

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street)

2000 14TH ST

☐Check if different  
than previously  
reported. (ACC)

ARLINGTON

VA

22201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00283135

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2010

through

02

28

2010

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

Type or Print Name of Treasurer

Jennifer Murphy

Signature of Treasurer

Electronically Filed by Jennifer Murphy

Date

04

15

2010

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M M  
0 2D D  
0 1Y Y Y Y  
2 0 1 0

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		188966.64
(b) Cash on Hand at Beginning of Reporting Period .....	218528.64	
(c) Total Receipts (from Line 19) .....	41805.84	99928.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	260334.48	288894.66
7. Total Disbursements (from Line 31) .....	27221.57	55781.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	233112.91	233112.91
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	0

To:

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

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

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	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 Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	50800.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	410.00	1945.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	410.00	1945.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election 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

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	41802.67	99921.34
34. Total Contribution Refunds (from Line 28(d)) .....	410.00	1945.00
35. 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

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

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

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Ashmore

Mailing Address 6102 82nd St Ste 6

City

Lubbock

State

TX

Zip Code

79424-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ashmore & Associates Insu-  
rance Agency

Occupation  
agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 9711

Amount of Each Receipt this Period

150.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Kathryn A. Beals

Mailing Address 5151 W River Rd

City

Wauunakee

State

WI

Zip Code

53597-9523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dean Health Plan

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 9691-P31450

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)

Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City

Baton Rouge

State

LA

Zip Code

70808-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Besselman & Little Agency

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 9690-P30959

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 5653 Maxwellton Rd

City

Oakland

State

CA

Zip Code

94618-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Burns Employee Benefits  
Insurance Ser

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31409

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City

Pontiac

State

MI

Zip Code

48340-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Lakes Benefit Group

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9678-P30846

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Alison M. Challacombe

Mailing Address 20575 Woodside Ct

City

Bend

State

OR

Zip Code

97702-9528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifeWise Health Plan of  
Oregon

Occupation

Marketing Coordinator Large Gr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31181

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$85.00 Monthly)

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

630.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Russell B. Childers

Mailing Address 402 Rawley Rd

City

Americus

State

GA

Zip Code

31719-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Russ Childers, CLU

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 9698

Amount of Each Receipt this Period

125.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Jim Daubert

Mailing Address 9121 Pioneer Ct

City

Lincoln

State

NE

Zip Code

68520-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daubert and Butler Associ-  
ates

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: 9673-P29364

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)

Rush David Dixon

Mailing Address 1375 Piccard Dr

City

Rockville

State

MD

Zip Code

20850-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Early Cassidy and Schilli-  
ng

Occupation  
VP of Employee Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 9690-P31028

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

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

445.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Virginia L Eggert

Mailing Address 6430 N Camino Arturo

City

Tucson

State

AZ

Zip Code

85718-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EM Insurance Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 9713

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comerica Insurance Services, Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9637

Amount of Each Receipt this Period

125.00

Capitol Conference 2010

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Embry

Mailing Address 26240 Wacker Dr

City

New Baltimore

State

MI

Zip Code

48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comerica Insurance Services, Inc.

Occupation  
VP - Group Benefits Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31339

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

510.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Albert C Ertel

Mailing Address 2710 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Essential Benefit Solutio-  
ns, LLC.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 9635

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Albert C Ertel

Mailing Address 2710 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Essential Benefit Solutio-  
ns, LLC.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 9673-P29360

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Frisch

Mailing Address 1528 Wyndham Cv

City

Memphis

State

TN

Zip Code

38120-1426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zalowitz Frisch Benefits  
Group

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 9630

Amount of Each Receipt this Period

150.00

Cap Conference 2010

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

800.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Reno George

Mailing Address 1691 Westbrook Plaza Dr

City

Winston Salem

State

NC

Zip Code

27103-2993

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JBA Benefits, LLC

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 0

Transaction ID: 9709

Amount of Each Receipt this Period

300.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Willis H. Glaros

Mailing Address 9772 Rosewood Dr

City

Saint John

State

IN

Zip Code

46373-9035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Employer Benefit Systems

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 9690-P31032

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Donald W. Goldmann

Mailing Address 6615 E Kings Crown Rd

City

Orange

State

CA

Zip Code

92869-4385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Word & Brown

Occupation  
VP of National Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: 9673-P29361

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Annually)

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

595.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harry A. Koch Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 9646

Amount of Each Receipt this Period

125.00

Capitol Gold Conference  
2010

**B.**

Full Name (Last, First, Middle Initial)

Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City

Lincoln

State

NE

Zip Code

68506-7519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Harry A. Koch Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 9678-P30845

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Chris Hansen

Mailing Address 224 E 500 S

City

Bountiful

State

UT

Zip Code

84010-4940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Service Insurance

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 9695

Amount of Each Receipt this Period

365.00

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

590.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City

Fayetteville

State

NC

Zip Code

28303-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebenconcepts Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

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

Transaction ID: 9690-P31164

Amount of Each Receipt this Period

410.00

Payroll Deduction

(\$410.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Carol T Hayes

Mailing Address 2330 Barrett Cottage Pl

City

Marietta

State

GA

Zip Code

30066-4993

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Purchasing Alliance Solutions, Inc.

Occupation  
VP - Brokerage Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 9629

Amount of Each Receipt this Period

125.00

Cap Conference 2010

**C.**

Full Name (Last, First, Middle Initial)

Richard L Hill

Mailing Address 4435 O St

City

Lincoln

State

NE

Zip Code

68510-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICO Financial Services, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9649

Amount of Each Receipt this Period

125.00

Cap Gold 2010

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

660.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National CooperativeRx

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9679

Amount of Each Receipt this Period

125.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City

Brookfield

State

WI

Zip Code

53045-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National CooperativeRx

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31363

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Al Hombroek

Mailing Address 30 Lumpkin St Ste D

City

Lawrenceville

State

GA

Zip Code

30045-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multiple Benefits Corpora-  
tion

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 9690-P30968

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

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

260.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance Plan

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

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

Transaction ID: 9668

Amount of Each Receipt this Period

150.00

CAP Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance Plan

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9690-P30902

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City

Marion

State

MA

Zip Code

02738-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sylvia & Co. Ins. Agency,  
Inc.

Occupation  
Vice President, Employee Benef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: 9690-P31184

Amount of Each Receipt this Period

235.00

Payroll Deduction

(\$85.00 Monthly)

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

415.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David S. Johnson InsuranceOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 9647

Amount of Each Receipt this Period

125.00

Cap Conference 2010

B.

Full Name (Last, First, Middle Initial)

David S Johnson

Mailing Address 1482 Baron Ct

City

Stone Mountain

State

GA

Zip Code

30087-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David S. Johnson InsuranceOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 9690-P31327

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City

Yakima

State

WA

Zip Code

98908-2382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conover Insurance, Inc.Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9673-P29363

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Annually)

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

350.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ronald David Knight

Mailing Address PO Box 507

City

Carrollton

State

GA

Zip Code

30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: 9648

Amount of Each Receipt this Period

150.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Ronald David Knight

Mailing Address PO Box 507

City

Carrollton

State

GA

Zip Code

30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. Smith Lanier & Co., In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 9633-P28796

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)

Linda Rose Koehler

Mailing Address 516 Shelley St

City

Livermore

State

CA

Zip Code

94550-2368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herzog Insurance Agency

Occupation  
Health Insurance Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9656

Amount of Each Receipt this Period

125.00

Cap Conference 2010

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

1275.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Linda Rose Koehler

Mailing Address 516 Shelley St

City

Livermore

State

CA

Zip Code

94550-2368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herzog Insurance Agency

Occupation

Health Insurance Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9678-P30806

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jeff Kunkle

Mailing Address 1190 Mallard Cir

City

Bogart

State

GA

Zip Code

30622-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Area Health Plan  
Select, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 9639

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Emma S Leigh

Mailing Address 5101 Peachtree Rd

City

Atlanta

State

GA

Zip Code

30341-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alliant Health Systems

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: 9640

Amount of Each Receipt this Period

150.00

Capitol Gold Conference  
2010

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Emma S Leigh

Mailing Address 5101 Peachtree Rd

City

Atlanta

State

GA

Zip Code

30341-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alliant Health Systems

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

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

Transaction ID: 9638

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City

New York

State

NY

Zip Code

10017-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medical Link, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 9690-P31059

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western States Jones & Mitchell

Occupation  
Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: 9680

Amount of Each Receipt this Period

150.00

Cap Conference 2010

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

685.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City

Spokane

State

WA

Zip Code

99202-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western States Jones & Mitchell

Occupation

Benefits Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 9690-P30933

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 578 Washington Blvd # 801

City

Marina del Rey

State

CA

Zip Code

90292-5442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Miles Organization, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9663

Amount of Each Receipt this Period

125.00

CAP Conference 2010

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey R. Miles

Mailing Address 578 Washington Blvd # 801

City

Marina del Rey

State

CA

Zip Code

90292-5442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Miles Organization, Inc.

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 9690-P31051

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

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

345.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker AgencyOccupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: 9672

Amount of Each Receipt this Period

125.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City

Niantic

State

CT

Zip Code

06357-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker AgencyOccupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID: 9678-P30781

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associations Marketing Gr-  
oup, Inc.Occupation  
CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 9653

Amount of Each Receipt this Period

125.00

Cap Conference 2010

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

340.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City

West Des Moines

State

IA

Zip Code

50265-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associations Marketing Gr-  
oup, Inc.

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

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

Transaction ID: 9690-P31117

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Benefit Consultants  
of Virginia.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9641

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City

Midlothian

State

VA

Zip Code

23113-6726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Benefit Consultants  
of Virginia.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31122

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

560.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jon C Rauser

Mailing Address 949 Lamplighter Ln

City

Grafton

State

WI

Zip Code

53024-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Rauser Agency, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 9690-P31123

Amount of Each Receipt this Period

295.00

Payroll Deduction

(\$170.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas A. Richman

Mailing Address 560 Village Rd W

City

West Windsor

State

NJ

Zip Code

08550-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Creative Benefit Plans In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 9632

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Purchasing Alliance Solu-  
tions, Inc.

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 9667

Amount of Each Receipt this Period

125.00

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

670.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City

Kennesaw

State

GA

Zip Code

30152-4077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Purchasing Alliance Solutions, Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31211

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City

Houston

State

TX

Zip Code

77092-4927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest General Insurance

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 0

Transaction ID: 9707

Amount of Each Receipt this Period

125.00

Cap Conference 2010

**C.**

Full Name (Last, First, Middle Initial)

Joseph K. Roberts

Mailing Address 4000 S 36th St

City

Lincoln

State

NE

Zip Code

68506-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midlands Financial Benefits

Occupation

Registered Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 9678-P30772

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$150.00 Monthly)

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

360.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Canyon Insurance Age-  
ncy

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 9628

Amount of Each Receipt this Period

125.00

Capitol Gold 2010

**B.**

Full Name (Last, First, Middle Initial)

William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City

Palm Springs

State

CA

Zip Code

92262-7922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Canyon Insurance Age-  
ncy

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9678-P30792

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City

Dacula

State

GA

Zip Code

30019-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E2E Benefits Services, In-  
c.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 9691-P31449

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$150.00 Annually)

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

510.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City

Winston Salem

State

NC

Zip Code

27103-6470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plans For Health, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 9690-P31221

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City

Silver Spring

State

MD

Zip Code

20901-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Benefits & Advi-  
sors

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 9678-P30592

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Steven Selinsky

Mailing Address 28638 Oak Point Dr

City

Farmington Hills

State

MI

Zip Code

48331-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warner Pacific Insurance  
Services

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 0

Transaction ID: 9710

Amount of Each Receipt this Period

125.00

CAP Conference 2010

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

465.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Nathaniel M. Smith

Mailing Address 5311 77 Center Dr Ste 72

City

Charlotte

State

NC

Zip Code

28217-0751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogers Benefit Group

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 9633-P28798

Amount of Each Receipt this Period

365.00

Payroll Deduction

(\$365.00 Annually)

**B.**

Full Name (Last, First, Middle Initial)

James R Stenger

Mailing Address 381 victoria drive

City

Bridgewater

State

NJ

Zip Code

12909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAS Financial Services

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

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

Transaction ID: 9678-P30747

Amount of Each Receipt this Period

320.00

Payroll Deduction

(\$170.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MVS Consulting

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 9650

Amount of Each Receipt this Period

125.00

Capitol Gold Conference  
2010

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

810.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City

Mount Arlington

State

NJ

Zip Code

07856-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MVS Consulting

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9678-P30748

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

James F. Summers

Mailing Address 15316 Pine St

City

Omaha

State

NE

Zip Code

68144-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senior Market Sales, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 9678-P30751

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Marsha Tellesbo

Mailing Address 22887 NE 127th Way

City

Redmond

State

WA

Zip Code

98053-5657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tellesbo & Company

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 9690-P31213

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$85.00 Monthly)

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

420.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City

Clifton

State

VA

Zip Code

20124-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAHU

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 9678-P30752

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dan Webb

Mailing Address 5251 Office Park Dr

City

Bakersfield

State

CA

Zip Code

93309-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Webb Insurance Group

Occupation  
Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 9691-P31446

Amount of Each Receipt this Period

380.00

Payroll Deduction

(\$125.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)

Thomas Welden

Mailing Address PO Box 37

City

Milford

State

NH

Zip Code

03055-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eaton & Berube Insurance  
Agency, Inc.

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 9655

Amount of Each Receipt this Period

500.00

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

1050.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Welden

Mailing Address PO Box 37

City

Milford

State

NH

Zip Code

03055-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eaton & Berube Insurance  
Agency, Inc.Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Transaction ID: 9697

Amount of Each Receipt this Period

150.00

Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)

Bruce T Williams

Mailing Address 5121 Quail Ln

City

Columbia

State

SC

Zip Code

29206-4628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BB&T Insurance ServicesOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	0

Transaction ID: 9703

Amount of Each Receipt this Period

365.00

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

515.00

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

14385.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 9731 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	0												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMEX Credit Candidate Name	<table border="1"> <tr> <td colspan="10">398.43</td> </tr> </table>	398.43																			
398.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 9732 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	1	0												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CHGBCK Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 9733 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	1	0												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CHGBCK Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

458.43

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 7300 Chapman Way

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

MER Ser. Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9730

Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

1259.48

**B.**

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement

Analysis Charge

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9734

Date of Disbursement

02 / 09 / 2010

Amount of Each Disbursement this Period

93.66

**SUBTOTAL** of Disbursements This Page (optional) .....

1353.14

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

1811.57



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Reception 2.3Candidate Name  
BLUE DOG POLITICAL ACTION COMMITTEEOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9623

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Dinner 2.2Candidate Name  
MICHAEL N CASTLEOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: 9621

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Lunch 2.4Candidate Name  
CHARLES W REP DENTOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 9625

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

COBURN FOR SENATE 2010

Mailing Address POST OFFICE BOX 977

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement  
Dinner 2.3Candidate Name  
THOMAS A COBURNOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District: 00

Transaction ID: 9624

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.**

Full Name (Last, First, Middle Initial)

EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Dinner 2.23Candidate Name  
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9652

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

**C.**

Full Name (Last, First, Middle Initial)

EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Dinner 2.23Candidate Name  
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9686

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE Mailing Address PO Box 68444	<b>Transaction ID:</b> 9622 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	3		2	0	1	0													
City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement Breakfast 2.3 Candidate Name GLENN CARLYLE III NYE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: VA District: 02 Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> 011 Category/ Type	1000.00																				
1000.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS Mailing Address PO BOX 586 City HELENA State MT Zip Code 59624 Purpose of Disbursement Lunch 2.23 Candidate Name MAX BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: MT District: 00 Other (specify) ▼	<b>Transaction ID:</b> 9651 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table> 011 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	1	0													
2500.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS Mailing Address PO BOX 586 City HELENA State MT Zip Code 59624 Purpose of Disbursement VOID Candidate Name MAX BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: MT District: 00 Other (specify) ▼	<b>Transaction ID:</b> 9685 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>-2500.00</td> </tr> </table> 011 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0	-2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	1	0													
-2500.00																						

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

KING FOR CONGRESS

Mailing Address 116 N Main St.

City  
Early

State  
IA

Zip Code  
50535

Purpose of Disbursement  
Meeting

Candidate Name  
STEVE MR. KING

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 05

Transaction ID: 9688

Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City  
Franklin

State  
TN

Zip Code  
37068

Purpose of Disbursement  
Dinner 2.10

Candidate Name  
MARSHA MRS. BLACKBURN

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: 9572

Date of Disbursement

02 / 10 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City  
SALT LAKE CITY

State  
UT

Zip Code  
84152

Purpose of Disbursement  
Breakfast 2.25

Candidate Name  
JAMES D MATHESON

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 9687

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

MIKE PENCE COMMITTEE

Mailing Address P. O. Box 408

City  
AndersonState  
INZip Code  
46015Purpose of Disbursement  
Lunch 2.2Candidate Name  
MIKE PENCE011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 06

Transaction ID: 9620

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City  
WINSTON-SALEMState  
NCZip Code  
27113Purpose of Disbursement  
Dinner 2.25Candidate Name  
RICHARD BURR011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: 9689

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City  
HOPKINSVILLEState  
KYZip Code  
42241Purpose of Disbursement  
VOIDCandidate Name  
ED WHITFIELD011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 9692

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 40

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City  
HOPKINSVILLE

State  
KY

Zip Code  
42241

Purpose of Disbursement  
Dinner 2.23

Candidate Name  
ED WHITFIELD

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

001  
Category/  
Type

Transaction ID: 9879

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

25000.00

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) B. Ronnell Nolan	<b>Transaction ID:</b> 9721 <b>Date of Disbursement</b>
Mailing Address 364 Steele Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 0</div> </div>
City State Zip Code Baton Rouge LA 70806	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution refunded	<div>30.00</div>
Candidate Name B. Ronnell Nolan	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Catherine L. Cooper	<b>Transaction ID:</b> 9699 <b>Date of Disbursement</b>
Mailing Address 26999 Central Park Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 1 0</div> </div>
City State Zip Code Southfield MI 48076	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution refunded	<div>150.00</div>
Candidate Name Catherine L. Cooper	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  CAP REFUNDED
<b>C.</b> Full Name (Last, First, Middle Initial) Charles L. Westmoreland	<b>Transaction ID:</b> 9719 <b>Date of Disbursement</b>
Mailing Address PO Box 925	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 0</div> </div>
City State Zip Code Jackson MS 39205	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution refunded	<div>30.00</div>
Candidate Name Charles L. Westmoreland	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

210.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Robin Reents

Mailing Address 12433 Bellaire Dr

City  
ThorntonState  
COZip Code  
80241Purpose of Disbursement  
contribution refundedCandidate Name  
Joni Robin Reents
  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9723

Date of Disbursement

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

Amount of Each Disbursement this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Suzanne K. Johnson

Mailing Address 6235 Morrison Blvd Ste 302

City  
CharlotteState  
NCZip Code  
28211Purpose of Disbursement  
contribution refundedCandidate Name  
Suzanne K. Johnson
  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9720

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

Amount of Each Disbursement this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Walter Sprye

Mailing Address PO Box 8388

City  
Rocky MountState  
NCZip Code  
27804Purpose of Disbursement  
contribution refundedCandidate Name  
Walter Sprye
  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9722

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) .....

200.00

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

410.00