

**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)

P. O. Box 7135

Check if different than previously reported. (ACC)

Washington

DC

20044

7135

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

NEW (N) OR

X

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)

X

Special (12S)

Election on

10

04

2005

in the State of

CA

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

25

2005

through

09

14

2005

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

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

11

15

2005

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. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>23 <sup>Y</sup>2005 To: <sup>M</sup>09 <sup>D</sup>14 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period .....	15456.61	
(c) Total Receipts (from Line 19) .....	14342.34	169913.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29800.95	200929.61
7. Total Disbursements (from Line 31) .....	11868.29	182997.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17932.66	17932.66
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>28 <sup>Y</sup>2005 To: <sup>M</sup>09 <sup>D</sup>14 <sup>Y</sup>2005

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) .....	8009.00	77202.00
(ii) Unitemized .....	6333.34	92711.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	14342.34	169913.20
(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) .....	14342.34	169913.20
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.) .....	0.00	0.00
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)) .....	14342.34	169913.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14342.34	169913.20

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	5368.29	22247.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5368.29	22247.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	159250.00
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.....	0.00	0.00
(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))..... ▶	0.00	0.00
29. Other Disbursements.....	1500.00	1500.00
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 ActMty (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))..	11868.29	182997.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11868.29	182997.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14342.34	169913.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14342.34	169913.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5368.29	22247.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5368.29	22247.15

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

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

FOR LINE NUMBER: PAGE 6 / 52

(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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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) <b>A. Rufus B. Langley</b>		Date of Receipt M / D / Y 08 / 20 / 2005
Mailing Address PD Box 2997		Transaction ID: 10408530
City Durham	State NC	Zip Code 27715-2887
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Forrester & Associates In- s. Agency, In Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Teri Dumas Adams</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1280		Transaction ID: 10409204
City Prairieville	State LA	Zip Code 70769-1280
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Insurance Agent Aggregate Year-to-Date ▼ 320.00	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Keny D. Aldridge</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10409880
City Lexington	State KY	Zip Code 40505-5200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Insurance Agent Aggregate Year-to-Date ▼ 680.00	
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 7 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. David Ayre</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 10409254
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas R. Belding</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 10409193
City Edmond	State OK	Zip Code 73013-8382
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marketing Ser	Occupation President	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrew F. Blemat</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10409860
City Utica	State NY	Zip Code 13502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Vice President	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Tracy Quick Bradford</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 10409734
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Agent	Aggregate Year-to-Date ▼ 730.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan T. Cook</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10409800
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 435.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rosemary Deininger</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 12801 N. Central Expressway, Suite		Transaction ID: 10409048
City Dallas	State TX	Zip Code 75243-1741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Waldman Brothers	Occupation Account Manager	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Christopher J. Delorey</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 10408955
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephanie M. Danz</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 8000 Cypress Green Drive, Suite 10		Transaction ID: 10409190
City Jacksonville	State FL	Zip Code 32256-5508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer BenefitPort Southeast	Occupation Field Sales Representative	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James L. Dettman</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 6075 Poplar Avenue, Suite 125		Transaction ID: 10409108
City Memphis	State TN	Zip Code 38119-0100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer American Medical Security	Occupation District Sales Manager	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>605.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Sharon Lynn Dicenzo</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 10409709
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey W. Gennaro</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 10315		Transaction ID: 10409297
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gerard R. Gershonowitz</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 980 Broadway, Suite 608		Transaction ID: 10409213
City Thomwood	State NY	Zip Code 10564-1139
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 545.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>105.00</b>
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 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Patrice Goldfarb</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10409555
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer The Employee Benefits Advisors Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Carolyn L. Goodwin</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 4951 LBJ Freeway, Suite 80D		Transaction ID: 10408972
City Dallas	State TX	Zip Code 75244-6004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stephen A. Grim</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P O Box 1105		Transaction ID: 10409684
City Virginia Beach	State VA	Zip Code 23451-0105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>130.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Cristy Russell Gupton</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 10410049
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 370.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Christopher S. Harison</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10409375
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Haute</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10409174
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 740.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>230.00</b>
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 13 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Jon Hicks</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3620 Mountainside Drive		Transaction ID: 10409967
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jon Hicks</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3620 Mountainside Drive		Transaction ID: 10409968
City	State	Zip Code
Colorado Springs	CO	80918
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Hicks Benefit Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Danlee D. Hopper</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 6400 Fairview Road		Transaction ID: 10409235
City	State	Zip Code
Charlotte	NC	28210-5237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Robert Huffaker</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 6217		Transaction ID: 10409540
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B. Randy C. Joppie</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 696B Blue Hummingbird Way		Transaction ID: 10408640
City Belding	State MI	Zip Code 48809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Director of Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C. Mark D. Kennedy</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1173 Brittnoare Road		Transaction ID: 10409108
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Ross W. Kraft</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10409963
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation President	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ronald M. Levine</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 4037 Jordan Lake Drive		Transaction ID: 10409110
City	State	Zip Code
Marietta	GA	30062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer CONEXIS	Occupation Vice President of Sales, SE	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cheryl Lombardi</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10409839
City	State	Zip Code
Walnut Creek	CA	94598-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 680.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Juan Ramon Lopez</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 200 N. Lewis Street		Transaction ID: 10409139
City Orange	State CA	Zip Code 92868-1538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Maurice Lyons</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 10409638
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Mackey</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 1001		Transaction ID: 10409591
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Dale W. Maloney</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10409222
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>B. Kirby V. Nielsen</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 7100 N. High St #209		Transaction ID: 10409510
City Worthington	State OH	Zip Code 43085-2316
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Miley Rash</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 10408883
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia,	Occupation Vice President	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Aine H. Roberts</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10408920
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 780.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mel A. Schlesinger</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 30100		Transaction ID: 10409036
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer The Rainmakers Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 405.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James D. Schutz</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10409134
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Bob G Stupe</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 2344		Transaction ID: 10408930
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anne P. Speding</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 10409187
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Employee Benefits Manager	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carol A. Steele</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 10409241
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>90.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Burley W. Strader</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 185 Kimel Park Drive 27103 P.O. Box 24042		Transaction ID: 10408952
City Winston Salem	State NC	Zip Code 27114-4042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer MedCost Benefit Services, LLC	Occupation Senior Sales Consultant	Aggregate Year-to-Date ▼ 435.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James F. Summers</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 8420 West Dodge Road, Suite 510		Transaction ID: 10408962
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 840.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Donald B. Thompson</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 10409020
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	335.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Tompkins</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1810		Transaction ID: 10408966
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Daniel R. Tompkins</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10409412
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Albert J. Travaas</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 10409834
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 315.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>115.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Peter Vinton</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 10409207
City Timonium	State MD	Zip Code 21083-2102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. M. Hughes Warren</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P.O. Box 7661		Transaction ID: 10409330
City Wilmington	State NC	Zip Code 28406-7661
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John L. Warwick</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PO Box 272		Transaction ID: 10409184
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Richard E. Wheeler</b>		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 817 Highway 71, Building 2-B		Transaction ID: 10409065	
City Brielle	State NJ	Zip Code 08730-1838	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Richard E. Wheeler Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. David B. Wills</b>		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 802 Brynwood Dr		Transaction ID: 10409519	
City Chattanooga	State TN	Zip Code 37415-3306	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer D. B. Wills & Co.	Occupation President	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Steven L. Wilson</b>		Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 1151 Red Mile Road		Transaction ID: 10409320	
City Lexington	State KY	Zip Code 40504-2645	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benefit Insurance Marketing	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Dennis E. Wright</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10409497
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dennis E. Wright</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10409498
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert J. Bishop</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10408883
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 672.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>174.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Dorothy M. Cociu</b> Mailing Address PD Box 1941 City State Zip Code Big Bear Lake CA 92315-1841 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Advanced Benefit Consulting & Insurance Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 08 / 31 / 2005 Transaction ID: 10408651 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) <b>B. Carol A. Cutler</b> Mailing Address 824 Griffin Road, Suite B City State Zip Code Indianapolis IN 46227-8504 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Benefit Design Strategies, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 08 / 31 / 2005 Transaction ID: 10408767 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) <b>C. Rush David Dixon</b> Mailing Address 1375 Piccard Drive City State Zip Code Rockville MD 20850-4311 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Early Cassidy and Schilling Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 08 / 31 / 2005 Transaction ID: 10408800 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **220.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Steve H. Dodder</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 2089		Transaction ID: 10408812
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Regional Sales Director Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald G Hartman</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 5716		Transaction ID: 10408569
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) <b>C. Sheila H Hartman</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 10408845
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Jaime D. Hernandez</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 10408654
City	State	Zip Code
Burbank	CA	91501-1522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sheri S Hokin</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 333D Dundee Road, Suite C-3		Transaction ID: 10408657
City	State	Zip Code
Northbrook	IL	60062-2328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance Services	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David S Johnson</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10408683
City	State	Zip Code
Stone Mountain	GA	30087-0029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Thomas G Kaufman</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1875 Willow Street, Suite P		Transaction ID: 10408489
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 595.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jesse A. Patton</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10408610
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	Aggregate Year-to-Date ▼ 1800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James E. Price</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 10408643
City Fresno	State CA	Zip Code 93711-2388
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Services, I	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>410.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Jon C Reuser</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10408858
City Milwaukee	State WI	Zip Code 53202-4489
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Reuser Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 780.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ed L. Raling</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 343 Six Forks Road		Transaction ID: 10408836
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental of North Carolina, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 10408880
City Budd Lake	State NJ	Zip Code 07828-1438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer The Ruggiero Group, LLC	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>150.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Raymer M. Sale</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 10408869
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c.	Occupation Insurance Agent	760.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Tom Veitler</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 10408805
City Lafayette	State LA	Zip Code 70509-3215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Physician's Mutual Insura- nce	Occupation Insurance Agent	580.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Greg A. Yoder</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10408780
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Assoc- iates, Inc.	Occupation Insurance Agent	1800.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>280.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Robert A Ziff</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10408815
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Avanli Benefits Corp	Occupation President	Aggregate Year-to-Date ▼ 840.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephen D. Andersen</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10409137
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William Chester Anderson</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: 10409549
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Benefit Port	Occupation Marketing Representative	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 32 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Mary Kathryn Anderson-Haught</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address P. O. Box 7648		Transaction ID: 10408958
City Tyler	State TX	Zip Code 75711-7648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Strategies In Employee Benefits, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Tracy Quick Bradford</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 10409735
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	Aggregate Year-to-Date ▼ 770.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ronald S. Buffum</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10409051
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(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)

Full Name (Last, First, Middle Initial) <b>A. Tim Byme</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 3113 West Beltline Highway		Transaction ID: 10409080
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Met- drum	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 245.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sharon Lynn Diercke</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 10409710
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Manager, Individual Sales	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cynthia H. Doucet</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 10409285
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	75.00
TOTAL This Period (last page this line number only) .....	

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

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

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(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)

Full Name (Last, First, Middle Initial) <b>A. Linda K. Friedrich</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 30275		Transaction ID: 10409300
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patrice Goldfarb</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10409556
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Advisors Group	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 670.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael R. Goss</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10410028
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Michael D. Gray</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10409018
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1840.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lisa Hellman</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 10409479
City Cumming	State GA	Zip Code 30041-8063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Donna D. Hill</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005
Mailing Address PO Box 724		Transaction ID: 10408823
City Snelville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 900.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>320.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Mary Lou Hudman</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 533D Bent Tree Forest Drive, Suite		Transaction ID: 10409532
City	State	Zip Code
Dallas	TX	75248-3471
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer A Benefit Source	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.14	

Full Name (Last, First, Middle Initial) <b>B. Suzanne K. Johnson</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 8235 Morrison Boulevard, Suite 302		Transaction ID: 10408635
City	State	Zip Code
Charlotte	NC	28211-3508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employees Benefit Services	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. T. Darlene Kaczmarek</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10409034
City	State	Zip Code
Ravenna	OH	44268-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Brian W. Liechty</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10409442
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Insurance Agent	720.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Clark K. Loees</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 12200 Northwest Fwy Ste 662		Transaction ID: 10409373
City Houston	State TX	Zip Code 77062-4927
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Insurance Agent	225.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Carol Malzerek</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PO Box 35905		Transaction ID: 10409044
City Greensboro	State NC	Zip Code 27438-6505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	<b>125.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 38 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. David R. Moore</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 1006		Transaction ID: 10409001
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Associates	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 390.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wesley P. Moore</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 10409046
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Owner	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joshua D. Nace</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: 10409470
City Seattle	State WA	Zip Code 98103-8889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services, Inc.	Occupation Vice President Sales & Service	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Michael A. Norris</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 899 285 E Palmer Street		Transaction ID: 10409599
City Franklin	State NC	Zip Code 28744-0899
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Account Executive	Aggregate Year-to-Date ▼ 245.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John C. Parker</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10408650
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Principal	Aggregate Year-to-Date ▼ 830.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joseph K. Roberts</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10409270
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Tompkins</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10409413
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Marilyn A. Van Sant</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 271 Route 46 West, Suite G208		Transaction ID: 10409481
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Insurance Agent	720.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Charles G. Wagner</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 9		Transaction ID: 10409621
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation President	450.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Barbara Kay Wong</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 1311 L Street		Transaction ID: 10409419
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits Corp.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 7606 University Avenue, Suite B		Transaction ID: 10408615
City	State	Zip Code
Lubbock	TX	79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ann C. Bell</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 1861 Shoreline Drive, Suite 100		Transaction ID: 10408673
City	State	Zip Code
Boise	ID	83702-6748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 255.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. David A Berman</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 10408613
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Neece Lukens Holding Company, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. D. Bailey Calvin</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PO Box 101422		Transaction ID: 10408534
City Anchorage	State AK	Zip Code 99510-1422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Russell B. Childers</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PO Box 1547		Transaction ID: 10408841
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>125.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Eugene D. Ebersole</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 10408839
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas M Evans</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10408806
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. David L. Fear</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 10408580
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on Division Receipt For: Primary General Other (specify) ▼	Occupation Director of Strategic Distribution Aggregate Year-to-Date ▼ 595.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>175.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Bruce L. Gardner</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 10408790
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments	Occupation Registered Representative	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Timothy Hendicks</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 1605 S Eucalyptus Ave		Transaction ID: 10408621
City Broken Arrow	State OK	Zip Code 74012-5806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Richard L Hill</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 10408801
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 45 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Larry Kaczmarek</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 10408821
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Kielian</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 10408845
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mary B. Kramer</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 10408833
City Omaha	State NE	Zip Code 68130-1789
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates, Inc.	Occupation Vice President	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary      General Other (specify) ▼		

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Sharon L. McDermott</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10408559
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation President	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Glen E. Riensche</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 415 5th Street P. O. Box 684		Transaction ID: 10408547
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William T. Robinson</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 10408781
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>210.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Eugene L. Rowe</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005	
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: 10408587	
City State Zip Code Encino CA 91436-2767	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer R & R Insurance and Retirement Service Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 270.00		
Full Name (Last, First, Middle Initial) <b>B. Stephen J. Salzman</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005	
Mailing Address PO Box 4252		Transaction ID: 10408686	
City State Zip Code Timonium MD 21084-4252	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Heritage Financial Consultants, LLC Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 1090.00		
Full Name (Last, First, Middle Initial) <b>C. Roger W Skinner</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2005	
Mailing Address 6812 East 75th Street, Suite 200		Transaction ID: 10408532	
City State Zip Code Indianapolis IN 46250-2878	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GroupLink, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **65.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 52

(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)

Full Name (Last, First, Middle Initial) <b>A. Jackie L. Spragins</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 2073		Transaction ID: 10408765
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Spragins Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles L. Westmoreland</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address PD Box 825		Transaction ID: 10408748
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development	Aggregate Year-to-Date ▼ 585.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Catherine Fleara</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address 28998 Central Park Blvd.		Transaction ID: 10409508
City Southfield	State MI	Zip Code 48078-4174
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Austin Financial Group LL- CUnited	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>8009.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

**A. PAC Services, LLC**

Mailing Address 7700 Old Brand Avenue  
Suite D-103

City Clinton State MD Zip Code 20735

Purpose of Disbursement  
PAC Administration Fees

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: 10346549

Date of Disbursement

08 / 25 / 2005

Amount of Each Disbursement this Period

5000.00

PAC Administration Fees

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: 10331760

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

318.29

Credit Card Processing Fee

SUBTOTAL of Disbursements This Page (optional) ▶

5318.29

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

5318.29

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Marilyn Brewer For Congress</b>		Transaction ID: 10333528 Date of Disbursement 09 / 05 / 2005	
Mailing Address 30151 Tomas		Amount of Each Disbursement this Period 1000.00	
City Rancho Santa Marga State CA Zip Code 92688	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Marilyn Brewer	Disbursement For: 2005 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA      District: 48			

Full Name (Last, First, Middle Initial) <b>B. Johnson For Congress Committee</b>		Transaction ID: 10334344 Date of Disbursement 09 / 08 / 2005	
Mailing Address P.O. Box 1086		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06050	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Nancy L. Johnson	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT      District: 5			

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson For Congress</b>		Transaction ID: 10343267 Date of Disbursement 09 / 08 / 2005	
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00	
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Heather A. Wilson	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM      District: 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)  
A. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City State Zip Code  
West Conshohocken PA 19426

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Rick Santorum

Office Sought: House Disbursement For: 2006  
 Senate  Primary General  
President  
Other (specify) ▼

State: PA District: 2

011  
Category/  
Type

Transaction ID: 10343170  
Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Hawkeye PAC

Mailing Address PO Box 7255

City State Zip Code  
Des Moines IA 50308

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House Disbursement For:  
Senate  Primary General  
President  
Other (specify) ▼

State: District:

011  
Category/  
Type

Transaction ID: 10334108  
Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Virginias for Jerry Kilgore

Mailing Address PO Box 17098

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Jerry Kilgore, GOVERNOR VA

Candidate Name  
Delegate Jerry Kilgore

Office Sought: House Disbursement For: 2005  
Senate Primary X General  
President Other (specify) ▼

State: VA District 1

011  
Category/  
Type

Transaction ID: 10334523

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1500.00

Jerry Kilgore, GOVERNOR  
VA

SUBTOTAL of Disbursements This Page (optional) ..... ► 1500.00

TOTAL This Period (last page this line number only) ..... ► 1500.00