political committee.  Name of Employer The Medical Link, Inc.  Receipt For:   | City                                       | State Zip Code   | Transaction ID: 9690-P31059        |
| Name of Employer The Medical Lirik, Inc.  | New York                                   | NY 10017-8103  | Amount of Each Receipt this Period |
| The Medical Link, Inc.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Daniel W. McMahon Mailing Address 123 E 2nd Ave  City State Zip Code Spokane WA 99202-1525  FEC ID number of contributing federal political committee.  Name of Employer Western States Jones & Mitchell Receipt For:  Primary General  Occupation President Aggregate Year-to-Date ▼  (\$170.00 Monthly)  Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  | C  |                                    |
| Primary Other (specify) ▼  State Zip Code Transaction ID: 9680  Spokane WA 99202-1525  Name of Employer Western States Jones & Mitchell Receipt For:  Primary General 340.00  (\$170.00 Monthly)  Date of Receipt  Mailing Address 123 E 2nd Ave  State Zip Code Transaction ID: 9680  Amount of Each Receipt this Period  Occupation Benefits Manager  Aggregate Year-to-Date ▼  Cap Conference 2010   | Name of Employer<br>The Medical Link, Inc. |  | Payroll Deduction                  |
| Daniel W. McMahon  Mailing Address 123 E 2nd Ave  City State Zip Code Spokane WA 99202-1525  FEC ID number of contributing federal political committee.  Name of Employer Western States Jones & Mitchell Receipt For: Primary General  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  | Primary General                            | Aggregate Year-to-Date ▼   | 340.00 (\$170.00 Monthly)          |
| City State Zip Code WA 99202-1525  FEC ID number of contributing federal political committee.  Name of Employer Western States Jones & Mitchell Receipt For: Primary General  O 2 2 2 2 2 0 1 0  Transaction ID: 9680  Amount of Each Receipt this Period  150.00  C  150.00  Cap Conference 2010   |  |  | Date of Receipt                    |
| Spokane WA 99202-1525 Amount of Each Receipt this Period   FEC ID number of contributing federal political committee. C 150.00    Amount of Each Receipt this Period  150.00  150.00  Cupation Benefits Manager  Aggregate Year-to-Date ▼  Cap Conference 2010  | Mailing Address 123 E 2nd Ave              |  |                                    |
| FEC ID number of contributing federal political committee.  Name of Employer Western States Jones & Mitchell Receipt For:  Primary General  C  150.00  Ccupation Benefits Manager  Aggregate Year-to-Date  Cap Conference 2010  | •  | ·  |                                    |
| Name of Employer Western States Jones & Mitchell Receipt For:  Primary  General  Occupation Benefits Manager  Aggregate Year-to-Date  Cap Conference 2010   |  | WA 99202-1525  | Amount of Each Receipt this Period |
| Western States Jones & Mitchell  Receipt For:  Primary  General  Benefits Manager  Aggregate Year-to-Date  Cap Conference 2010  |  | C  | 150.00                             |
| Primary General Cap Conference 2010   |  |  |                                    |
| 200 00     Oap Conference 2010  |  | Aggregate Year-to-Date ▼   |                                    |
|   |  |  | 200.00 Cap Conference 2010         |

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

|          | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 40 (check only one)    X   |
|----------|--|--------------------------------|---|---|
| Ar<br>or | ny information copied from such Reports and for commercial purposes, other than using the  | Statements may ne name and add | not be sold or used by any pers-<br>ress of any political committee to  | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)<br>NATIONAL ASSOCIATION OF HEAD  | LTH UNDERW                     | /RITERS PAC (HUPAC)   |   |
| _        | Full Name (Last, First, Middle Initial) Daniel W. McMahon  |                                |   | Date of Receipt   |
|          | Mailing Address 123 E 2nd Ave  |                                |   | 02 22 22 2010   |
|          | City   | State                          | Zip Code  | Transaction ID: 9690-P30933   |
|          | Spokane 550 IB and the state of | WA                             | 99202-1525  | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                              |   | 50.00   |
|          | Name of Employer<br>Western States Jones & Mi-<br>tchell   | Occupation<br>Benefits N       |   | Payroll Deduction   |
|          | Receipt For:   | Aggregate                      | Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼  | 0 0                            | 250.00  | (\$50.00 Monthly)   |
| _        | Full Name (Last, First, Middle Initial) Jeffrey R. Miles   |                                |   | Date of Receipt   |
|          | Mailing Address 578 Washington Blvd  | d # 801                        |   | 0 2 1 9 2 0 1 0   |
|          | City   | State                          | Zip Code  | Transaction ID: 9663  |
|          | Marina del Rey   | CA                             | 90292-5442  | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                              |   | 125.00  |
|          | Name of Employer<br>The Miles Organization,<br>Inc.  | Occupation<br>Agent            | 1   |   |
|          | Receipt For:   | _ '                            | Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼  | 0 0                            | 295.00  | CAP Conference 2010   |
|          | Full Name (Last, First, Middle Initial) Jeffrey R. Miles   |                                |   | Date of Receipt   |
|          | Mailing Address 578 Washington Blvd  | d # 801                        |   | 02 22 2010  |
|          | City   | State                          | Zip Code  | Transaction ID: 9690-P31051   |
|          | Marina del Rey   | CA                             | 90292-5442  | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.   | C                              |   | 170.00  |
|          | Name of Employer<br>The Miles Organization,<br>Inc.  | Occupation<br>Agent            | l   | Payroll Deduction   |
|          | Receipt For:   | Aggregate                      | Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼  |                                | 465.00  | (\$170.00 Monthly)  |
| Г        |  |                                |   | 345.00  |

|        | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 21 / 40   (check only one)  |
|--------|--|------------------------|---|---|
| A      | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may         | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \<br>/ | NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL                                      | TH UNDERV              | VRITERS PAC (HUPAC)   |   |
| _      | Full Name (Last, First, Middle Initial) John C. Parker   |                        |   | Date of Receipt   |
|        | Mailing Address 47 Laurel Hill Dr  |                        |   | 02 22 2010  |
|        | City   | State                  | Zip Code  | Transaction ID: 9672  |
|        | <u>Niantic</u>   | CT                     | 06357-1536  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C                      |   | 125.00  |
|        | Name of Employer<br>Parker Agency  | Occupatio<br>Principal |   |   |
|        | Receipt For:  Primary General  Other (specify) ▼   |                        | e Year-to-Date ▼ 215.00   | Cap Conference 2010   |
|        | Full Name (Last, First, Middle Initial) John C. Parker   |                        |   | Date of Receipt   |
|        | Mailing Address 47 Laurel Hill Dr  |                        |   | 0 2 2 2 2 2 0 1 0   |
|        | City   | State                  | Zip Code  | Transaction ID: 9678-P30781   |
|        | Niantic  | CT                     | 06357-1536  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C                      |   | 90.00   |
|        | Name of Employer<br>Parker Agency  | Occupatio<br>Principal |   | Payroll Deduction   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 305.00   | (\$90.00 Monthly)   |
|        | Full Name (Last, First, Middle Initial) Jesse A. Patton  |                        |   | Date of Receipt   |
|        | Mailing Address 701 Grand Ave  |                        |   | 0 2 1 7 2 0 1 0   |
|        | City   | State                  | Zip Code  | Transaction ID: 9653  |
|        | West Des Moines  | IA                     | 50265-3625  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                     | C                      |   | 125.00  |
|        | Name of Employer<br>Associations Marketing Gr-<br>oup, Inc.                                    | Occupatio<br>CEO/Pre   |   |   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 475.00   | Cap Conference 2010   |
|        |  |                        |   | 1   |
|        | SUBTOTAL of Receipts This Page (optional)  |                        |   | 340.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                        | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 40 (check only one)    X   |
|--|------------------------|---|---|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL | e name and add         | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Jesse A. Patton Mailing Address 701 Grand Ave  City West Des Moines  | State<br>IA            | Zip Code<br>50265-3625  | Date of Receipt    M M M  |
| FEC ID number of contributing federal political committee.  Name of Employer Associations Marketing Group. Inc.  | Occupatio<br>CEO/Pre   | n   | 350.00 Payroll Deduction  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 825.00   | (\$350.00 Monthly)  |
| Full Name (Last, First, Middle Initial) Susan Maley Rash Mailing Address 2519 Kettlewell Ct  |                        |   | Date of Receipt  0 2 1 1 1 2 0 1 0  |
| City   | State                  | Zip Code  | Transaction ID: 9641  |
| Midlothian   | VA                     | 23113-6726  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | С                      |   | 125.00  |
| Name of Employer<br>BB&T Benefit Consultants<br>of Virginia,   | Occupatio<br>Vice Pres | sident  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼<br>210.00  |   |
| Full Name (Last, First, Middle Initial)<br>Susan Maley Rash  |                        |   | Date of Receipt   |
| Mailing Address 2519 Kettlewell Ct   |                        |   | 02 22 4 2010  |
| City<br><u>Midlothian</u>  | State<br>VA            | Zip Code<br>23113-6726  | Transaction ID: 9690-P31122  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.   | C                      | 25.15 57.25   | 85.00   |
| Name of Employer<br>BB&T Benefit Consultants<br>of Virginia,   | Occupatio<br>Vice Pres | sident  | Payroll Deduction   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 295.00   | (\$85.00 Monthly)   |
| SUBTOTAL of Receipts This Page (optional)  |                        |   | 560.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | f  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16   |
|--|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL  | e name and addres                            | s of any political committee to   | on for the purpose of soliciting contributions   |
| Full Name (Last, First, Middle Initial) Jon C Rauser Mailing Address 949 Lamplighter Ln  City Grafton  FEC ID number of contributing federal political committee.  Name of Employer The Rauser Agency, Inc.  Receipt For: Primary General Other (specify)                  | State WI  C  Occupation Agent  Aggregate Yea | Zip Code<br>53024-9314  | Date of Receipt  M M J D D J 2 2 2 2 0 1 0  Transaction ID: 9690-P31123  Amount of Each Receipt this Period  295.00  Payroll Deduction  (\$170.00 Monthly) |
| Full Name (Last, First, Middle Initial) Thomas A. Richman  Mailing Address 560 Village Rd W  City  West Windsor  FEC ID number of contributing federal political committee.  Name of Employer Creative Benefit Plans Inc  Receipt For:  Primary General Other (specify)    | State NJ  C  Occupation Agent  Aggregate Yea | Zip Code<br>08550-2012<br>ar-to-Date ▼<br>250.00                              | Date of Receipt  M M O 2   |
| Full Name (Last, First, Middle Initial) Shan Ricketts Mailing Address 3900 Halisport Dr NW  City Kennesaw  FEC ID number of contributing federal political committee.  Name of Employer Purchasing Alliance Solutions, Inc.  Receipt For:  Primary General Other (specify) | State GA  C  Occupation                      | Zip Code 30152-4077  ce President ar-to-Date ▼ 210.00                         | Date of Receipt    M   |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number   |  |   | 670.00   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 40 (check only one)  X 11a 11b 11c 12  13 14 15 16 1             |
|--------|--|------------------------------|---|---|
| A<br>0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEAL   | TH UNDERV                    | VRITERS PAC (HUPAC)   |   |
|        | Full Name (Last, First, Middle Initial)<br>Shan Ricketts   |                              |   | Date of Receipt   |
|        | Mailing Address 3900 Halisport Dr NW   |                              |   | 02 / 22 / 2010  |
|        | City   | State                        | Zip Code  | Transaction ID: 9690-P31211   |
|        | Kennesaw   | GA                           | 30152-4077  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                       | C                            |   | 85.00   |
|        | Name of Employer<br>Purchasing Alliance Solut-   | Occupatio<br>Executive       | n<br>e Vice President   | Payroll Deduction   |
|        | ions, Inc.  Receipt For:   | Aggregate                    | e Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼  | 0 0                          | 295.00  | (\$85.00 Monthly)   |
|        | Full Name (Last, First, Middle Initial)<br>Michael A. Rivera                                     |                              |   | Date of Receipt   |
|        | Mailing Address 12200 Northwest Fwy  | Ste 662                      |   | 0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|        | City   | State                        | Zip Code  | Transaction ID: 9707  |
|        | Houston  | TX                           | 77092-4927  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                       | C                            |   | 125.00  |
|        | Name of Employer<br>Northwest General Insuran-<br>ce   | Occupatio<br>Agent           | n   |   |
|        | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |   |
|        | Primary General Other (specify) ▼  |                              | 295.00  | Cap Conference 2010   |
| _      | Full Name (Last, First, Middle Initial) Joseph K. Roberts  |                              |   | Date of Receipt   |
|        | Mailing Address 4000 S 36th St   |                              |   | 0 2 2 2 2 2 0 1 0   |
|        | City   | State                        | Zip Code  | Transaction ID: 9678-P30772   |
|        | Lincoln  | NE                           | 68506-4809  | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                       | C                            |   | 150.00  |
|        | Name of Employer<br>Midlands Financial Benefi-<br>ts   | Occupatio<br>Registere       | n<br>ed Representative  | Payroll Deduction   |
|        | Receipt For:   | Aggregate                    | e Year-to-Date ▼  | _   |
|        | Primary General Other (specify) ▼  |                              | 300.00  | (\$150.00 Monthly)  |
| Γ.     | SUBTOTAL of Receipts This Page (optional)  | 1                            |   | 360.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  |                    | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 40 (check only one)    X   |
|--|--------------------|---|---|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEAL | e name and add     | dress of any political committee to                                     | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| /  | 01152111           |   |   |
| Full Name (Last, First, Middle Initial)<br>William T. Robinson   |                    |   | Date of Receipt   |
| Mailing Address 401 S El Cielo Rd Apt  | : 66               |   | 02 / 05 / 2010  |
| City   | State              | Zip Code  | Transaction ID: 9628  |
| Palm Springs   | CA                 | 92262-7922  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                  |   | 125.00  |
| Name of Employer<br>Palm Canyon Insurance Age-<br>ncy  | Occupatio<br>Agent | n   |   |
| Receipt For:   | Aggregate          | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |                    | 210.00  | Capitol Gold 2010   |
| Full Name (Last, First, Middle Initial) William T. Robinson  |                    |   | Date of Receipt   |
| Mailing Address 401 S El Cielo Rd Apt  | 66                 |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State              | Zip Code  | Transaction ID: 9678-P30792   |
| Palm Springs   | CA                 | 92262-7922  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                  |   | 85.00   |
| Name of Employer<br>Palm Canyon Insurance Age-<br>ncy  | Occupatio<br>Agent | n   | Payroll Deduction   |
| Receipt For:   | Aggregate          | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  |                    | 295.00  | (\$85.00 Monthly)   |
| Full Name (Last, First, Middle Initial) Raymer M. Sale   |                    |   | Date of Receipt   |
| Mailing Address 2135 Enclave Mill Dr   |                    |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City   | State              | Zip Code  | Transaction ID: 9691-P31449   |
| Dacula   | GA                 | 30019-3290  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C                  |   | 300.00  |
| Name of Employer<br>E2E Benefits Services, In-<br>c.   | Occupatio<br>Agent | n   | Payroll Deduction   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate          | e Year-to-Date ▼ 450.00   | (\$150.00 Annually)   |
| SUBTOTAL of Receipts This Page (optional) .  | •                  | ,   | 510.00  |

|         | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 11 |
|---------|---|---|---|---|
| A<br>oi | ny information copied from such Reports and<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements may represent the name and address | not be sold or used by any persess of any political committee to        | on for the purpose of soliciting contributions                                  |
|         | NATIONAL ASSOCIATION OF HEAL  | TH UNDERW                                     | RITERS PAC (HUPAC)  |   |
|         | Full Name (Last, First, Middle Initial)<br>Mel A. Schlesinger   |   |   | Date of Receipt   |
|         | Mailing Address 380 Luzelle Dr  |   |   | 02 22 7 2010  |
|         | City  | State   | Zip Code  | Transaction ID: 9690-P31221   |
|         | Winston Salem   | NC  | 27103-6470  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 170.00  |
|         | Name of Employer<br>Plans For Health, Inc.  | Occupation<br>Agent                           |   | Payroll Deduction   |
|         | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Y                                   | /ear-to-Date ▼<br>340.00  | (\$170.00 Monthly)  |
| _       | Full Name (Last, First, Middle Initial)<br>Alan R. Schulman   | 1   |   | Date of Receipt   |
|         | Mailing Address 10010 Colesville Rd 5   | Ste A   |   | 02 / 22 / 2010  |
|         | City  | State   | Zip Code  | Transaction ID: 9678-P30592   |
|         | Silver Spring   | MD  | 20901-2348  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | С   |   | 170.00  |
|         | Name of Employer<br>Insurance Benefits & Advi-<br>sors  | Occupation<br>Agent                           |   | Payroll Deduction   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Y                                   | /ear-to-Date ▼<br>340.00  | (\$170.00 Monthly)  |
| _       | Full Name (Last, First, Middle Initial)<br>Steven Selinsky  |   |   | Date of Receipt   |
|         | Mailing Address 28638 Oak Point Dr  |   |   | 0 2 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                     |
|         | City  | State   | Zip Code  | Transaction ID: 9710  |
|         | Farmington Hills  | MI  | 48331-2706  | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 125.00  |
|         | Name of Employer<br>Warner Pacific Insurance<br>Services  | Occupation<br>Agent                           |   |   |
|         | Receipt For:  | Aggregate Y                                   | /ear-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |   | 275.00  | CAP Conference 2010   |
| Г       | SUBTOTAL of Receipts This Page (optional)   |   |   | 465.00  |

| SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS   | ^)                      | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:   PAGE 27/40   (check only one)     X   11a     11b     11c     12     13     14     15     16 |
|---|-------------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | ind Statements may      | not be sold or used by any pers   | on for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HE                                  | <u>~</u>                |   |   |
| Full Name (Last, First, Middle Initial) Nathaniel M. Smith                              |                         |   | Date of Receipt   |
| Mailing Address 5311 77 Center Dr   | Ste 72                  |   | 02 08 2010  |
| City<br>Charlotte   | State<br>NC             | Zip Code  | Transaction ID: 9633-P28798   |
| FEC ID number of contributing federal political committee.                              | C                       | 28217-0751  | Amount of Each Receipt this Period  365.00  |
| Name of Employer<br>Rogers Benefit Group  | Occupation<br>Agent     |   | Payroll Deduction   |
| Receipt For:  Primary General  Other (specify) ▼  |                         | Year-to-Date ▼<br>365.00  | (\$365.00 Annually)   |
| Full Name (Last, First, Middle Initial) James R Stenger                                 |                         |   | Date of Receipt   |
| Mailing Address 381 victoria drive  |                         |   | 02 22 2010  |
| City<br>Bridgewater   | State<br>NJ             | Zip Code<br>12909   | Transaction ID: 9678-P30747   |
| FEC ID number of contributing federal political committee.                              | C                       | 12909   | Amount of Each Receipt this Period  320.00  |
| Name of Employer<br>NAS Financial Services  | Occupation<br>Principal |   | Payroll Deduction   |
| Receipt For:  Primary General  Other (specify) ▼  |                         | Year-to-Date ▼ 490.00   | (\$170.00 Monthly)  |
| Full Name (Last, First, Middle Initial)<br>Marilyn A. Stenger                           |                         |   | Date of Receipt   |
| Mailing Address 77 Ridgeview Ln   |                         |   | 0 2 1 7 2 0 1 0   |
| City<br>Mount Arlington   | State<br>NJ             | Zip Code<br>07856-2321  | Transaction ID: 9650  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                              | C                       | 07030-2321  | 125.00  |
| Name of Employer<br>MVS Consulting  | Occupation<br>Agent     |   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                         | Year-to-Date ▼ 210.00   | Capitol Gold Conference 2010  |
| SUBTOTAL of Receipts This Page (option  | al)                     |   | 810.00  |

|                | DULE A (FEC Form 3X)<br>ZED RECEIPTS  |                     | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 28 / 40 (check only one)  X 11a 11b 11c 12  13 14 15 16 1             |
|----------------|---|---------------------|--|---|
| Any inforr     | mation copied from such Reports and imercial purposes, other than using the | Statements may      | y not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \ \            | OF COMMITTEE (In Full) ONAL ASSOCIATION OF HEAI                             | LTH UNDERV          | VRITERS PAC (HUPAC)  |   |
|                | ame (Last, First, Middle Initial)<br>n A. Stenger                           |                     |  | Date of Receipt   |
|                | g Address 77 Ridgeview Ln   |                     |  | 02 / 22 / 2010  |
| City           | A Automatan   | State               | Zip Code   | Transaction ID: 9678-P30748   |
| ·              | nt Arlington  | NJ                  | 07856-2321   | Amount of Each Receipt this Period  |
|                | D number of contributing<br>I political committee.                          | C                   |  | 85.00   |
| Name<br>MVS (  | of Employer<br>Consulting   | Occupation<br>Agent | n  | Payroll Deduction   |
|                | ot For: Primary General Other (specify) ▼                                   | Aggregate           | Year-to-Date ▼ 295.00  | (\$85.00 Monthly)   |
|                | ame (Last, First, Middle Initial) F. Summers                                |                     |  | Date of Receipt   |
| Mailing        | g Address 15316 Pine St   |                     |  | 0 2 D D 7 Y Y Y Y Y Y Z 0 1 0   |
| City           |   | State               | Zip Code   | Transaction ID: 9678-P30751   |
| <u>Omal</u>    | <u>ha</u>   | NE                  | 68144-5117   | Amount of Each Receipt this Period  |
|                | D number of contributing<br>I political committee.                          | C                   |  | 125.00  |
| Name<br>Senior | of Employer<br>Market Sales, Inc.   | Occupation<br>Agent | n  | Payroll Deduction   |
|                | ot For: Primary General Other (specify) ▼                                   | Aggregate           | Year-to-Date ▼ 250.00  | (\$125.00 Monthly)  |
|                | ame (Last, First, Middle Initial)   |                     |  | Date of Receipt   |
| Mailing        | g Address 22887 NE 127th Way  | 1                   |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City           |   | State               | Zip Code   | Transaction ID: 9690-P31213   |
| Redn           | nond  | WA                  | 98053-5657   | Amount of Each Receipt this Period  |
|                | D number of contributing<br>I political committee.                          | C                   |  | 210.00  |
| Name<br>Telles | of Employer<br>bo & Company   | Occupation<br>Agent | n  | Payroll Deduction   |
|                | ot For: Primary General Other (specify) ▼                                   | Aggregate           | Year-to-Date ▼ 295.00  | (\$85.00 Monthly)   |
|                | FAL of Receipts This Page (optional)  | <u> </u>            |  | 420.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | )                                    | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 29 / 40 (check only one)    X             |
|--|--------------------------------------|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may<br>the name and add | not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions                  |
| NATIONAL ASSOCIATION OF HEA  | ALTH UNDERV                          | VRITERS PAC (HUPAC)  |   |
| Full Name (Last, First, Middle Initial) Janet Trautwein  Mailing Address 7212 Redlac Dr                                  |                                      |  | Date of Receipt   |
| City<br>Clifton  | State<br>VA                          | Zip Code<br>20124-1948   | Transaction ID: 9678-P30752  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                                    |  | 170.00  |
| Name of Employer<br>NAHU   | Occupation CEO                       |  | Payroll Deduction   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | e Year-to-Date ▼ 340.00  | (\$170.00 Monthly)  |
| Full Name (Last, First, Middle Initial)  Dan Webb  |                                      |  | Date of Receipt   |
| Mailing Address 5251 Office Park Dr  |                                      |  | 02 23 2010  |
| City   | State                                | Zip Code   | Transaction ID: 9691-P31446                                     |
| <u>Bakersfield</u>   | CA                                   | 93309-0404   | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.   | C                                    |  | 380.00  Payroll Deduction                                       |
| Name of Employer The Webb Insurance Group  | <del>-   '</del>                     | g Manager  | - ayron beduction   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | e Year-to-Date ▼ 550.00  | (\$125.00 Annually)   |
| Full Name (Last, First, Middle Initial) Thomas Welden  |                                      |  | Date of Receipt   |
| Mailing Address PO Box 37  |                                      |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City<br><u>M</u> ilford  | State<br>NH                          | Zip Code<br>03055-0037   | Transaction ID: 9655  |
| FEC ID number of contributing federal political committee.   | C                                    | 03035-0037   | Amount of Each Receipt this Period 500.00                       |
| Name of Employer<br>Eaton & Berube Insurance<br>Agency, Inc.   | Occupation Agent                     | _  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate                            | Year-to-Date ▼ 500.00  |   |
| SUBTOTAL of Receipts This Page (optional)  | \                                    |  | 1050.00   |

A.

В.

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

PAGE 30 / 40 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) Thomas Welden Date of Receipt Mailing Address PO Box 37 02 23 2010 City State Zip Code Transaction ID: 9697 Milford NH 03055-0037 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C federal political committee. Name of Employer Eaton & Berube Insurance Occupation Agent Agency, Inc. Receipt For: Aggregate Year-to-Date General Primary Cap Conference 2010 650.00 Other (specify) Full Name (Last, First, Middle Initial) Bruce T Williams Date of Receipt Mailing Address 5121 Quail Ln 0 2 24 2010 City State Zip Code Transaction ID: 9703 Columbia SC 29206-4628 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer BB&T Insurance Services Occupation Agent Receipt For:

Aggregate Year-to-Date ▼

365.00

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 515.00   |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 14385.00 |

Primary

Other (specify)

General

В.

C.

| SCHEDULE B (FEC Form 3X)  |   | <b></b>              |   |
|---|---|----------------------|---|
| ,   | Use separate schedule(s) for each category of the | FOR LINE (check only |   |
| ITEMIZED DISBURSEMENTS  | Detailed Summary Page                             | X 21b 27             | 22 23 24 25 26<br>28a 28b 28c 29 30   |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |   |                      |   |
| NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH L  | INDERWRITERS PAC (F                               | HUPAC)               |   |
| Full Name (Last, First, Middle Initial)   |   |                      | Transaction ID: 9731  |
| American Express  |   |                      | Date of Disbursement  |
| Mailing Address PO Box 53852  |   |                      | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & O & 1 & O \end{smallmatrix} \end{bmatrix} $     |
| City<br>Phoenix   | State Zip Code<br>AZ 85072                        |                      | Amount of Each Disbursement this Period   |
| Purpose of Disbursement  AMEX Credit  |   | 001                  | 398.43  |
| Candidate Name  |   | Category/<br>Type    |   |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify)         | . 760                |   |
| State: District:  | (-  ), <b>\</b>                                   |                      |   |
| Full Name (Last, First, Middle Initial) American Express  |   |                      | <b>Transaction ID:</b> 9732 Date of Disbursement  |
| Mailing Address PO Box 53852  |   |                      | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & S \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix} $ |
| City<br>Phoenix   | State Zip Code<br>AZ 85072                        |                      | Amount of Each Disbursement this Period   |
| Purpose of Disbursement CHGBCK  |   | 001                  | 30.00   |
| Candidate Name  |   | Category/<br>Type    |   |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify)         |                      |   |
| State: District:  | , (1 ), <del>(</del>                              |                      |   |
| Full Name (Last, First, Middle Initial) American Express  |   |                      | <b>Transaction ID:</b> 9733  Date of Disbursement   |
| Mailing Address PO Box 53852  |   |                      | $\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&2&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\2&6\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}$  |
| City<br>Phoenix   | State Zip Code<br>AZ 85072                        |                      | Amount of Each Disbursement this Period   |
| Purpose of Disbursement CHGBCK  | 55072   | 001                  | 30.00   |
| Candidate Name  |   | Category/<br>Type    |   |
| Office Sought: House Disburse Senate President  | ement For: Primary General Other (specify)        | 21                   |   |
| State: District:  | · · · · · · · ·                                   |                      |   |
| SURTOTAL of Dichursements This Page (ontional)  |   |                      | 458.43  |

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

A.

В.

## SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 32/40 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) Full Name (Last, First, Middle Initial) Transaction ID: 9730 Merchant Services Date of Disbursement 0 2 0 2 2010 Mailing Address 7300 Chapman Way City State Zip Code Amount of Each Disbursement this Period Knoxville ΤN 37920 1259.48 Purpose of Disbursement MER Ser. Fee 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 9734 Regions Bank Date of Disbursement 0 9 0 2 2010 Mailing Address 6286 N College City State Zip Code Amount of Each Disbursement this Period 46220 Indianapolis IN 93.66 Purpose of Disbursement Analysis Charge 001 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

| SUBTOTAL of Disbursements This Page (optional)      | • | 1353.14 |
|---|---|---------|
| TOTAL This Period (last page this line number only) |   | 1811.57 |

Primary

Other (specify)

State:

| Any Information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)  Full Name (Last, First, Middle Initial)  BLUE DOG POLITICAL ACTION COMMITTEE  Mailing Address 6849 Old Dominion Drive  City State Zip Code VA 22101  Purpose of Disbursement Reception 2.3  Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code DE 19899   | 28a 28b 28c 29 3   |
|---|--|
| or for commercial purposes, other than using the name and address of any political committee to  NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)  Full Name (Last, First, Middle Initial)  BLUE DOG POLITICAL ACTION COMMITTEE  Mailing Address 6849 Old Dominion Drive  City State Zip Code  McLean VA 22101  Purpose of Disbursement  Reception 2.3  Candidate Name  BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code  Wilmington DE 19899   | Transaction ID: 9623 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)  Full Name (Last, First, Middle Initial)  BLUE DOG POLITICAL ACTION COMMITTEE  Mailing Address 6849 Old Dominion Drive  City State Zip Code  VA 22101  Purpose of Disbursement  Reception 2.3  Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought: House Disbursement For:  Senate Primary General  Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code  Wilmington DE 19899  | Transaction ID: 9623 Date of Disbursement  M M M M M M M M M M M M M M M M M M M   |
| BLUE DOG POLITICAL ACTION COMMITTEE  Mailing Address 6849 Old Dominion Drive  City State Zip Code VA 22101  Purpose of Disbursement Reception 2.3  Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought: House Disbursement For: Senate Primary General Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code Willmington DE 19899  | Date of Disbursement  M M M / D D D / Y Z D 1 D  Amount of Each Disbursement this Period  5000.00  Transaction ID: 9621 Date of Disbursement |
| City State Zip Code McLean VA 22101  Purpose of Disbursement Reception 2.3  Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899  | Amount of Each Disbursement this Period 5000.00  Transaction ID: 9621 Date of Disbursement   |
| McLean  Purpose of Disbursement Reception 2.3  Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought:  House Senate Primary Primary General Other (specify)  Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City Wilmington  State  State Stat | Transaction ID: 9621 Date of Disbursement  |
| Reception 2.3  Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought:  House Senate Primary Other (specify)  Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City Wilmington  Other (specify)  State Zip Code Wilmington  | Transaction ID: 9621 Date of Disbursement  |
| BLUE DOG POLITICAL ACTION COMMITTEE  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899   | Date of Disbursement   |
| Senate President State: District:  Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State State Zip Code Wilmington DE 19899  | Date of Disbursement   |
| Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899   | Date of Disbursement   |
| City State Zip Code<br>Wilmington DE 19899  | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
| Wilmington DE 19899   |  |
|   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Dinner 2.2  Candidate Name  O11  Category/  | 1000.00  |
| MICHAEL N CASTLE Type   |  |
| Office Sought:  House  X Senate  President  State: DE  District: 00  Disbursement For: 2010  X Primary  General  Other (specify) ▼  |  |
| Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS   | Transaction ID: 9625 Date of Disbursement  |
| Mailing Address PO Box 442  | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
| City State Zip Code<br>Allentown PA 18105   | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement Lunch 2.4 011   | 2500.00  |
| Candidate Name CHARLES W REP DENT Category/ Type  |  |
| Office Sought:  X House Senate President  Disbursement For: 2010  X Primary General Other (specify) ▼   |  |
| State: PA District: 15  | 9500.00  |
| SUBTOTAL of Disbursements This Page (optional)  | 8500.00  |

| City MUSKOGEE OK 74402  Purpose of Disbursement Dinner 2.3  Candidate Name THOMAS A COBURN  Office Sought:  Very Republican Is Crucial (ERICPAC)  City Richmond Va 23219  Purpose of Disbursement Dinner 2.3  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought:  City Richmond Va 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought:  Other (specify)  Transaction ID: 9652 Date of Disbursement  O 2  Amount of Each Disbursement the  Transaction ID: 9652 Date of Disbursement  O 2  Amount of Each Disbursement the  O 2  Type  Other (specify)  Type  Transaction ID: 9652 Date of Disbursement  O 2  Type  Other (specify)  Type  Transaction ID: 9652 Date of Disbursement  O 2  Type  Other (specify)  Type  Transaction ID: 9686 Date of Disbursement the  O 2  Transaction ID: 9686 Date of Disbursement the  O 2  Transaction ID: 9686 Date of Disbursement  Transaction ID: 9686 Date of Disbursement  O 2  Transaction ID: 9686 Date of Disbursement  | 34 / 40   |
|---|-----------|
| 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 )  NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)  Full Name (Last, First, Middle Initial)  COBURN FOR SENATE 2010  Mailing Address POST OFFICE BOX 977  City State Zip Code OK 74402  Purpose of Disbursement Dinner 2.3  Candidate Name THOMAS A COBURN  Office Sought: House Primary X General  State: OK District: 00  Full Name (Last, First, Middle Initial)  EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code VA 23219  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Primary General  Disbursement For: Senate Primary General  District: Other (specify) ▼  Transaction ID: 9652  Date of Disbursement In Category/ Type  Transaction ID: 9666  Date of Disbursement In Category/ Type  Office Sought: State Zip Code VA 23219  Comdidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State: District: Full Name (Last, First, Middle Initial)  EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code VA 23219  Code VA 23219  Code VA 23219  Amount of Each Disbursement In Category/ Type  Office Sought: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General  Dinner 2.23  Candidate Name Every Republican Is CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: Senate Primary General  |           |
| NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)  Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010  Mailling Address POST OFFICE BOX 977  City State Zip Code OK 74402 Purpose of Disbursement Dinner 2.3 Candidate Name THOMAS A COBURN  Office Sought: House Primary General Purpose of Disbursement Dinner 2.83 Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: Prosident State: District: District:  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: Primary General Primary General Primary General  Office Sought: Primary General Primary General  Other (specify) ▼  Transaction ID: 9652 Date of Disbursement Dinner 2.23 Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Primary General Disbursement Dinner 2.23 Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State: District: Pull Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State: District: Pull Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State: District: Pull Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  City State: District: Pull Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: Primary General  Office Sought: Primary General  Office Sought: Primary General  Office Sought: Primary General   |           |
| COBURN FOR SENATE 2010  Mailing Address POST OFFICE BOX 977  City State Zip Code OK 74402  Purpose of Disbursement Dinner 2.3  Candidate Name THOMAS A COBURN  Office Sought: House President State: OK District: 00  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: 23 Other (specify) ▼  Transaction ID: 9652  Date of Disbursement ID: 9 |           |
| City Mush Amount of Each Disbursement the Disbursement Each Disbursement the Dinner 2.3   |           |
| MÜSKOGEE OK 74402  Purpose of Disbursement Dinner 2.3 Candidate Name THOMAS A COBURN  Office Sought: House Primary X General President  | 10        |
| Dinner 2.3 Candidate Name THOMAS A COBURN  Office Sought:   |           |
| THOMAS A COBURN  Office Sought:   | ).00      |
| State: OK District: 00  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code VA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: District:  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: Primary General Other (specify) ▼  Transaction ID: 9652 Date of Disbursement  Di 2 3 / Y 2 0  Amount of Each Disbursement the Category' Type  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement  Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Amount of Each Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Amount of Each Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction ID: 9686 Date of Disbursement Other (specify) ▼  Transaction I |           |
| Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code VA 23219  Purpose of Disbursement  Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  Transaction ID: 9652 Date of Disbursement  D11  Category/ Type  Transaction ID: 9652 Date of Disbursement In Interest I |           |
| City State Zip Code VA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code NA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: Senate Primary General   |           |
| Richmond  VA  23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought:  House Senate Primary Other (specify)  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address  25 East Main Street, Suite 200  City State State  City Richmond  VA  City State State  State  City Richmond  VA  City Richmond  City Ri | 10        |
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| Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code VA 23219  Purpose of Disbursement VA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: Senate Primary General   |           |
| Full Name (Last, First, Middle Initial)  EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Mailing Address 25 East Main Street, Suite 200  City State Zip Code Richmond VA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: Senate Disbursement General  Transaction ID: 9686 Date of Disbursement  Amount of Each Disbursement the Category/ Type  Category/ Type   |           |
| City State Zip Code Richmond VA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: Senate Primary General   |           |
| Richmond VA 23219  Purpose of Disbursement Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought: House Disbursement For: Senate Primary General   | 1 0 Y     |
| Dinner 2.23  Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)  Office Sought:  Disbursement For: Senate  Disbursement For: Senate  Primary  General   |           |
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| Full Name (Last, First, Middle Initial)   |   |                           |                          | Transaction ID: 9622   |
| FRIENDS OF GLENN NYE  Mailing Address PO Box 68444  | 1   |                           |                          | Date of Disbursement  M 2 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| City Virginia Beach   |   | Zip Code<br>23471         |                          | Amount of Each Disbursement this Perio   |
| Purpose of Disbursement Breakfast 2.3 Candidate Name  |   |                           | 011<br>Category/         | 1000.00  |
| GLENN CARLYLE III NYE  Office Sought: X House Senate President  State: VA District: 02  | Disbursement For:  X Primary Other (specify | 2010<br>General<br>y) ▼   | Type                     |  |
| Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586   |   |                           |                          | Transaction ID: 9651 Date of Disbursement  M 2 M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City<br>HELENA  |   | Zip Code<br>59624         |                          | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Lunch 2.23<br>Candidate Name<br>MAX BAUCUS   |   |                           | 011<br>Category/<br>Type | 2500.00  |
| Office Sought:  House  X Senate  President  | Disbursement For: Primary Other (specify    | 2010<br>X General<br>y) ▼ |                          |  |
|   |   |                           |                          |  |
| State: MT District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS   |   |                           |                          | Transaction ID: 9685 Date of Disbursement  |
| State: MT District: 00  Full Name (Last, First, Middle Initial)   |   |                           |                          |  |
| State: MT District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF MAX BAUCUS  |   | Zip Code<br>59624         |                          | Date of Disbursement    M 2   M  |
| State: MT District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586  City HELENA Purpose of Disbursement VOID                             |   |                           | 011                      | Date of Disbursement  O 2  |
| State: MT District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586  City HELENA  Purpose of Disbursement VOID  Candidate Name MAX BAUCUS | MT 5  | 59624                     | 011<br>Category/<br>Type | Date of Disbursement    M 2   M  |
| State: MT District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586  City HELENA  Purpose of Disbursement VOID  Candidate Name            |   | 2010<br>X General         | Category/                | Date of Disbursement  M 2 M / D 2 B / Y Y Y O Y O Y  Amount of Each Disbursement this Perio    |

| SCH        | HEDULE B (FEC Form 3X)   | Use separate schedule(s                               | ) FOR LINE               |  |
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|            | formation copied from such Reports and Sta   |   |                          |  |
| NA         | AME OF COMMITTEE (In Full) ATIONAL ASSOCIATION OF HEALTH   |   |                          | ioli contributions from such committee   |
|            | ull Name (Last, First, Middle Initial)<br>ING FOR CONGRESS                                       |   |                          | Transaction ID: 9688 Date of Disbursement  |
| Ma         | ailing Address 116 N Main St.  |   |                          | $\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & Z \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & I & D \end{smallmatrix} \end{bmatrix}$ |
|            | arly   | State Zip Code<br>IA 50535                            |                          | Amount of Each Disbursement this Period  |
| Me<br>Ca   | urpose of Disbursement eeting andidate Name  |   | 011<br>Category/         | 2500.00  |
| Off        | TEVE MR. KING  ffice Sought: X House Disbuse Senate President ate: IA District: 05               | rsement For: 2010  X Primary General  Other (specify) | Туре                     |  |
| M          | ull Name (Last, First, Middle Initial)  ARSHA BLACKBURN FOR CONGRE  ailing Address PO Box 682185 | SS INC.   |                          | Transaction ID: 9572 Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| _          |  |   |                          |  |
| Cit<br>Fra | ty<br>anklin   | State Zip Code TN 37068                               |                          | Amount of Each Disbursement this Period  |
| Dir<br>Ca  | urpose of Disbursement<br>nner 2.10<br>andidate Name<br>ARSHA MRS. BLACKBURN                     |   | 011<br>Category/<br>Type | 2000.00  |
|            | ffice Sought:  X House Senate President ate: TN District: 07                                     | x Primary General Other (specify)                     | 1,500                    |  |
|            | ull Name (Last, First, Middle Initial)<br>ATHESON FOR CONGRESS                                   |   |                          | Transaction ID: 9687 Date of Disbursement  |
| Ma         | ailing Address P.O. BOX 521048   |   |                          | $\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Z & D & Y \\ Z & D & D & D \end{bmatrix}$  |
| Cit<br>SA  | ty<br>ALT LAKE CITY  | State Zip Code UT 84152                               |                          | Amount of Each Disbursement this Period  |
| Bre        | Purpose of Disbursement<br>Breakfast 2.25  |   | 011                      | 1500.00  |
|            | andidate Name<br>AMES D MATHESON   |   | Category/<br>Type        |  |
|            | Senate President   | rsement For: 2010  X Primary General  Other (specify) |                          |  |
|            | ate: UT District: 02  TOTAL of Disbursements This Page (option                                   | al)   |                          | 6000.00  |
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| ı \              | NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEA  | LTH UNDERWRIT  | ERS PAC (H   | UPAC)                            |  |
|                  | Full Name (Last, First, Middle Initial)<br>MIKE PENCE COMMITTEE  |  |  |                                  | Transaction ID: 9620 Date of Disbursement  |
| ļ                | Mailing Address P. O. Box 408  |  |  |                                  | $\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} Y$ |
|                  | City<br>Anderson   |  | ip Code<br>16015                                     |                                  | Amount of Each Disbursement this Period  |
|                  | Purpose of Disbursement<br>Lunch 2.2   |  |  | 011                              | 2500.00  |
|                  | Candidate Name MIKE PENCE  Office Sought: X House D  | isbursement For:   | 2010   | Category/<br>Type                |  |
|                  | Senate President   | X Primary Other (specify                                       | General  |                                  |  |
|                  | State: IN District: 06  <br>Full Name (Last, First, Middle Initial)<br>RICHARD BURR COMMITTEE; THE   | <u> </u>   |  |                                  | Transaction ID: 9689 Date of Disbursement  |
| Ī                | Mailing Address POST OFFICE BO   | X 5928   |  |                                  | $\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&2&M\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}D&2&5\\2&5\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}Y&Y&2&1&0\\2&2&0&1&0\end{smallmatrix}\end{bmatrix}^Y$                 |
|                  | City   |  | Zip Code   |                                  | Amount of Each Disbursement this Period  |
| ,                | WINSTON-SALEM  | NC 2   | 27113  |                                  |  |
| Ī                | Purpose of Disbursement Dinner 2.25  | NC 2   | 2/113  | 011                              | 1000.00  |
| -<br> <br> -<br> | Purpose of Disbursement Dinner 2.25 Candidate Name RICHARD BURR  | -  | 2/113  | 011<br>Category/<br>Type         | 1000.00  |
| <br>             | Purpose of Disbursement Dinner 2.25  Candidate Name RICHARD BURR  Office Sought: House X Senate President  | isbursement For: Primary Other (specify                        | 2010<br>X General                                    | Category/                        | 1000.00  |
| -                | Purpose of Disbursement Dinner 2.25  Candidate Name RICHARD BURR  Office Sought: House X Senate President State: NC District: 00  Full Name (Last, First, Middle Initial)  | isbursement For: Primary Other (specify                        | 2010<br>X General                                    | Category/                        | Transaction ID: 9692   |
|                  | Purpose of Disbursement Dinner 2.25  Candidate Name RICHARD BURR  Office Sought: House X Senate President State: NC District: 00   | isbursement For: Primary Other (specify                        | 2010<br>X General                                    | Category/                        |  |
| :                | Purpose of Disbursement Dinner 2.25  Candidate Name RICHARD BURR  Office Sought: House X Senate President State: NC District: 00  Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COM   | isbursement For: Primary Other (specify                        | 2010<br>X General                                    | Category/                        | Transaction ID: 9692 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| 3                | Purpose of Disbursement Dinner 2.25  Candidate Name RICHARD BURR  Office Sought: House X Senate President State: NC District: 00  Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COM Mailing Address P.O. BOX 391  City HOPKINSVILLE Purpose of Disbursement VOID                                | isbursement For: Primary Other (specify                        | 2010<br>X General<br>y) ▼                            | Category/                        | Transaction ID: 9692 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                  | Purpose of Disbursement Dinner 2.25  Candidate Name RICHARD BURR  Office Sought: House X Senate President State: NC District: 00  Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COM  Mailing Address P.O. BOX 391  City HOPKINSVILLE  Purpose of Disbursement VOID  Candidate Name ED WHITFIELD | isbursement For: Primary Other (specify  IMITTEE  State Z KY 4 | 2010<br>X General<br>y) ▼                            | Category/<br>Type                | Transaction ID: 9692 Date of Disbursement  M M M / D D D / Y Y O Y O Y  Amount of Each Disbursement this Period  |
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| or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH UI | and address of any political comm              | ittee to solicit contributions from such committee                                   |                |
| Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTE  Mailing Address P.O. BOX 391                 | `  | Transaction ID: 9879 Date of Disbursement  O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | 0 <sup>Y</sup> |
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| Office Sought: X House Disburser Senate X   |  | PG   |                |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 2000.00  |
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|  | Detailed Suffiffially                 | raye          | ᆘ   | 27   | X       | 28a              |      | 28b      | t   | 28c            |            | 29      | $\vdash$       | 30b         |
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| NATIONAL ASSOCIATION OF HEALTH   | JNDERWRITERS I                        | PAC (HU       | PΑ  | AC)  |         |                  |      |          |     |                |            |         |                |             |
| Full Name (Last, First, Middle Initial) B. Ronnell Nolan   |                                       |               |     |  |         | Trans<br>Date o  |      |          |     | 9721           |            |         |                |             |
| Mailing Address 364 Steele Blvd  |                                       |               |     |  |         |                  | M    | / D      |     |                | Y          | 2 0 1   | 0 <sup>Y</sup> |             |
|  |                                       |               |     |  |         |                  |      |          | 1   |                | _          |         |                |             |
| City<br>Baton Rouge  | State Zip Cod<br>LA 70806             |               |     |  |         | Amou             | nt o | f Eacl   | n [ | Disburs        | emer       | nt this | Peri           | od          |
| Purpose of Disbursement contribution refunded  |                                       |               | (   | )10  |         |                  |      |          |     |                |            | 30.0    | 0              |             |
| Candidate Name<br>B. Ronnell Nolan   |                                       |               | Cat | egory/<br>ype                                      |         |                  |      |          |     |                |            |         |                |             |
| Senate President   | ement For: Primary Ge Other (specify) | eneral        |     | <del>)                                      </del> |         |                  |      |          |     |                |            |         |                |             |
| State: District:   |                                       |               |     |  |         |                  |      |          |     |                |            |         |                |             |
| Full Name (Last, First, Middle Initial) Catherine L. Cooper  |                                       |               |     |  |         | Trans<br>Date o  |      | isburs   | er  |                |            |         |                |             |
| Mailing Address 26999 Central Park Blvd  | I                                     |               |     |  |         | 0 2              | М    | / D      | 2 ; | <sup>D</sup> / | Y          | 2 0 1   | 0 \            |             |
| City<br>Southfield   | State Zip Cod<br>MI 48076             |               |     |  |         | Amou             | nt o | f Eacl   | n [ | Disburs        | emer       | nt this | Peri           | od          |
| Purpose of Disbursement contribution refunded  |                                       |               | (   | 010  |         |                  |      |          |     |                | 1          | 50.0    | 0              |             |
| Candidate Name<br>Catherine L. Cooper  |                                       |               |     | egory/<br>ype                                      |         |                  |      |          |     |                |            |         |                |             |
| Office Sought: House Senate President State: District:   | ement For: Primary Ge Other (specify) | eneral        |     |  | (       | CAP F            | REF  | FUNE     | DΕ  | :D             |            |         |                |             |
| Full Name (Last, First, Middle Initial)  |                                       |               |     |  | +.      | Tuono            |      | an ID    |     | 9719           |            |         |                |             |
| Charles L. Westmoreland  |                                       |               |     |  |         | Date o           | of D | isburs   | er  | ment           | .,         | , * V   |                |             |
| Mailing Address PO Box 925   |                                       |               |     |  |         | 0 <sup>M</sup> 2 | М    | ′        | 2 4 | 4 /            | <u>'</u> 2 | 01      | 0 '            |             |
| City<br>Jackson  | State Zip Cod<br>MS 39205             |               |     |  |         | Amou             | nt o | f Eacl   | n [ | Disburs        | emer       | nt this | Peri           | od          |
| Purpose of Disbursement contribution refunded  |                                       |               | (   | )10  |         | L.               | _    |          |     |                | _          | 30.0    | 0              |             |
| Candidate Name<br>Charles L. Westmoreland  |                                       |               | Cat | egory/<br>ype                                      |         |                  |      |          |     |                |            |         |                |             |
| Office Sought: House Disburs Senate President  | ement For: Primary Ge Other (specify) | eneral        |     | <u> </u>   |         |                  |      |          |     |                |            |         |                |             |
| State: District:   |                                       |               |     |  |         |                  |      |          |     |                |            |         |                |             |
| SUBTOTAL of Disbursements This Page (optional)   |                                       |               |     | <b>•</b>   |         |                  |      |          |     |                | 2          | 10.0    | 0              |             |

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| ny Information copied from such Reports and Stater for commercial purposes, other than using the nam |                                  |                          |                   |   |
| NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH I  |                                  |                          |                   | on contributions from such committee  |
| Full Name (Last, First, Middle Initial)  |                                  |                          |                   | Transaction ID: 9723  |
| Joni Robin Reents  |                                  |                          |                   | Date of Disbursement  |
| Mailing Address 12433 Bellaire Dr  |                                  |                          |                   | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix} $               |
| City<br>Thornton   |                                  | Zip Code<br>80241        |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement contribution refunded  |                                  |                          | 010               | 150.00  |
| Candidate Name<br>Joni Robin Reents  |                                  |                          | Category/<br>Type |   |
| Senate President   | ement For: Primary Other (specif | General (iy) ▼           |                   |   |
| State: District:   |                                  |                          |                   |   |
| Full Name (Last, First, Middle Initial) Suzanne K. Johnson   |                                  |                          |                   | Transaction ID: 9720 Date of Disbursement   |
| Mailing Address 6235 Morrison Blvd Ste   | 302                              |                          |                   | $\begin{bmatrix}\begin{smallmatrix}M & 2 & M \\ 0 & 2 & M \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D & 2 & D \\ 2 & 5 \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y & Y & 2 & 0 & 1 & 0 \\ 2 & 0 & 1 & 0 \end{smallmatrix}\end{bmatrix}$ |
| City<br>Charlotte  |                                  | Zip Code<br>28211        |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement contribution refunded  |                                  |                          | 010               | 40.00   |
| Candidate Name<br>Suzanne K. Johnson   |                                  |                          | Category/<br>Type |   |
| Office Sought: House Senate President State: District:   | ement For: Primary Other (specif | General (iy) ▼           | 7,7-2             |   |
| Full Name (Last, First, Middle Initial) Walter Sprye   |                                  |                          |                   | Transaction ID: 9722 Date of Disbursement   |
| Mailing Address PO Box 8388  |                                  |                          |                   | $\begin{bmatrix} M & M \\ O & 2 \end{bmatrix} / \begin{bmatrix} D & 2 & 3 \\ D & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & 0 & 1 & 0 \end{bmatrix}$  |
| City<br>Rocky Mount  |                                  | Zip Code<br>27804        |                   | Amount of Each Disbursement this Perio  |
| Purpose of Disbursement contribution refunded  |                                  |                          | 010               | 10.00   |
| Candidate Name<br>Walter Sprye   |                                  |                          | Category/<br>Type |   |
| Office Sought: House Disburs Senate President  | ement For: Primary Other (specif | General                  |                   |   |
| State: District:   |                                  | <i>,</i> , <b>√</b>      |                   |   |
|  |                                  |                          |                   |   |
| SUBTOTAL of Disbursements This Page (optional)   |                                  |                          | _                 | 200.00  |