

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW, SUITE 1100

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

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

C C00283135

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

4. TYPE OF REPORT

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

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

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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

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

- General (30G)
- Runoff (30R)
- Special (30S)

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

5. Covering Period [07] / [01] / [2014] through [07] / [31] / [2014]

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 08 / 18 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		156950.91
(b) Cash on Hand at Beginning of Reporting Period.....	83865.35	
(c) Total Receipts (from Line 19)	40695.64	296592.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124560.99	453542.97
7. Total Disbursements (from Line 31).....	46039.39	375021.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78521.60	78521.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31486.26	151880.76
(ii) Unitemized	9209.33	141710.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40695.59	293591.74
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40695.59	293591.74
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.05	0.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40695.64	296592.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40695.64	296592.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2039.39	53446.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2039.39	53446.37
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	318250.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	875.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	875.00
29. Other Disbursements	0	2450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46039.39	375021.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46039.39	375021.37

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)	40695.59	293591.74
34. Total Contribution Refunds (from Line 28(d))	0	875.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40695.59	292716.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2039.39	53446.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2039.39	53446.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mark K. Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 St. Julian Place
 City Columbia State SC Zip Code 29204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Insurance Management Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89386
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Jill Age
 Full Name (Last, First, Middle Initial)
 Mailing Address 397 Little Neck Road Suite 300
 City Virginia Beach State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TFA Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89187
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. Suzetta E. Alberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 201W. Fort Street, Mail Code 7969
 City Detroit State MI Zip Code 48226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comerica Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P89978
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **145.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1114.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89287

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

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

Mailing Address P.O. Box 3248

City Omaha State NE Zip Code 68180

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

Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16228-P89965

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Robert E. Anders
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 628

City Naples State FL Zip Code 34106

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

Name of Employer Anders Insurance Agency Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89686

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 172.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Melinda S. Anderson-Wallis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16227-P89672
Mailing Address 703 N 36th Street		Amount of Each Receipt this Period 30.00
City Lafayette	State IN	Zip Code 47905
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Employee Benefit Solutions of IN, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Carolyn Marie Andress		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16227-P89674
Mailing Address 1512 Highway 138		Amount of Each Receipt this Period 30.00
City Wall	State NJ	Zip Code 07719
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Fotek Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Joanna Antongiovanni		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16228-P89853
Mailing Address P.O. Box 795008		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78279
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Wortham Insurance & Risk Management	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steve Armstrong
Full Name (Last, First, Middle Initial)
Mailing Address 301 Newpointe Drive
City Ridgeland State MS Zip Code 39157
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89185
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Elizabeth Ashmore
Full Name (Last, First, Middle Initial)
Mailing Address 6102 82nd St, Bldg #6
City Lubbock State TX Zip Code 79423
FEC ID number of contributing federal political committee. **C**
Name of Employer Ashmore & Associates Insurance Agency Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89884
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

C. Kimberly L. Auclair
Full Name (Last, First, Middle Initial)
Mailing Address 6873 Raccoon Ct
City Viera State FL Zip Code 32940
FEC ID number of contributing federal political committee. **C**
Name of Employer Pineapple Financial Services, LLC Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89204
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Catherine A. Bajkowski
Full Name (Last, First, Middle Initial)

Mailing Address 188 Industrial Drive, Suite 226

City Elmhurst State IL Zip Code 60126

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

Name of Employer CB Health Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89860

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 1320 Grant Building

City Pittsburgh State PA Zip Code 15219

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

Name of Employer Simpson & McCrady LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89560

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Timothy N. Barhorst
Full Name (Last, First, Middle Initial)

Mailing Address 5222 Double Eagle Drive

City Westerville State OH Zip Code 43081

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

Name of Employer Business Partners, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89476

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dawn Barr
Full Name (Last, First, Middle Initial)
Mailing Address 1305 NE 29th St.
City Ankeny State IA Zip Code 50021
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercer Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89110
Amount of Each Receipt this Period 42.00
Payroll Deduction (\$42.00 Monthly)

B. William J. Barrett
Full Name (Last, First, Middle Initial)
Mailing Address 1000 Creekside Plaza Suite 161
City Gahanna State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer The Standard Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89638
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Diane L. Barton-Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 3856 S. Boulevard, Suite 100
City Edmond State OK Zip Code 73013
FEC ID number of contributing federal political committee. **C**
Name of Employer Gallagher Benefit Services, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90042
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2601C Blanding Ave #222

City Alameda State CA Zip Code 94501

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

Name of Employer John Baskett Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89255

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

B. David S. Bauer
Full Name (Last, First, Middle Initial)

Mailing Address 1027 Tahoe Drive

City Belmont State CA Zip Code 94002

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

Name of Employer Bauer Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89376

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

C. Chris J. Beach
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 72848

City Richmond State VA Zip Code 23235

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

Name of Employer TB&R Insurance, A Dawson Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89696

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Darrald T. Bean

Mailing Address 3922 Rampart ST

City State Zip Code
Boise ID 83704

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

Name of Employer Occupation
Bean Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89180

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Debra Beaucoudray

Mailing Address 5515 Superior Dr. Suite A-1

City State Zip Code
Baton Rouge LA 70816

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

Name of Employer Occupation
Beaucoudray Medica Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89488

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address P O Box 1472

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer Occupation
CPActuaries Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89237

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Annette Bechtold		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89304
Mailing Address 400 Galleria Pkwy, #300		Amount of Each Receipt this Period 30.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Digital Insurance, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Ann C. Bell		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89790
Mailing Address 2171 So. Pebblecreek Lane		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83706
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Self	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Marie D. Bell		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89797
Mailing Address 701 4th Ave S. #1500		Amount of Each Receipt this Period 30.00
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer DeRuyter-Bell, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 157
(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)
A. Chris Bender

Mailing Address 516 Gibson Drive, Suite 240

City Placer State CA Zip Code 95678

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

Name of Employer Warren G. Bender Co. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89527

Amount of Each Receipt this Period
10.00

Payroll Deduction
 (\$10.00 Monthly)

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

Mailing Address DCB Insurance Services 126 Lomita

City El Segundo State CA Zip Code 90245-

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

Name of Employer DCB Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
07 / 01 / 2014
Transaction ID : 16121

Amount of Each Receipt this Period
1000.00

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

Mailing Address 17200 Ventura Blvd Suite 312

City Encino State CA Zip Code 91316

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

Name of Employer Genesis Financial & Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1190.00**

Date of Receipt
07 / 22 / 2014
Transaction ID : 16228-P89862

Amount of Each Receipt this Period
170.00

Payroll Deduction
 (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **1180.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephanie Berger			Date of Receipt MM / DD / YYYY 07 / 22 / 2014
Mailing Address 79 Daily Dr. #276			Transaction ID : 16227-P89597
City Camarillo	State CA	Zip Code 93010	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)		
Name of Employer HLS Insurance Services	Occupation Broker	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lori Bergsma			Date of Receipt MM / DD / YYYY 07 / 22 / 2014
Mailing Address 643 Canyon Drive			Transaction ID : 16227-P89365
City Twin Falls	State ID	Zip Code 83301	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)		
Name of Employer Balanced Rock Insurance Agency, Inc.	Occupation Broker	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Christian Bergstrom			Date of Receipt MM / DD / YYYY 07 / 22 / 2014
Mailing Address 300 1st Avenue South,#500			Transaction ID : 16227-P89550
City Saint Petersburg	State FL	Zip Code 33701	Amount of Each Receipt this Period 63.00
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$63.00 Monthly)		
Name of Employer Wallace Welch & Willingham, Inc.	Occupation Broker	Aggregate Year-to-Date ▼ 408.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	123.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David A Berman		Date of Receipt
Mailing Address 6510 N. Shadeland Avenue		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46220
FEC ID number of contributing federal political committee.		Transaction ID : 16228-P89793
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Neace Lukens Holding Company, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>	(\$85.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ernest Berry		Date of Receipt
Mailing Address 5121 69th St., A9A		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lubbock	TX	79424
FEC ID number of contributing federal political committee.		Transaction ID : 16228-P89935
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction
Berry Agency	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	(\$30.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas Besselman		Date of Receipt
Mailing Address 6421 Perkins Rd., # 2B, Bldg A		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baton Rouge	LA	70808
FEC ID number of contributing federal political committee.		Transaction ID : 16227-P89238
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Payroll Deduction
Gallagher Benefit Services	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	(\$250.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="365.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James P Better
Full Name (Last, First, Middle Initial)
Mailing Address 11 Summer Street, Suite 6
City Chelmsford State MA Zip Code 01824
FEC ID number of contributing federal political committee. **C**
Name of Employer New England Medical Insurance Agency Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89585
Amount of Each Receipt this Period **85.00**
Payroll Deduction **(\$85.00 Monthly)**

B. Spencer Biegel
Full Name (Last, First, Middle Initial)
Mailing Address 4225 Trapline Drive
City Anchorage State AK Zip Code 99516
FEC ID number of contributing federal political committee. **C**
Name of Employer Alaskan Benefit Insurance Consultants Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89666
Amount of Each Receipt this Period **30.00**
Payroll Deduction **(\$30.00 Monthly)**

C. Robert J Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 205 E. Warm Springs Rd., Suite 108
City Las Vegas State NV Zip Code 89119
FEC ID number of contributing federal political committee. **C**
Name of Employer National Healthcare Access Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **950.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89656
Amount of Each Receipt this Period **100.00**
Payroll Deduction **(\$100.00 Monthly)**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bradford H. Blain		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89245
Mailing Address AI Torstrick Insurance Agency, In		Amount of Each Receipt this Period 30.00
City Lexington	State KY	Zip Code 40504
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer AI Torstrick Insurance Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Russ Blakely		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89149
Mailing Address PO Box 11310		Amount of Each Receipt this Period 30.00
City Chattanooga	State TN	Zip Code 37401
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Russ Blakely & Associates, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Donna J. Blizman		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89869
Mailing Address 1939 Racimo Dr		Amount of Each Receipt this Period 30.00
City Sarasota	State FL	Zip Code 34240
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Employee Benefits Marketing Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David M. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1809
 City Candler State NC Zip Code 28715
 FEC ID number of contributing federal political committee. C
 Name of Employer Insurance Specialties, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89822
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Michele B. Bloom
 Full Name (Last, First, Middle Initial)
 Mailing Address 4507 N Front Street
 City Harrisburg State PA Zip Code 17110
 FEC ID number of contributing federal political committee. C
 Name of Employer Emerson, Reid & Co Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 212.94

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90048
 Amount of Each Receipt this Period 30.42
 Payroll Deduction (\$30.42 Monthly)

C. Daniel J. Boaz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5565 Roberts Drive Suite 100
 City Atlanta State GA Zip Code 30338
 FEC ID number of contributing federal political committee. C
 Name of Employer HealthLife Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89289
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... 90.42
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christine M. Bogott
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 28 1/4 Rd, Suite 124
 City Grand Junction State CO Zip Code 81506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mhib Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89348
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Tonya S. Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Gateway Blvd. Suite 200
 City Richardson State TX Zip Code 75080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upshaw Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89547
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

C. James C. Bosier
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Main Street
 City Cedar Falls State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Accel Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89408
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Victoria J. Braden		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89998
Mailing Address 11555 Medlock Bridge Rd		Amount of Each Receipt this Period 250.00
City Johns Creek	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$250.00 Monthly)
Name of Employer Braden Benefit Strategies, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. William J. Brannon		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89725
Mailing Address 2 Terrace Way, Suite B		Amount of Each Receipt this Period 30.00
City Greensboro	State NC	Zip Code 27403
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Group US, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Emily Black Bremer		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89555
Mailing Address 8000 Bonhomme Ave., # 213		Amount of Each Receipt this Period 42.00
City Saint Louis	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Bremer Conley LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional).....▶	322.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Donna L. Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 Holland Office Park # 417
 City Virginia Beach State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Employee Benefit Solutio Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89591
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Sydney K. Briley
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 E. Van Buren St.
 City Broken Arrow State OK Zip Code 74011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefit Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89160
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Jennifer Brittain
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown & Brown, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89258
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eleanor M. Brockhurst
Full Name (Last, First, Middle Initial)

Mailing Address 1212 East Osborn Road, Suite 110

City Phoenix	State AZ	Zip Code 85014
-----------------	-------------	-------------------

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

Name of Employer Brockhurst & Associates, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89437

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Madeleine Brown
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1490,

City Jackson	State MS	Zip Code 39215
-----------------	-------------	-------------------

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

Name of Employer Fisher Brown Bottrell Insurance, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89128

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 8156 E South Wadworth Blvd Ste 328

City Littleton	State CO	Zip Code 80128
-------------------	-------------	-------------------

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

Name of Employer The Benefit Team, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
282.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89516

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Anthony C Buechler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1203 Colonial Circle
 City State Zip Code
 Papillion NE 68046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Buechler Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89117
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Scott T. Buie
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 South Wasatch Blvd., #150
 City State Zip Code
 Salt Lake City UT 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Buie Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P90022
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction
 (\$50.00 Monthly)

C. Jennifer Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A Street, Suite 400
 City State Zip Code
 Anchorage AK 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Wilson Agency, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P90061
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Patrick Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5653 Maxwellton Road
 City Oakland State CA Zip Code 94618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burns Employee Benefits Insurance Ser Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89312
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

B. Joseph W. Buyalos
 Full Name (Last, First, Middle Initial)
 Mailing Address 9713 Key West Ave, Suite 401
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Insurance Exchange, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89136
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction **(\$85.00 Monthly)**

C. Raymond F. Buza
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 East Lakewood Road
 City West Palm Beach State FL Zip Code 33405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palm Beach Insurance Advisory Group, Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **385.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89623
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction **(\$30.00 Monthly)**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William V. Cable
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Independence Court
 City Vestavia State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alternative Insurance Resources Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 22 / 2014
Transaction ID : 16227-P89393
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Kareim R. Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy., Ste 950
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Great Lakes Benefit Group Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 07 / 22 / 2014
Transaction ID : 16228-P89910
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. David A. Cagliola
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Liberty Ridge Drive, Suite 3
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radnor Benefits Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 07 / 22 / 2014
Transaction ID : 16227-P89176
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Loretta L. Camp
 Full Name (Last, First, Middle Initial)
 Mailing Address 10101 Reunion Place, Ste 300
 City San Antonio State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Davidson Camp Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89487
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Daryl Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W Vine Street Ste 300
 City Lexington State KY Zip Code 40507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89401
 Amount of Each Receipt this Period 15.00
 Payroll Deduction (\$15.00 Monthly)

C. Lori Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1937 Thomson Dr
 City Lynchburg State VA Zip Code 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Community Heath Plan, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89660
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Louie L. Cason
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 11229
 City Columbia State SC Zip Code 29211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cason Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89726
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Mike R. Castleberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Holly St
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSCOPE Benefits Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89721
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Russell B. Childers
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Russ Childers, CLU Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **780.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89231
 Amount of Each Receipt this Period **90.00**
 Payroll Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **260.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. H Elizabeth Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 B Mercedes Street
 City Benbrook State TX Zip Code 76126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Copeland Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89457
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Jonathan S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 6084 South 900 East, Suite 102
 City Salt Lake City State UT Zip Code 84121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fringe Benefit Analysts Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89259
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Robert S. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 7548 Preston Road
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clark Insurance Associates, PLLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89779
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Natalie Dawn Clawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 W Pinnacle Peak Rd #380
 City Phoenix State AZ Zip Code 85026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aflac Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89257
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Rita H. Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Greystone Way
 City Valdosta State GA Zip Code 31605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H&H Insurance Solutions, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89358
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Jeff Cloer
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 East Palmer Street
 City Franklin State NC Zip Code 28734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayah Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89702
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard P. Coburn			Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89254
Mailing Address 19 Minor Court			Amount of Each Receipt this Period 30.00
City San Rafael	State CA	Zip Code 94903	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer The Word and Brown	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dorothy M. Cociu			Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89506
Mailing Address P.O. Box 6677			Amount of Each Receipt this Period 85.00
City Fullerton	State CA	Zip Code 92834	Payroll Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 595.00	
Name of Employer Advanced Benefit Consulting & Insuran	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Barry S. Cohn			Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89573
Mailing Address 21515 Vanowen St Ste 200			Amount of Each Receipt this Period 30.00
City Canoga Park	State CA	Zip Code 91303	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer RGE B	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Maggie Coley

Mailing Address 29 Olde Gate Court

City Pooler State GA Zip Code 31322

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

Name of Employer Coley Benefit Services, Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16228-P89817

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 8000 Bonhomme Ave Suite 213

City Clayton State MO Zip Code 63105

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

Name of Employer Bremer Conley LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89346

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 15800 Crabbs Branch Way #350

City Rockville State MD Zip Code 20855

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16228-P90002

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 254.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 109 Professional Park Dr Ste 103

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
Lake Norman Benefits, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89239

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 6428 Wilcot Ct.

City State Zip Code
Johnston IA 50131

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

Name of Employer Occupation
Mercer Voluntary Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16228-P89854

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd., Suite 400

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
Health Alliance Administrators Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89645

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bob Copeland
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Larkspur Landing Circle, Suit
 City Larkspur State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Copeland Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89440
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Steven G. Cosby
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 South 3rd Street Ste 220
 City Warrenton State VA Zip Code 20187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cosby Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89333
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. John B. Crable
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Dearborn Cir. Ste 100
 City Mount Laurel State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Synergies Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89392
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Valerie Lynn Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 588 3 Mile Road NW Suite 101

City Grand Rapids State MI Zip Code 49544

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

Name of Employer Grotenhuis Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89813

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 5880 Live Oak Parkway, Suite 250

City Norcross State GA Zip Code 30093

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

Name of Employer HIRE Benefits, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89391

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Kelly Davis
Full Name (Last, First, Middle Initial)

Mailing Address 2965 Alt. 19 North

City Palm Harbor State FL Zip Code 34683

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

Name of Employer Alltrust Insurance Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89620

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 921-C S. McPherson Church Road

City Fayetteville State NC Zip Code 28303

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

Name of Employer Ebenconcepts Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **870.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89207

Amount of Each Receipt this Period
120.00

Payroll Deduction
 (\$120.00 Monthly)

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

Mailing Address 415 Charles Street

City Geneva State IL Zip Code 60134-

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

Name of Employer Deagle Benefit Group Inc Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : 16120

Amount of Each Receipt this Period
500.00

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

Mailing Address 5880 Live Oak Parkway Suite 230

City Norcross State GA Zip Code 30093

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **469.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89658

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **662.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Nathan Dee
 Full Name (Last, First, Middle Initial)
 Mailing Address 9900 Covington Cross Dr #210
 City Las Vegas State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Business Benefits, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89141
 Amount of Each Receipt this Period 31.00
 Payroll Deduction (\$31.00 Monthly)

B. Scott A Delisi
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Fallbrook Blvd
 City Lincoln State NE Zip Code 68521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ameritas Life Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89937
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Al DeRuyter
 Full Name (Last, First, Middle Initial)
 Mailing Address 10201 Wayzata Blvd., Ste 135
 City Hopkins State MN Zip Code 55305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeRuyter Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89962
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 91.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Russell R. Dixon
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 27

City Wheaton	State IL	Zip Code 60187
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FEC ID number of contributing federal political committee. **C**

Name of Employer Colonial Life	Occupation Broker
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89507

Amount of Each Receipt this Period
27.00

Payroll Deduction
(\$27.00 Monthly)

B. Cynthia H. Doucet
Full Name (Last, First, Middle Initial)
Mailing Address 104 Mondrian Way

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer Global Financial Resources, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16228-P89846

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Joseph F. Dowd
Full Name (Last, First, Middle Initial)
Mailing Address 10000 Midlantic Dr. #301 West

City Mt. Laurel	State NJ	Zip Code 08054
--------------------	-------------	-------------------

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

Name of Employer Kistler Tiffany Benefits Company	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89642

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	87.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Betty R. Doyle
Full Name (Last, First, Middle Initial)
Mailing Address 108 SE 3rd, Suite A
City Moore State OK Zip Code 73160
FEC ID number of contributing federal political committee. **C**
Name of Employer Doyle-Crow & Associates Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P90010
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Sam Drysdale
Full Name (Last, First, Middle Initial)
Mailing Address 4520 S National
City Springfield State MO Zip Code 65810
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89206
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

C. Keith M. Duhon
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 80158
City Lafayette State LA Zip Code 70598
FEC ID number of contributing federal political committee. **C**
Name of Employer The Family Insurance Center, Inc. Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P89785
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Tina Durand			Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89947
Mailing Address P.O.Box 61157			Amount of Each Receipt this Period 42.00
City Corpus Christi	State TX	Zip Code 78466	Payroll Deduction (\$42.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 294.00	
Name of Employer Heaven & Associates Insurance	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Eugene Ebersole			Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89132
Mailing Address 639 Loyola Ave., Suite 2560			Amount of Each Receipt this Period 85.00
City New Orleans	State LA	Zip Code 70113	Payroll Deduction (\$85.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 595.00	
Name of Employer AonHewitt	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David H. Eblen			Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89352
Mailing Address 112 South Liberty, # 221			Amount of Each Receipt this Period 30.00
City Jackson	State TN	Zip Code 38301	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer The Eblen Agency/A Division of IPSEO	Occupation Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeanne A. Embry
 Full Name (Last, First, Middle Initial)
 Mailing Address 26240 Wacker Drive
 City Chesterfield Twp. State MI Zip Code 48051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Benefit Solutions, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89229
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Michael A. Embry
 Full Name (Last, First, Middle Initial)
 Mailing Address 26240 Wacker Dr.
 City Chesterfield Twp. State MI Zip Code 48051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comerica Insurance Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1315.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89578
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction (\$170.00 Monthly)

C. Gregory Engle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 Red Mile Road
 City Lexington State KY Zip Code 40504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Insurance Marketing Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89593
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nicole Fairbairn
Full Name (Last, First, Middle Initial)

Mailing Address 8069 Little Circle Road

City Noblesville State IN Zip Code 46060

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

Name of Employer Creative Insurance Concepts Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89617

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Dominick Fanuele
Full Name (Last, First, Middle Initial)

Mailing Address 214 Little Falls Rd., 2nd Floor

City Fairfield State NJ Zip Code 07004

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

Name of Employer Fanuele Financial Group LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89598

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Cheryl S. Farmer
Full Name (Last, First, Middle Initial)

Mailing Address 13800 Jackson Road

City Mishawaka State IN Zip Code 46544

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

Name of Employer Keystone Insurers Group Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89676

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **145.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jennifer Liane Farrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 North Central Avenue 9th Flo
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Gould & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89697
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40.00 Monthly)

B. Sam Fiorentino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1931 Georgetown Rd., Suite 212
 City Hudson State OH Zip Code 44236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sam Fiorentino & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89198
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Erin B. Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 131-6 Courtland Avenue
 City Stamford State CT Zip Code 06902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Find Medicare Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89265
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	182.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Robert Mark Fitzgerald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2842 Landing Way
 City Marietta State GA Zip Code 30066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Fitzgerald Insurance Agency, I Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **399.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89618
 Amount of Each Receipt this Period **63.00**
 Payroll Deduction
 (\$63.00 Monthly)

B. Albert Fogle
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 C St., Suite 500
 City Anchorage State AK Zip Code 99503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northrim Benefits Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89670
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction
 (\$30.00 Monthly)

C. Jeffrey M. Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 515
 City Cloverdale State VA Zip Code 24077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JM Ford and Associates, LLC Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89445
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction
 (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. H. Larry Fortenberry		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89780
Mailing Address PO Box 16566		Amount of Each Receipt this Period 42.00
City Jackson	State MS	Zip Code 39236
FEC ID number of contributing federal political committee. C	Name of Employer Executive Planning Group, P.A.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) B. Wesley Foster		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89383
Mailing Address 411 Copper Circle		Amount of Each Receipt this Period 30.00
City Argyle	State TX	Zip Code 76226
FEC ID number of contributing federal political committee. C	Name of Employer BenefitMall TX	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Christopher Free		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89583
Mailing Address 1423 E. 29th St. #210		Amount of Each Receipt this Period 85.00
City Tacoma	State WA	Zip Code 98404
FEC ID number of contributing federal political committee. C	Name of Employer Rapport Benefits Group	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P90075
Mailing Address 4435 O Street		Amount of Each Receipt this Period 350.00
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer UNICO Financial Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Kelly Don Fristoe		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89912
Mailing Address 807 8th Street, Suite 300		Amount of Each Receipt this Period 30.00
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Financial Partners	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) C. Bruce Frizen		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89256
Mailing Address 8058 Corporate Center Dr. Suite 2		Amount of Each Receipt this Period 45.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$45.00 Monthly)
Name of Employer L.E. Goodgame & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Tyson Fuehrer

Mailing Address 412 Jefferson Parkway Suite 202

City Lake Oswego	State OR	Zip Code 97035
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89104

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kenneth Furr

Mailing Address 2786 Danbury Ct

City Reno	State NV	Zip Code 89523
--------------	-------------	-------------------

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

Name of Employer Menath Insurance Agency	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89135

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Joan A. Fusco

Mailing Address 25B Hanover Rd., Suite 220

City Florham Park	State NJ	Zip Code 07932
----------------------	-------------	-------------------

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

Name of Employer Savoy Associates	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89714

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joan L. Galletta		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89293
Mailing Address 3342 Kori Road		Amount of Each Receipt this Period 85.00
City Jacksonville	State FL	Zip Code 32257
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer JP Perry Insurance, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) B. Hollie Gandy		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89782
Mailing Address 2920 Duniven Circle, #2		Amount of Each Receipt this Period 30.00
City Amarillo	State TX	Zip Code 79109
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Senior Solutions Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. James S. Garbina		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89771
Mailing Address 14010 FNB Pkwy Ste 300		Amount of Each Receipt this Period 85.00
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer The Harry A. Koch Co	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joy K. Gardner		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89927
Mailing Address 9424 Double R Blvd		Amount of Each Receipt this Period 40.00
City Reno	State NV	Zip Code 89521
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Monthly)	
Name of Employer Comstock Insurance Agencies, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) B. G. Russell Garner		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89679
Mailing Address 1308 Murraywood Drive		Amount of Each Receipt this Period 30.00
City Columbia	State SC	Zip Code 29212
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Self	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) c. Charles T. Gartlan		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89416
Mailing Address 19 Tarworth Terrace		Amount of Each Receipt this Period 100.00
City Manchester	State NJ	Zip Code 08759
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Emerson, Reid & Co.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P. O. Box 8 11715 East Main Stre

City	State	Zip Code
Huntley	IL	60142

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

Name of Employer	Occupation
Benico, LTD	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89208

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

B. Michele Gasparre
Full Name (Last, First, Middle Initial)

Mailing Address 80 Business Park Drive Suite 306

City	State	Zip Code
Armonk	NY	10504

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

Name of Employer	Occupation
Meridian Benefits Consulting	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89410

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 3820 W Happy Valley Rd Ste 141, P

City	State	Zip Code
Glendale	AZ	85310

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

Name of Employer	Occupation
Capitol Insurance Brokers, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
482.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89197

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charles J. Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MetLife Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P89824
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Otis E. Gilmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 16551 Oak Park Avenue
 City Tinley Park State IL Zip Code 60477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Management Resources, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89118
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Richard R. Girdler
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Seaboard Lane, Suite C-170
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cowan Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **610.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89464
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ryan P. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Sweetbay Dr Ste 10
 City Salisbury State MD Zip Code 21804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WorkforceTactix, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89452
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. Beverly Gossage
 Full Name (Last, First, Middle Initial)
 Mailing Address 9325 Evening Star Terr
 City Eudora State KS Zip Code 66025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HSA Benefits Consulting Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **758.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89380
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Arthur Granado
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Granado Group Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P90012
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Colleen J. Gransee		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89888
Mailing Address 1277 Deming Way		Amount of Each Receipt this Period 30.00
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Dean Health Plan	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Michael D. Gray		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P90023
Mailing Address 233 South 13th Street, Suite 1650		Amount of Each Receipt this Period 85.00
City Lincoln	State NE	Zip Code 68508
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer The Harry A. Koch Co	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) C. J. J. Green		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89688
Mailing Address 1219 W. 2nd St.		Amount of Each Receipt this Period 30.00
City Grand Island	State NE	Zip Code 68801
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Primark, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Korina Kay Gregg		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89434
Mailing Address 6020 E Paseo Santa Teresa		Amount of Each Receipt this Period 30.00
City Tucson	State AZ	Zip Code 85750
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer HR Executive Benefits	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) B. Don R. Griffey		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89232
Mailing Address 56294 Prim Rose Circle		Amount of Each Receipt this Period 30.00
City Elkhart	State IN	Zip Code 46516
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Hailey-Campbell, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Patricia A. Griffey		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89142
Mailing Address 53800 Generations Drive		Amount of Each Receipt this Period 100.00
City South Bend	State IN	Zip Code 46635
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Page 1 Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4600 Jefferson Lane NE, Suite C

City Albuquerque State NM Zip Code 87109-

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

Name of Employer Grosjean Insurance Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 04 / 2014
Transaction ID : 16125

Amount of Each Receipt this Period 500.00

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

Mailing Address 7412 Karl Drive Test

City Lincoln State NE Zip Code 68516

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

Name of Employer Senior Benefit Strategies Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89894

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 4330 La Jolla Village Dr.,# 330

City San Diego State CA Zip Code 92122

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

Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89462

Amount of Each Receipt this Period 105.00

Payroll Deduction (\$105.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 655.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Antonio Gutierrez		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89466
Mailing Address 12833 Riverdance Dr.		Amount of Each Receipt this Period 30.00
City Raleigh	State NC	Zip Code 27613
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer JBA Benefits LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Teresa Gutierrez		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89212
Mailing Address 12833 River Dance Dr.		Amount of Each Receipt this Period 85.00
City Raleigh	State NC	Zip Code 27613
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer JBA Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	

Full Name (Last, First, Middle Initial) C. David R. Gwin		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89810
Mailing Address I-20 At Alpine Rd. AV-100		Amount of Each Receipt this Period 42.00
City Columbia	State SC	Zip Code 29219
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer BlueCross BlueShield of SC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dwight Hall		Date of Receipt
Mailing Address 6107 Hazelwood Ave.		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46228-
FEC ID number of contributing federal political committee.		Transaction ID : 16227-P89405
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll Deduction
D Hall & Associates	Broker/Consultant	
Receipt For:	Aggregate Year-to-Date ▼	(\$30.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher S. Harrison		Date of Receipt
Mailing Address 921-C South McPherson Church Road		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fayetteville	NC	28303
FEC ID number of contributing federal political committee.		Transaction ID : 16227-P89158
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Payroll Deduction
Ebenconcepts Company	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$500.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Larry S. Harrison		Date of Receipt
Mailing Address 205 E. Warm Spring Rd, Suite 108		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Las Vegas	NV	89119
FEC ID number of contributing federal political committee.		Transaction ID : 16227-P89345
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.42"/>
Name of Employer	Occupation	Payroll Deduction
National Healthcare Access Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$30.42 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.94"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="560.42"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Daniel R Hart

Mailing Address 4200 East Skelly Drive Suite 320

City State Zip Code
Tulsa OK 74135

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

Name of Employer Occupation
Guardian Life Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89124

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Gerald G Hartman

Mailing Address PO Box 5716

City State Zip Code
Boise ID 83705

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

Name of Employer Occupation
Insurance Network America Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89644

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Matthew F. Hatfield

Mailing Address 2207 Springfield Avenue

City State Zip Code
Fort Wayne IN 46805

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

Name of Employer Occupation
Self Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89387

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Leesa Kay Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lyndon Lane Suite 101

City Louisville	State KY	Zip Code 40222
--------------------	-------------	-------------------

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

Name of Employer Snowden & Associates, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2014

Transaction ID : 16228-P90056

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address P O Box 3198

City Little Rock	State AR	Zip Code 72203
---------------------	-------------	-------------------

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

Name of Employer Rebsamen Insurance	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2014

Transaction ID : 16227-P89330

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Hedy S. Hebert
Full Name (Last, First, Middle Initial)

Mailing Address 550 Boardwalk Blvd.

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

Name of Employer Benefit Consulting Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2014

Transaction ID : 16227-P89349

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Laura L. Hebert		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89140
Mailing Address 935 Graham Road PO BOX 18508		Amount of Each Receipt this Period 42.00
City Corpus Christi	State TX	Zip Code 78418
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Hebert Insurance Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

Full Name (Last, First, Middle Initial) B. Debbie R. Hediger		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P90044
Mailing Address 400 N Tampa St Suite 2200		Amount of Each Receipt this Period 30.00
City Tampa	State FL	Zip Code 33600
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Lykes Insurance	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Karen E. Heller		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P90029
Mailing Address 5028 Champions		Amount of Each Receipt this Period 30.00
City Lufkin	State TX	Zip Code 75901
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Friesen-Strain Insurance Associates,	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012

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

Name of Employer Business Planning Group Of OK Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P90062

Amount of Each Receipt this Period
100.00

Payroll Deduction
 (\$100.00 Monthly)

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

Mailing Address 19310 Sonoma Highway, #A

City Sonoma State CA Zip Code 95476

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

Name of Employer RealCare Insurance Marketing, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89215

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 38176 Medical Center Avenue

City Zephyrhills State FL Zip Code 33540

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

Name of Employer The Canadian Drugstore Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89443

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7305 Hancock Village Dr. #333

City State Zip Code
Chesterfield VA 23832

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

Name of Employer Occupation
Humana Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89511

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Donna D. Hill
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Premiere Parkway Suite 285

City State Zip Code
Duluth GA 30097

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

Name of Employer Occupation
E2E Benefit Services Inc Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89480

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 211 McLaws Circle, Ste2

City State Zip Code
Williamsburg VA 23185

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

Name of Employer Occupation
Hinck Financial Services Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89503

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8401 Widmer Rd

City Lenexa State KS Zip Code 66215-5416

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

Name of Employer Jim Hissong Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89747

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Angela Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1233 Lincoln Mall, #100

City Lincoln State NE Zip Code 68508

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

Name of Employer Blue Cross and Blue Shield of Nebraska Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89768

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531

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

Name of Employer Centralia General Agencies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89841

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2800 Veterans Memorial Blvd, Suit

City	State	Zip Code
Metairie	LA	70002

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

Name of Employer	Occupation
Hollis Companies	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89177

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jay Holloway

Mailing Address 3060 Alpine Rd. Mail Code AX-405

City	State	Zip Code
Columbia	SC	29223

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

Name of Employer	Occupation
BlueChoice HealthPlan	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89595

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Al Hombroek

Mailing Address 30 Lumpkin St, Suite D

City	State	Zip Code
Lawrenceville	GA	30046

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

Name of Employer	Occupation
Multiple Benefits Corporation	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89570

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kymberly J. Hopwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Water Street, 7th Floor
 City Oakland State CA Zip Code 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dealey, Renton & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89353
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Michelle S. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2850 West Grand Boulevard
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89337
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. David L Hunt
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4824
 City Jackson State MS Zip Code 39296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunt Insurance Agency Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89786
 Amount of Each Receipt this Period 35.00
 Payroll Deduction (\$35.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Karen K. Irwin
Full Name (Last, First, Middle Initial)

Mailing Address 3912 Sunforest Ct

City Toledo State OH Zip Code 43623

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

Name of Employer Self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89320

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

B. Blake Izatt
Full Name (Last, First, Middle Initial)

Mailing Address 46 West 200 South

City Bountiful State UT Zip Code 84010

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

Name of Employer RBI Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89532

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 5113 N. Executive Drive Suite 102

City Peoria State IL Zip Code 61614

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

Name of Employer Jackson Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89114

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Paul H. Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 311 Plantation Chase
City State Zip Code
Sea Island GA 31561
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Paul Jackson Ins. & Investments, Inc. Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89286
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

B. Leah-Anne Janway
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20626
City State Zip Code
Oklahoma City OK 73156
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bigbie, Hensley & Janway Insurance Ag Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16228-P89886
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

C. Deborah Jeffs
Full Name (Last, First, Middle Initial)
Mailing Address 3419 Via Lido #306
City State Zip Code
Newport Beach CA 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Progressive Benefit Managers Broker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89681
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julie A. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Faunce Corner Rd Bldg 100, Su
 City Dartmouth State MA Zip Code 02747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89567
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Cerrina Jensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2520 Venture Oaks Way #240
 City Sacramento State CA Zip Code 95833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Armstrong & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89925
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. David S. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1482 Baron Court
 City Stone Mountain State GA Zip Code 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89478
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	377.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sandra Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 12500 Network Blvd, # 403
City San Antonio State TX Zip Code 78249
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Hairston, Johnson & Associates, PLLC Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89272
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Suzanne K. Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5955 Carnegie Blvd Suite 150
City Charlotte State NC Zip Code 28209
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Employee Benefit Advisors of the Caro Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89576
Amount of Each Receipt this Period 42.00
Payroll Deduction (\$42.00 Monthly)

C. Alan L. Jones
Full Name (Last, First, Middle Initial)
Mailing Address 3420 Pump Road, #144
City Richmond State VA Zip Code 23233
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TPA Benefits, LLC Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89300
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89942
Mailing Address 2633 State Route 59, Suite B		Amount of Each Receipt this Period 31.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C	Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	Payroll Deduction (\$31.00 Monthly)

Full Name (Last, First, Middle Initial) B. T. Darlene Kaczmarek		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89919
Mailing Address P O Box 345		Amount of Each Receipt this Period 31.00
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C	Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	Payroll Deduction (\$31.00 Monthly)

Full Name (Last, First, Middle Initial) C. Kristine M. Kassel		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P90063
Mailing Address 8631 S Priest Drive #101		Amount of Each Receipt this Period 42.00
City Tempe	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. C	Name of Employer Benefits By Design, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 659.00	Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	104.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jon Katz
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Northpoint Glen Ct.

City Herndon State VA Zip Code 20170

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

Name of Employer Virginia Medical Plans Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89126

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address P.O. Drawer K-1630 507 Avenue G

City Levelland State TX Zip Code 79336

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

Name of Employer George R. Keeling Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89809

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

C. Dianne M. Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 7320 N La Cholla Blvd. Suite 154-

City Tucson State AZ Zip Code 85741

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

Name of Employer Sandbrook Benefits Group, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89986

Amount of Each Receipt this Period **50.00**

Payroll Deduction
(\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Roger J. Kelley

Mailing Address 424 Lewis Hargett Circle Ste 100

City	State	Zip Code
Lexington	KY	40503

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

Name of Employer	Occupation
Epic Insurance Solutions	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89418

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Jean Marie Kelly

Mailing Address 11 N. Starcrest Drive

City	State	Zip Code
Clearwater	FL	33765

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

Name of Employer	Occupation
BB&T Iler Wall & Shonter Insurance Se	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89269

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Dierdre Kennedy-Simington

Mailing Address 17200 Ventura Blvd., Suite 312

City	State	Zip Code
Encino	CA	91316

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

Name of Employer	Occupation
Genesis Financial & Insurance Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89539

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Randy H. Klein
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Reserve Commons Dr

City Medina State OH Zip Code 44256

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

Name of Employer Occupation
DS Benefits Group Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89145

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Lonnie Klene
Full Name (Last, First, Middle Initial)

Mailing Address 14339 Torrey Chase Blvd., Ste F

City Houston State TX Zip Code 77014

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

Name of Employer Occupation
Core Benefits Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89454

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. T. Brian Knauer
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 340718

City Tampa State FL Zip Code 33694

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

Name of Employer Occupation
Florida Insurance Brokers, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89579

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Bridgeport	State CT	Zip Code 06604
FEC ID number of contributing federal political committee. C		
Name of Employer The Ganim Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89692

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

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

City Pleasanton	State CA	Zip Code 94566
FEC ID number of contributing federal political committee. C		
Name of Employer Herzog Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Date of Receipt
07 / 22 / 2014
Transaction ID : 16228-P90039

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

City Des Moines	State IA	Zip Code 50309
FEC ID number of contributing federal political committee. C		
Name of Employer Prisma Strategies	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Date of Receipt
07 / 22 / 2014
Transaction ID : 16227-P89233

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P O Box 426 341 North 6th Street

City Seward State NE Zip Code 68434

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89139

Amount of Each Receipt this Period **35.00**

Payroll Deduction **(\$35.00 Monthly)**

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

Mailing Address 341 N. 6th Street PO Box 426

City Seward State NE Zip Code 68434

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

Name of Employer Kolterman Agency, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P90025

Amount of Each Receipt this Period **50.00**

Payroll Deduction **(\$50.00 Monthly)**

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

Mailing Address PO Box 231

City Rome State NY Zip Code 13442

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

Name of Employer Brown & Brown, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89420

Amount of Each Receipt this Period **30.42**

Payroll Deduction **(\$30.42 Monthly)**

SUBTOTAL of Receipts This Page (optional)..... **115.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2637 S. 158th Plaza #200

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

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

Name of Employer Holmes Murphy & Associates	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P90014

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 17304 Preston Road Suite 800

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89263

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Andrew M. LaRocco
Full Name (Last, First, Middle Initial)

Mailing Address 5880 Live Oak Parkway, # 230

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

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

Name of Employer The LaRocco Companies	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89340

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	167.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 800 West Fifth Avenue, Suite 106C

City Naperville	State IL	Zip Code 60563
--------------------	-------------	-------------------

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

Name of Employer Horizon Financial Partners, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89279

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$60.00 Monthly)

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

Mailing Address 989 Governors Ln Ste 350

City Lexington	State KY	Zip Code 40513
-------------------	-------------	-------------------

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

Name of Employer Benefit Advisors	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89385

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

C. Spencer A. Lehmann
Full Name (Last, First, Middle Initial)

Mailing Address 2145 E. Tahquitz Cnyn Wy. Suite 4

City Palm Springs	State CA	Zip Code 92262
----------------------	-------------	-------------------

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

Name of Employer Lehmann/Wood & Associates, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89703

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	187.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 600 TownPark Lane NW Suite LL-1000

City Kennesaw	State GA	Zip Code 30144
------------------	-------------	-------------------

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

Name of Employer Alliant Health Plans, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89307

Amount of Each Receipt this Period
 50.00

Payroll Deduction
 (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Lyle D. Leleux

Mailing Address PO Box 107 108 E. Texas Ave.

City Rayne	State LA	Zip Code 70578
---------------	-------------	-------------------

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

Name of Employer Health Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89639

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 435 Washington Street PO Box 50

City Hackettstown	State NJ	Zip Code 07840
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89484

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Lindsay		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89535
Mailing Address 220 Emerson Place		Amount of Each Receipt this Period 85.00
City Davenport	State IA	Zip Code 52801
FEC ID number of contributing federal political committee. C	Name of Employer Gallagher Benefit Services, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Betty J. Lindstrom		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89209
Mailing Address PO Box 4026		Amount of Each Receipt this Period 30.00
City Felton	State CA	Zip Code 95018
FEC ID number of contributing federal political committee. C	Name of Employer Lindstrom Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Juan R. Lopez		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89169
Mailing Address 1851 E. First, #1100		Amount of Each Receipt this Period 85.00
City Santa Ana	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C	Name of Employer Kaiser Permanente	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 214 West Main Street Suite 203

City	State	Zip Code
Moorestown	NJ	08057

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

Name of Employer	Occupation
Lubenow Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89606

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 301 Madison Avenue, 4th Floor

City	State	Zip Code
New York	NY	10017

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

Name of Employer	Occupation
The Medical Link, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89682

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

C. Victoria A. Major-Bell
Full Name (Last, First, Middle Initial)

Mailing Address 3602 Harwich Ct

City	State	Zip Code
Greenacres	FL	33467

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

Name of Employer	Occupation
VMB Solutions	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89805

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	322.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Benji Marrs		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16227-P89357
Mailing Address 1151 Red Mile Rd		Amount of Each Receipt this Period 85.00
City Lexington State KY Zip Code 40504	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Benefit Insurance Marketing Occupation Broker	Aggregate Year-to-Date 595.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kimberly C. Martin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16228-P89999
Mailing Address 1027 S Pendleton Street Suite B-2		Amount of Each Receipt this Period 40.00
City Easley State SC Zip Code 29642	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$40.00 Monthly)
Name of Employer Ebenconcepts Occupation Broker	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phyllis Martinsen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16227-P89282
Mailing Address 1108 West Boise Avenue, Suite 100		Amount of Each Receipt this Period 30.00
City Boise State ID Zip Code 83706	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Byron Hyatt Erstad & Co Occupation Broker	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald L. Mathern		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89194
Mailing Address 7650 Cherrywood Drive		Amount of Each Receipt this Period 30.00
City Boise	State ID	Zip Code 83704
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Insurance Specialists	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Carol Matznick		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89906
Mailing Address PO Box 38905		Amount of Each Receipt this Period 30.00
City Greensboro	State NC	Zip Code 27438
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer North Carolina AHU	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Michael E. Matznick		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89475
Mailing Address 3300 Battleground Ave., #320		Amount of Each Receipt this Period 100.00
City Greensboro	State NC	Zip Code 27410
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100.00 Monthly)
Name of Employer EbenConcepts Company	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barbara A. McClaskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barbara McClaskey Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89498
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction (\$30.00 Monthly)

B. John R. McConnaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805
 City West Chester State OH Zip Code 45071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JRM & Associates Agency, Inc Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89675
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

C. Randy L. McDaniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 Chambers Road
 City McDonough State GA Zip Code 30253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P90067
 Amount of Each Receipt this Period **42.00**
 Payroll Deduction (\$42.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. H. Luke McDermott		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89325
Mailing Address 883 West Baxter Drive		Amount of Each Receipt this Period 350.00
City South Jordan	State UT	Zip Code 84095
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Monthly)
Name of Employer McDermott Company & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Heather Lee McDougall		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89944
Mailing Address 2852 S. Carriage Lane		Amount of Each Receipt this Period 30.00
City Mesa	State AZ	Zip Code 85202
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Affiliated Insurance Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Leslie E. McGerr		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P899414
Mailing Address 6510 Mesaverde Dr		Amount of Each Receipt this Period 30.00
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Les McGerr & Company	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Susan Marie McGinnis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 East 101st, Suite H
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BenEx Insurance Agency Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89953
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction
 (\$30.00 Monthly)

B. Matthew J. McGrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Maryville Center Drive Suite
 City State Zip Code
 Saint Louis MO 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CBIZ Benefits & Insurance Services, I Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89103
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

C. Kenneth McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Elm Street, Suite 301
 City State Zip Code
 Manchester NH 03101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Granite Group Benefits, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89382
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Andrea McLoy
Full Name (Last, First, Middle Initial)

Mailing Address 5300 Orange Ave., Ste 208

City Cypress State CA Zip Code 90630

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

Name of Employer Robbins Financial & Insurance Service Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89574

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 312 E. Main Street

City Salisbury State MD Zip Code 21802

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89379

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

C. Griffin L. Meredith
Full Name (Last, First, Middle Initial)

Mailing Address 550 South 5th Street, Unit 303

City Louisville State KY Zip Code 40202-

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

Name of Employer The Benefits Firm Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89092

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **255.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patricia Mihalyi-Stiffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N. Riverview Drive
 City Anaheim Hills State CA Zip Code 92808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Options in Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89940
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction
 (\$42.00 Monthly)

B. Jeffrey R. Miles
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Valley Brook Rd.
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Miles Organization, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89677
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Dennis F. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Drive Suite D
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mobley Insurance Agency, LLC Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P90052
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction
 (\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sandra V. Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Executive Dr. Suite D
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mobley Insurance Agency LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89816
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. Julia T. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 9208 Clinton Anderson Drive NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J. Moore Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89615
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Wesley P. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 604
 City Darlington State SC Zip Code 29540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Insurance Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90016
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 122.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David Mordo
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 River Road
 City Fair Haven State NJ Zip Code 07704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walsh Benefits Occupation Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89308
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Todd Morrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Brittmore
 City Houston State TX Zip Code 77043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Concepts, Inc. Occupation Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89626
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Jennifer B. Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 14th St N Ste 450
 City Arlington State VA Zip Code 22201-2573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : 16176
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	437.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 404 North Second Avenue, Suite E

City Upland	State CA	Zip Code 91786
----------------	-------------	-------------------

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

Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89622

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Rita A. Musser

Mailing Address 3330 Thames Drive

City Fort Wayne	State IN	Zip Code 46815
--------------------	-------------	-------------------

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

Name of Employer Senior Insurance Solutions	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89911

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Amy D. Mutter

Mailing Address 15 South Jefferson Street

City Roanoke	State VA	Zip Code 24011
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89458

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joshua D. Nace
Full Name (Last, First, Middle Initial)

Mailing Address 936 North 34th Street, Suite 208

City Seattle	State WA	Zip Code 98103
-----------------	-------------	-------------------

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

Name of Employer Dental Health Services	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2014

Transaction ID : 16228-P90001

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Ryan Neace
Full Name (Last, First, Middle Initial)

Mailing Address 555 W Shaw Ave Ste C-1

City Fresno	State CA	Zip Code 93704
----------------	-------------	-------------------

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

Name of Employer Administrative Solutions, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2014

Transaction ID : 16228-P89788

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 32110 Agoura Rd

City Westlake Village	State CA	Zip Code 91361-
--------------------------	-------------	--------------------

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

Name of Employer Warner Pacific Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2014

Transaction ID : 16132

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	5060.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Penny E. Nikel
Full Name (Last, First, Middle Initial)
Mailing Address 917 S Main St., Ste 200
City Longmont State CO Zip Code 80501
FEC ID number of contributing federal political committee. **C**
Name of Employer: Nikel Insurance Associates LLC Occupation: Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt: 07 / 22 / 2014
Transaction ID : 16228-P89891
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

B. B. Ronnell Ronnell Nolan
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 65128
City Baton Rouge State LA Zip Code 70896
FEC ID number of contributing federal political committee. **C**
Name of Employer: The Nolan Group Occupation: President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **294.00**

Date of Receipt: 07 / 22 / 2014
Transaction ID : 16228-P89755
Amount of Each Receipt this Period: 42.00
Payroll Deduction: (\$42.00 Monthly)

C. Michael A. Norris
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 999 295 E Palmer Street
City Franklin State NC Zip Code 28744
FEC ID number of contributing federal political committee. **C**
Name of Employer: Wayah Employee Benefits / EbenConcept Occupation: Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt: 07 / 22 / 2014
Transaction ID : 16228-P89800
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Pamela Nygaard

Mailing Address 1014 4th St W

City Kirkland State WA Zip Code 98033-5337

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

Name of Employer Spectera Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P89754

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Angela Oakes

Mailing Address 1323 Highway 2, Ste. 300

City Sandpoint State ID Zip Code 83864

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

Name of Employer Summit Insurance Resource Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P90007

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address P. O. Box 21479

City Keizer State OR Zip Code 97307

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

Name of Employer Olson Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P89951

Amount of Each Receipt this Period
50.00

Payroll Deduction
 (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ► **110.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 32110 Agoura Road

City Westlake Village State CA Zip Code 91361

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

Name of Employer Warner Pacific Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89707

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 47 Laurel Hill Drive

City Niantic State CT Zip Code 06357

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

Name of Employer Parker Agency Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P90036

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$100.00 Monthly)

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

Mailing Address 1112 Maple Street

City West Des Moines State IA Zip Code 50265

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

Name of Employer Associations Marketing Group, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89226

Amount of Each Receipt this Period **350.00**

Payroll Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **480.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jennifer L. Pender
Full Name (Last, First, Middle Initial)

Mailing Address 1635 Mt. McKinley Drive

City Grayson State GA Zip Code 30017

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

Name of Employer Pender & Associates Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89815

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **745.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89377

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

C. Paul Pendorf
Full Name (Last, First, Middle Initial)

Mailing Address 31666 W. Nine Dr.

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Self Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89342

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Kenneth G. Penn		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89096
Mailing Address 218 North St		Amount of Each Receipt this Period 30.00
City Portsmouth	State VA	Zip Code 23704-2602
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer ChamberSolutions	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Juna M. Penney		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89395
Mailing Address 2091 Shepherdia Drive		Amount of Each Receipt this Period 85.00
City Anchorage	State AK	Zip Code 99508
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Providence Health & Services Alaska	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Carol C. Pennington		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89525
Mailing Address 4640 Woodbridge Drive		Amount of Each Receipt this Period 30.00
City Kernersville	State NC	Zip Code 27284
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Pennington Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William H. Pennington
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Woodbridge Drive
 City Kenersville State NC Zip Code 27284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennington Associates Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89474
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40.00 Monthly)

B. Les Perlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Crossways Park Dr
 City Woodbury State NY Zip Code 11797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CB Planning Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89322
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Paige W. Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90026
 Amount of Each Receipt this Period 98.50
 Payroll Deduction (\$98.50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	168.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Randall Pifer
Full Name (Last, First, Middle Initial)

Mailing Address 940 Colorado Avenue

City Grand Junction State CO Zip Code 81501-

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

Name of Employer Active Insurance Solutions Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 01 / 2014
Transaction ID : 16122

Amount of Each Receipt this Period 365.00

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

Mailing Address P O Box 24133

City Omaha State NE Zip Code 68124

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

Name of Employer Creative Association Management Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89319

Amount of Each Receipt this Period 35.00

Payroll Deduction (\$35.00 Monthly)

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

Mailing Address 32418 51st Avenue, SW

City Federal Way State WA Zip Code 98023

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

Name of Employer Insure NW Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89904

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6101 Executive Boulevard, Suite 1

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation
Insurance Marketing Center, Inc. Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89536

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Naama Pozniak

Mailing Address 12500 Riverside Drive, #206

City State Zip Code
Valley Village CA 91607-

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

Name of Employer Occupation
A + Insurance Service Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2014
Transaction ID : 16123

Amount of Each Receipt this Period
365.00

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

Mailing Address P. O. Box 139

City State Zip Code
Nashville TN 37202

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16228-P89985

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	480.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 770 E Warm Springs Rd. Ste 340

City	State	Zip Code
Las Vegas	NV	89119

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

Name of Employer	Occupation
Humana	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89268

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 515 West Southwest Loop 323

City	State	Zip Code
Tyler	TX	75701-

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

Name of Employer	Occupation
Threlkeld & Company Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2014

Transaction ID : 16173

Amount of Each Receipt this Period
250.00

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

Mailing Address 515 West Southwest Loop 323

City	State	Zip Code
Tyler	TX	75701

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

Name of Employer	Occupation
Threlkeld & Company Insurance	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
845.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89843

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	377.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2108 West Laburnum Avenue, Suite

City	State	Zip Code
Richmond	VA	23227

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

Name of Employer	Occupation
BB&T Benefit Consultants of Virginia,	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89479

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

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

Mailing Address 971 North Perry Street P.O. Box 2

City	State	Zip Code
Ottawa	OH	45875

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

Name of Employer	Occupation
Fawcett, Lammon, Recker & Associates	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89870

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Joni Robin Reents
Full Name (Last, First, Middle Initial)

Mailing Address 5760 W. 120th Avenue Suite 260

City	State	Zip Code
Broomfield	CO	80020

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

Name of Employer	Occupation
Reents Insurance Agency	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89359

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barbara V. Rennard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 Aloma Avenue, #116
 City Winter Park State FL Zip Code 32792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colonial Life Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89435
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. R Dane Rianhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 E. Pratt St., Unit 902
 City Baltimore State MD Zip Code 21202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriBridg Partners, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89121
 Amount of Each Receipt this Period 110.00
 Payroll Deduction (\$110.00 Monthly)

C. Lori R. Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 South Main Street Suite 208
 City Boerne State TX Zip Code 78006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wells Fargo Insurance Services USA, I Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89690
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	182.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Russell Lee Rice
Full Name (Last, First, Middle Initial)
Mailing Address 8000 IH-10 West, # 715
City San Antonio State TX Zip Code 78230
FEC ID number of contributing federal political committee. **C**
Name of Employer AVESIS, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89199
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Tammy M. Riddle
Full Name (Last, First, Middle Initial)
Mailing Address 3718 W. Lancer Rd.
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Pearl Benefits Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89988
Amount of Each Receipt this Period 10.00
Payroll Deduction (\$10.00 Monthly)

C. Susan M. Rider
Full Name (Last, First, Middle Initial)
Mailing Address 1402 N Capital #400
City Indianapolis State IN Zip Code 46202
FEC ID number of contributing federal political committee. **C**
Name of Employer Gregory & Appel Insurance Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90073
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert L. Rifkin
Full Name (Last, First, Middle Initial)

Mailing Address 7 Stonewall Lane

City Mamaroneck State NY Zip Code 10543

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

Name of Employer Insurance & Financial Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89716

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

B. Debra L. Righter
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Juan Tabo Blvd, NE, Suite B

City Albuquerque State NM Zip Code 87112

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

Name of Employer Righter Insurance, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90066

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

C. Mark Riley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1635

City Irmo State SC Zip Code 29063

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

Name of Employer American Benefit Services, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89157

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Elizabeth E. Rios-Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 North Campbell
 City El Paso State TX Zip Code 79901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89825
 Amount of Each Receipt this Period 50.00
 Payroll Deduction (\$50.00 Monthly)

B. John F. Rippinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 East Woodfield Rd. #110 E
 City Schaumburg State IL Zip Code 60173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rippinger Financial Group, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89954
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Michael A. Rivera
 Full Name (Last, First, Middle Initial)
 Mailing Address 12200 Northwest Frwy, Suite 662
 City Houston State TX Zip Code 77092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest General Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89219
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph K. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S. 82nd St., #B
 City Lincoln State NE Zip Code 68516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Financial Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89974
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Judith L. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CFG Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90077
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. William D. Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 739 East Jackson Street
 City Martinsville State IN Zip Code 46151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NewDay! Marketing Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89481
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1775 E Palm Canyon Dr, Ste 110 -

City Palm Springs	State CA	Zip Code 92264
----------------------	-------------	-------------------

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

Name of Employer Palm Canyon Insurance Agency	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89901

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 10446 NW 31st Terrace

City Miami	State FL	Zip Code 33172
---------------	-------------	-------------------

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

Name of Employer HR Benefit Services, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89339

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

c. Charla S. Rose
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1299

City Amarillo	State TX	Zip Code 79105
------------------	-------------	-------------------

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

Name of Employer Upshaw Insurance Agency	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89499

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 14432 SE Eastgate Way Ste 400

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

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

Name of Employer The Partners Group	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89627

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

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

Mailing Address 230 Lipan Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89173

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Eugene L. Rowe

Mailing Address 16000 Ventura Blvd

City Encino	State CA	Zip Code 91436
----------------	-------------	-------------------

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

Name of Employer R & R Retirement and Insurance Servic	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89867

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Peter L. Rowe		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89515
Mailing Address PO. Box 22212		Amount of Each Receipt this Period 100.00
City Phoenix	State AZ	Zip Code 85028
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)	
Name of Employer Sunwest Benefits Consulting, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) B. Donna M. Rudner		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89542
Mailing Address 4665 Ivygate Circle		Amount of Each Receipt this Period 30.00
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer Employer Relief, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Jean Russell		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89244
Mailing Address 15 New England Executive Park		Amount of Each Receipt this Period 30.00
City Burlington	State MA	Zip Code 01803
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)	
Name of Employer BenefitsMart LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Raymer M. Sale		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89483
Mailing Address 2905 Premiere Parkway Suite 285		Amount of Each Receipt this Period 170.00
City Duluth	State GA	Zip Code 30097-
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer E2E Benefits Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00	

Full Name (Last, First, Middle Initial) B. Gregory J. Schell		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89467
Mailing Address 1601 Alliant Avenue		Amount of Each Receipt this Period 85.00
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Garrett-Stotz Company	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) C. Al C. Schiebel		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89134
Mailing Address 200 Sandy Springs Pl., # 300A		Amount of Each Receipt this Period 45.00
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$45.00 Monthly)	
Name of Employer Schiebel & Associates, LLC dba Shopbe	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Hunters Hollow Court
 City Eureka State MO Zip Code 63025-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sonus Benefits by MSMF Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2014
Transaction ID : 16220
 Amount of Each Receipt this Period
 150.00

B. Kenneth Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Hunters Hollow Court
 City Eureka State MO Zip Code 63025-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sonus Benefits by MSMF Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 16241
 Amount of Each Receipt this Period
 75.00

C. Kenneth Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Hunters Hollow Court
 City Eureka State MO Zip Code 63025-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sonus Benefits by MSMF Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 16242
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John E Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Sidco Drive, Suite 200
 City Nashville State TN Zip Code 37204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colonial Life Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89983
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Paul Joseph Scholz
 Full Name (Last, First, Middle Initial)
 Mailing Address 17445 Arbor St Suite 310
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OCI Insurance and Financial Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89586
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Patricia A. Schrade
 Full Name (Last, First, Middle Initial)
 Mailing Address 3950 Chain Bridge Road Suite 8
 City Fairfax State VA Zip Code 22030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Kamen Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89166
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Alan R. Schulman
Full Name (Last, First, Middle Initial)

Mailing Address 7361 Calhoun Place, Ste 550

City Derwood State MD Zip Code 20855

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

Name of Employer Insurance Benefits & Advisors Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89664

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville State KY Zip Code 40220

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

Name of Employer Schwartz Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89459

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Nicole Scott
Full Name (Last, First, Middle Initial)

Mailing Address 6200 Northwest Pkwy

City San Antonio State TX Zip Code 78249

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

Name of Employer United Healthcare Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89324

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ronald E. Seibel		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89545
Mailing Address P. O. Box 317		Amount of Each Receipt this Period 30.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Advanced Benefits Solutions	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Gregory J. Seifert		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89397
Mailing Address PO Box 189 916 Main Street		Amount of Each Receipt this Period 170.00
City Vancouver	State WA	Zip Code 98666
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer Biggs Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.00	

Full Name (Last, First, Middle Initial) C. Steven Selinsky		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89610
Mailing Address 28638 Oak Point Drive		Amount of Each Receipt this Period 42.00
City Farmington Hills	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Self	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 469.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Bruce J. Setlik		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89762
Mailing Address 17808 Harney St		Amount of Each Receipt this Period 30.00
City Omaha	State NE	Zip Code 68118-3500
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer American Community Mutual, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Daniel Severo		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89571
Mailing Address 231 Chestnut St. #410		Amount of Each Receipt this Period 30.00
City Meadville	State PA	Zip Code 16335
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer The DJB Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Annette Shaffer		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89964
Mailing Address 418 South Main Street		Amount of Each Receipt this Period 30.00
City Findlay	State OH	Zip Code 45840
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Group Benefit Consultants	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Douglas W Sheffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 International Way
 City Springfield State OR Zip Code 97477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PacificSource Health Plans Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89313
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. David M. Sherrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Centerpointe Circle, Suite 16
 City Altamonte Springs State FL Zip Code 32701-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2014
Transaction ID : 16175
 Amount of Each Receipt this Period 100.00

C. David M. Sherrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Centerpointe Circle, Suite 16
 City Altamonte Springs State FL Zip Code 32701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89667
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5800 Granite Parkway Suite 700

City Plano	State TX	Zip Code 75024
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FEC ID number of contributing federal political committee. **C**

Name of Employer United Healthcare Group	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89469

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Sean G. Shoemake
Full Name (Last, First, Middle Initial)

Mailing Address 169A Lameuse St

City Biloxi	State MS	Zip Code 39530
----------------	-------------	-------------------

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

Name of Employer Employee Benefit Specialists, P.A.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89213

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Thomas E. Shores
Full Name (Last, First, Middle Initial)

Mailing Address 8596 W Bolsa Ct.

City Boise	State ID	Zip Code 83709
---------------	-------------	-------------------

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

Name of Employer T.A. Shores Inc.	Occupation Broker
--------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16227-P89497

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Thomas Siino		Date of Receipt
Mailing Address 1126 Clifton Avenue		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Clifton	State NJ	Zip Code 07013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16227-P89305
Name of Employer Executive Benefits Group, LLC		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation Broker		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Michael John Simmang		Date of Receipt
Mailing Address 143 E Austin St		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Giddings	State TX	Zip Code 78942
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16227-P89354
Name of Employer Insurance Network of Texas		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation Broker		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Roger W. Skinner		Date of Receipt
Mailing Address 5518 Hammock Glen Drive		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Indianapolis	State IN	Zip Code 46235
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 16228-P89791
Name of Employer Specialized Benefit Plans		Amount of Each Receipt this Period <input type="text" value="30.50"/>
Occupation Broker		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="213.50"/>	(\$30.50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Erika Sklar		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89368
Mailing Address 1415 Walton Blvd		Amount of Each Receipt this Period 10.00
City Rochester Hills	State MI	Zip Code 48309
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$10.00 Monthly)
Name of Employer Tim Crawford Insurance Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. David C. Smith		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16228-P89876
Mailing Address 1012 Alemany Street		Amount of Each Receipt this Period 85.00
City Morrisville	State NC	Zip Code 27560
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Ebenconcepts Company	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) C. Frank J Smith		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89129
Mailing Address P. O. Box 1559		Amount of Each Receipt this Period 85.00
City Wheaton	State IL	Zip Code 60189
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Business Insurance Underwriters, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kevin W. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 6000 Lake Forrest Drive Suite 107

City Sandy Springs	State GA	Zip Code 30328
-----------------------	-------------	-------------------

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

Name of Employer KSA Insurance Agency	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89297

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Paul E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 100 Queen Street

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer Paul E Smith Insurance, LLC	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89251

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$125.00 Monthly)

C. Thomas E. Snell
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 818 310 N. Horner Blvd.

City Sanford	State NC	Zip Code 27331
-----------------	-------------	-------------------

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

Name of Employer Digital Benefit Advisors	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89155

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 812 Lyndon Lane, Suite 101

City Louisville State KY Zip Code 40222

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

Name of Employer Snowden & Associates, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89360

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

B. Tamela L. Southan
Full Name (Last, First, Middle Initial)

Mailing Address 101 W. Renner Rd., Ste 160

City Richardson State TX Zip Code 75082

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

Name of Employer Benefit Solutions By Design Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89389

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

C. James Randall Southard
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 487

City Stokesdale State NC Zip Code 27357

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

Name of Employer Self Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89463

Amount of Each Receipt this Period 65.00

Payroll Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 137.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William Craig Splawn		Date of Receipt
Mailing Address 800 Avenue C		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Katy	TX	77493
FEC ID number of contributing federal political committee.		Transaction ID : 16227-P89614
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
Splawn & Associates	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Spleet		Date of Receipt
Mailing Address 2444 East Hill Rd.		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Grand Blanc	MI	48439
FEC ID number of contributing federal political committee.		Transaction ID : 16228-P89959
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction
Franklin Benefit Solutions	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$42.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="222.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jackie L. Spragins		Date of Receipt
Mailing Address 1300 10th St		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wichita Falls	TX	76301
FEC ID number of contributing federal political committee.		Transaction ID : 16228-P89934
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
Higginbotham Ins Agency, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="142.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89649
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

B. Zachary Stafford
Full Name (Last, First, Middle Initial)
Mailing Address 6421 Perkins Rd Bldg A # 2B
City Baton Rouge State LA Zip Code 70808-6200
FEC ID number of contributing federal political committee. **C**
Name of Employer Besselman & Little Agency, LLC Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89100
Amount of Each Receipt this Period **30.00**
Payroll Deduction (\$30.00 Monthly)

C. Delvin L. Stahl
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 388 807 S. Maltby Ave.
City Sutton State NE Zip Code 68979
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Plus, Inc. Occupation Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P89820
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **102.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eugene Starks
Full Name (Last, First, Middle Initial)
Mailing Address 613 Crescent Circle Suite 201

City Ridgeland	State MS	Zip Code 39157
-------------------	-------------	-------------------

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

Name of Employer Benefit Administration Services, Ltd.	Occupation Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89775

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

B. Peter F. Stehr
Full Name (Last, First, Middle Initial)
Mailing Address 13636 Seward Street

City Omaha	State NE	Zip Code 68154
---------------	-------------	-------------------

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

Name of Employer Peter Stehr Insurance Services, Inc.	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89874

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. James R. Stenger
Full Name (Last, First, Middle Initial)
Mailing Address 8926 Crown Colony Boulevard

City Fort Myers	State FL	Zip Code 33908
--------------------	-------------	-------------------

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

Name of Employer MVS Consulting	Occupation Broker
------------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 16228-P89890

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	▶	370.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers State FL Zip Code 33908

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

Name of Employer MVS Consulting Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89807

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

B. James R. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 100 Mansell Ct East Suite 400

City Roswell State GA Zip Code 30076

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89848

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

C. Tiffany Stock
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89540

Amount of Each Receipt this Period **30.00**

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **145.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Marcie Strouse

Mailing Address 1501 Ingersoll Ave Ste 200

City Des Moines State IA Zip Code 50309

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

Name of Employer Prisma Strategies Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89941

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 600 East Carmel Drive Suite 110

City Carmel State IN Zip Code 46032

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

Name of Employer Strategic Insurance Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16228-P89948

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Ashley Sullivan

Mailing Address PO Box 99565

City Louisville State KY Zip Code 40299

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

Name of Employer Van Zandt Emrich and Cary Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : 16227-P89486

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James F. Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Market Sales, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P89827
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction
 (\$125.00 Monthly)

B. William L. Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O Box 795008 131 Interpark Blvd.
 City San Antonio State TX Zip Code 78279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wortham Insurance & Risk Management Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89634
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction
 (\$100.00 Monthly)

C. Tom Swayne
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 31029
 City Charleston State SC Zip Code 29417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David M. Gilston Insurance Agency, In Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89509
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction
 (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ryan R. Swinton		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89575
Mailing Address 7101 S. 82 St.		Amount of Each Receipt this Period 85.00
City Lincoln	State NE	Zip Code 68516
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Midlands Financial Benefits	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) B. Marsha Tellesbo-Kembel		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89404
Mailing Address 1001 4th Avenue, Suite 3200		Amount of Each Receipt this Period 85.00
City Seattle	State WA	Zip Code 98154
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Tellesbo & Company	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) C. Harry P. Thal		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89729
Mailing Address PO Box 2137		Amount of Each Receipt this Period 85.00
City Kernville	State CA	Zip Code 93238
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Harry P. Thal Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffery C. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Reynolds Road
 City Jackson State MI Zip Code 49201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Small Business Association of Michigan Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89828
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Marc Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Center Street, Suite 1410
 City Little Rock State AR Zip Code 72201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stephens Insurance Services Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89153
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Ryan P. Thorn
 Full Name (Last, First, Middle Initial)
 Mailing Address 10342 South Springcrest Lane
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89972
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 112.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert J. Tierney		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89277
Mailing Address 2113 West Parkstone Ct		Amount of Each Receipt this Period 30.00
City Meridian	State ID	Zip Code 83646
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Tierney Consulting, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Helen M. Todd		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89292
Mailing Address PO Box 56166		Amount of Each Receipt this Period 30.00
City Little Rock	State AR	Zip Code 72215
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer The Todd Agency, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Margaret S. Tolbert		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : 16227-P89302
Mailing Address 6501 Peake Rd Bld 950		Amount of Each Receipt this Period 30.00
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)
Name of Employer Tolbert & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Daniel R. Tompkins
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1209

City Alpharetta State GA Zip Code 30009

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

Name of Employer Admin America Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89701

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

B. Karla Torres
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 61010

City Santa Barbara State CA Zip Code 93160

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

Name of Employer Brown & Brown, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16227-P89629

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Jennifer L. Toups
Full Name (Last, First, Middle Initial)
Mailing Address #1 Galleria Blvd, Suite 1122

City Metairie State LA Zip Code 70001-

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014
Transaction ID : 16228-P89778

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Janet Trautwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 New York Ave. NW, Ste 1100
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P90051
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Catherine Van Zant
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Euper Lane P.O. Box 3529
 City Fort Smith State AR Zip Code 72913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown-Hiller-Clark & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89975
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Wendy Vanderwater Bratteli
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 West Southwest Loop 323
 City Tyler State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Threlkeld & Company Insurance Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89470
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Denise R. VanPutten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4808 Broadmoor SE
 City Grand Rapids State MI Zip Code 49512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lighthouse Insurance Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89175
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Michael Venditto
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 New Road, #D
 City Linwood State NJ Zip Code 08221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hafetz & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89388
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Denise S. Villagran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 Santa Fe, #205
 City Corpus Christi State TX Zip Code 78404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Entrust, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89190
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rand R. Wall
Full Name (Last, First, Middle Initial)

Mailing Address 12603 Southwest Freeway, Suite 620

City Stafford State TX Zip Code 77477

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

Name of Employer Lone Star Health Plans, Ltd. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P89850

Amount of Each Receipt this Period
100.00

Payroll Deduction
 (\$100.00 Monthly)

B. Doris Waller
Full Name (Last, First, Middle Initial)

Mailing Address 1778 N. Plano Rd. Suite 310

City Richardson State TX Zip Code 75081

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

Name of Employer Pan-American Benefits Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P89821

Amount of Each Receipt this Period
42.00

Payroll Deduction
 (\$42.00 Monthly)

C. Timothy P. Walsh
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 417

City Hampstead State NC Zip Code 28443

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

Name of Employer Advanced Insurance Systems Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P89955

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jessica F Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Doyle Rd
 City Wayne State PA Zip Code 19087-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation VP, Policy and State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89757
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Michael Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 E. Camelback Road #569
 City Phoenix State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerging Benefits Consultants, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89632
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Stephen C. Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 16180 Hwy 7
 City Mtka State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warner & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89722
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John L. Warwick
Full Name (Last, First, Middle Initial)
Mailing Address 1907 B Mangrove Ave.
City Chico State CA Zip Code 95927
FEC ID number of contributing federal political committee. **C**
Name of Employer John Warwick Insurance Services Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1510.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89221
Amount of Each Receipt this Period **85.00**
Payroll Deduction **(\$85.00 Monthly)**

B. Robert Watkins
Full Name (Last, First, Middle Initial)
Mailing Address 4205 Hillsboro Road, # 120
City Nashville State TN Zip Code 37215
FEC ID number of contributing federal political committee. **C**
Name of Employer Pancoast Benefits Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16227-P89384
Amount of Each Receipt this Period **30.00**
Payroll Deduction **(\$30.00 Monthly)**

C. Dan Webb
Full Name (Last, First, Middle Initial)
Mailing Address 5251 Office Park Drive Suite 350
City Bakersfield State CA Zip Code 93309
FEC ID number of contributing federal political committee. **C**
Name of Employer The Webb Insurance Group Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1190.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : 16228-P89881
Amount of Each Receipt this Period **170.00**
Payroll Deduction **(\$170.00 Monthly)**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joshua Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 3111 C St., Suite 500

City Anchorage State AK Zip Code 99503

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

Name of Employer Northrim Benefits Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89341

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

B. Lynn Charles Wentworth
Full Name (Last, First, Middle Initial)

Mailing Address 137 Executive Drive Suite E

City Madison State MS Zip Code 39110

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

Name of Employer AFLAC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89668

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

C. Charles L. Westmoreland
Full Name (Last, First, Middle Initial)

Mailing Address 532 Cloifview Drive

City Brandon State MS Zip Code 39047

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

Name of Employer Allstate Benefits Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89794

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 408 N. Washington Street Suite A

City Easton State MD Zip Code 21601

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

Name of Employer Avery Hall Benefit Solutions, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16227-P89192

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 6724 S 29th W Place

City Tulsa State OK Zip Code 74137

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

Name of Employer Plan Benefit Analysts of Tulsa, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89976

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

C. Jimmie Whitmire
Full Name (Last, First, Middle Initial)

Mailing Address 503 Eighth Street

City Wichita Falls State TX Zip Code 76301

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

Name of Employer Whitmire & Whitmire, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : 16228-P89970

Amount of Each Receipt this Period **42.00**

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David V. Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 River Vista Place
 City Twin Falls State ID Zip Code 83301-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magic Valley Insurance, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89430
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Hearst Castle Way
 City Plano State TX Zip Code 75025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SeeChange Health Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89455
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. George Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 4109 Woodway Dr.
 City Monroe State LA Zip Code 71201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Financial Planning Resources Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16228-P89770
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1551 E. Cypress Ave., Ste. D

City Redding	State CA	Zip Code 96002
-----------------	-------------	-------------------

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

Name of Employer Leslie A. Williams Insurance Services	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16228-P90028

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

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

Mailing Address 10040 Regency Circle Ste. 345

City Omaha	State NE	Zip Code 68114
---------------	-------------	-------------------

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

Name of Employer Williams-Deras & Associates, Inc	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16227-P89543

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Lon G. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

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

Name of Employer The Wilson Agency, LLC	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2014

Transaction ID : 16228-P89982

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paula L. Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 31930 Daniel Way

City Temecula State CA Zip Code 92591

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

Name of Employer Paula Wilson, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P90037

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 701 Lamar

City Wichita Falls State TX Zip Code 76301

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

Name of Employer Boley Featherston Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **645.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16227-P89735

Amount of Each Receipt this Period
55.00

Payroll Deduction
 (\$55.00 Monthly)

C. Tammy Winn
Full Name (Last, First, Middle Initial)

Mailing Address 9811 S IH 35, Building 1 Suite 100

City Austin State TX Zip Code 78744

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

Name of Employer SWBC Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 16228-P89914

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dennis C. Woehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 Drexel Dr.
 City Evansville State IN Zip Code 47712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89390
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Rosanne Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 17236
 City Tucson State AZ Zip Code 85731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wolfe Insurance & Consultants, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89518
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. DianaLou Wolff
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Maiden Lane 2nd Floor
 City Kingston State NY Zip Code 12401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Counseling Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89223
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William W. Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Waverly Place
 City San Francisco State CA Zip Code 94108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bill Wong & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89109
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

B. Dennis E. Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Chestnut Hills Pky
 City Fort Wayne State IN Zip Code 46814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Plans, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89362
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Carol Wyckoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 14856 Briggs Street
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercer Voluntary Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2014
Transaction ID : 16227-P89643
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 OF 157 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Luann S. Yarbery	Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16227-P89446
Mailing Address 1300 10th St	Amount of Each Receipt this Period 30.00
City State Zip Code Wichita Falls TX 76301	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 210.00
Name of Employer Occupation Higginbotham Ins Agency, Inc. Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. M. Zachary Zinser	Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 16227-P89356
Mailing Address 330 North Evergreen Road, Suite 6	Amount of Each Receipt this Period 30.00
City State Zip Code Louisville KY 40243	Payroll Deduction (\$30.00 Monthly)
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 210.00
Name of Employer Occupation Zinser Benefit Service, Inc. Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.	Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	31486.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16267

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Banking Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16277

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Mechant fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16268

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16266

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ALEXANDER FOR SENATE 2014 INC (P)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
7/22 Lunch

011

Candidate Name

LAMAR ALEXANDER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 16225

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
7/31 Breakfast

011

Candidate Name

ANNA ESHOO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 16244

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City GLADSTONE State MI Zip Code 49837

Purpose of Disbursement
7/24 Breakfast

011

Candidate Name

DANIEL J. M.D. BENISHEK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 16204

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
7/24 Dinner

011

Category/
Type

Candidate Name

GUS M BILIRAKIS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 16231

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
Fundraiser

011

Category/
Type

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 16235

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
7/24 Lunch

011

Category/
Type

Candidate Name

CHARLES W. DR. JR. BOUSTANY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : 16222

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. DARRELL ISSA VICTORY FUND

Mailing Address 1800 THIBODO RD., STE. 300

City VISTA State CA Zip Code 92081

Purpose of Disbursement
8/1 CA Event

Category/
Type

Candidate Name

DARRELL E ISSA

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16237

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DELBENE FOR CONGRESS

Mailing Address PO BOX 487

City BOTHELL State WA Zip Code 98041

Purpose of Disbursement
7/31 Luncheon

Category/
Type

Candidate Name

SUZAN K DELBENE

Office Sought: House
 Senate
 President
State: WA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16245

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DEMOCRATS RESHAPING AMERICA (DREAMPAC)

Mailing Address 410 1 ST, SE, SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
7/23 Dinner

Category/
Type

Candidate Name

LINDA SANCHEZ

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 16200

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
7/28 Boat Cruise

011

Category/
Type

Candidate Name

JOSEPH S DONNELLY

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : 16236

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 185

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
7/23 Lunch

011

Category/
Type

Candidate Name

MICHAEL G. FITZPATRICK

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 16205

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JACK KINGSTON (P)

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement
For Georgia Chapter

011

Category/
Type

Candidate Name

JOHN H SR REP KINGSTON

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 16209

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address POST OFFICE BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
7/22 Reception

011

Candidate Name

JAMES E. CLYBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : 16196

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF RICH NUGENT

Mailing Address PO BOX 15668

City BROOKSVILLE State FL Zip Code 34604

Purpose of Disbursement
7/7 Fishing Trip

011

Candidate Name

RICHARD B NUGENT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : 16135

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
7/22 Dinner

011

Candidate Name

SAMUEL B "SAM" GRAVES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 16210

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JAIME FOR CONGRESS

Mailing Address PO BOX 1614

City RIDGEFIELD State WA Zip Code 98642

Purpose of Disbursement
7/30 Lunch

011

Candidate Name

JAIME HERRERA BEUTLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : 16211

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JIM JORDAN FOR CONGRESS

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement
8/1 Local Event

011

Candidate Name

JAMES D. JORDAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	4

Transaction ID : 16248

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS (P)

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement
7/9 Dinner

011

Candidate Name

JAMES B RENACCI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	4

Transaction ID : 16137

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
7/30 Reception

011

Candidate Name

RONALD JAMES KIND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : 16233

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
7/8 Lunch

011

Candidate Name

KYRSTEN SINEMA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2014

Transaction ID : 16136

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement
7/30 Lunch

011

Candidate Name

ROBERT EDWARD MR LATTA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 16223

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City HENDERSONVILLE State NC Zip Code 28793

Purpose of Disbursement
Future Events

011

Candidate Name

MARK R MEADOWS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 16246

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
7/28 Dinner

011

Candidate Name

PAT ROBERTS

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 16243

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement
7/29 Breakfast

011

Candidate Name

BEN R MR. LUJAN

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : 16232

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. RYAN FOR CONGRESS, INC.

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement
7/29 Dinner

011

Category/
Type

Candidate Name

PAUL D. RYAN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 16203

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
7/30 Lunch

011

Category/
Type

Candidate Name

SCOTT PETERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 16224

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THE CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City ENNIS State TX Zip Code 75120

Purpose of Disbursement
7/15 Lunch

011

Category/
Type

Candidate Name

JOE LINUS BARTON

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : 16206

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. UPTON VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
End of Year Event

011

Candidate Name

FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : 16221

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE (P)

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
7/28 Dinner

011

Candidate Name

RONALD L WYDEN

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 16195

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. YARMUTH FOR CONGRESS

Mailing Address 1815 BROWNSBORO ROAD

City LOUISVILLE State KY Zip Code 40202

Purpose of Disbursement
7/22 BBQ

011

Candidate Name

JOHN A YARMUTH

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 16194

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

44000.00