

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street)

P. O. Box 7135

Check if different than previously reported. (ACC)

Washington

DC

20044

7135

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

03

31

2005

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

Type or Print Name of Treasurer

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

10

21

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period	31016.61	
(c) Total Receipts (from Line 19)	82652.59	82652.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113669.20	113669.20
7. Total Disbursements (from Line 31)	69104.36	69104.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44564.84	44564.84
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

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)	34867.00	34867.00
(ii) Unitemized	47785.59	47785.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))	82652.59	82652.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	82652.59	82652.59
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	82652.59	82652.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82652.59	82652.59

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10354.36	10354.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10354.36	10354.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58750.00	58750.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	69104.36	69104.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	69104.36	69104.36

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)	82652.50	82652.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82652.50	82652.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10354.36	10354.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10354.36	10354.36

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

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

FOR LINE NUMBER: PAGE 6 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Jesse A. Patton		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 2175 NW 88th Street, Suite 14		Transaction ID: 10009254
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Gregory J. Seifert		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address PO Box 189		Transaction ID: 10009847
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer Biggs Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) C. Michael D. Gray		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010395
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	677.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 7 / 68

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

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

Full Name (Last, First, Middle Initial) A. Joseph K. Roberts		Date of Receipt M / D / Y 02 / 02 / 2005	
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011072	
City Lincoln	State NE	Zip Code 68516-6574	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		
Full Name (Last, First, Middle Initial) B. Richard J. Gilhestrat		Date of Receipt M / D / Y 02 / 08 / 2005	
Mailing Address PO Box 1336		Transaction ID: 10011217	
City Island Heights	State NJ	Zip Code 08732-1336	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Martin Agency	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) C. Richard J. Gilhestrat		Date of Receipt M / D / Y 02 / 08 / 2005	
Mailing Address PO Box 1338		Transaction ID: 10011218	
City Island Heights	State NJ	Zip Code 08732-1338	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Martin Agency	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 68
(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. Michael D. Gray		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010396
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 2633 State Route 68, Suite B		Transaction ID: 10010439
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wesley P. Moore		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address P O Box 804		Transaction ID: 10010482
City Darlington	State SC	Zip Code 29540-0804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Herbert W. Oliver		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 29368		Transaction ID: 10011068
City Greensboro	State NC	Zip Code 27429-9368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Roberts & Dennis Insurance Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan R. Pittman		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 32418 51st Avenue, SW		Transaction ID: 10012459
City Federal Way	State WA	Zip Code 98023-1936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Insure NW Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Susan Miley Rash		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 10010308
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer BB&T Benefit Consultants of Virginia,	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1140.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 68

(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. Joseph K. Roberts		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011073
City Lincoln	State NE	Zip Code 68516-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 540.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven Selinsky		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 29588 Northwestern Highway, Suite		Transaction ID: 10011294
City Southfield	State MI	Zip Code 48034-8335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PPOM	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paul E. Smith		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 124 Washington Street		Transaction ID: 10011330
City Middletown	State CT	Zip Code 06457-2820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer AmenBen Alliance, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68
(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. Michael R. Stephens		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 7712 South Yale Avenue, Suite 200		Transaction ID: 10010195
City Tulsa	State OK	Zip Code 74136-8226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Medical Security	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas M Evans		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10009240
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeff R Fishback		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 736 Johnson Ferry Road Building C, Suite 200		Transaction ID: 10009504
City Marietta	State GA	Zip Code 30068-5618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 980.00
Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 980.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1340.00
TOTAL This Period (last page this line number only)	▶	

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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Larry Kaczmarek		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 10009842
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kaczmarek Insurance Services, Inc.	Occupation President	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ray M. Musser		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 404 North Second Avenue, Suite B		Transaction ID: 10009845
City	State	Zip Code
Upland	CA	91786-4701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ray M. Musser & Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John J. Nelson		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 32110 Agoura Rd		Transaction ID: 10009848
City	State	Zip Code
Westlake Village	CA	91361-4028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Warner Pacific Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	6020.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 13 / 68
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Stephen J. Salzman		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 4252		Transaction ID: 10009455
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Scott A. Shalak		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 67 8817 Barnard Mill Rd.		Transaction ID: 10009185
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Shalak Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James R. Stanger		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 288 South Street		Transaction ID: 10009827
City Morristown	State NJ	Zip Code 07980-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1160.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Trei Wild		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 10009218
City Dallas	State TX	Zip Code 75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Safeguard Health Plans	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Trei Wild		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 10009219
City Dallas	State TX	Zip Code 75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Safeguard Health Plans	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Greg A. Yoder		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10009878
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Thomas Bruderie		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2000 14th Street Suite 450		Transaction ID: 10013119
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer NAHU	Occupation Vice President of Congressional Affairs	Aggregate Year-to-Date ▼ 291.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert W. Archie		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 355 S. Ronald Reagan		Transaction ID: 10013251
City Longwood	State FL	Zip Code 32750-5404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Archie & Associates	Occupation President	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bradford H. Blah		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address P O Box 4510		Transaction ID: 10013250
City Lexington	State KY	Zip Code 40544-4510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AJ Torsbrick Insurance Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1041.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 68
(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. Michael E. Carmean		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address PD Box 7387 2300 Whittlesey Rd Suite A		Transaction ID: 10010385
City Columbus	State GA	Zip Code 31808-7367
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Paragon Marketing	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Dysart		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 2815 Camino Del Rio South, Suite 2		Transaction ID: 10011413
City San Diego	State CA	Zip Code 92108-3816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Healthcare Solutions	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joe Philfer		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 10011329
City Dallas	State TX	Zip Code 75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1020.00
Name of Employer SafeGuard Health Enterprises	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Carol A. Steele		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10010984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark R. Viehmann		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 8185 West Highway 146 Mail Code 75B-85-01-00 City Crestwood State KY Zip Code 40014-9531		Transaction ID: 10011702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer BB&T Old Colony Insurance	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 11180 Sun Center Drive, Suite A City Rancho Cordova State CA Zip Code 95670-6121		Transaction ID: 10009153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CIMS Strategic Distributi- on Division	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	540.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 68
(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. Eva Jean Fornalant		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 2500 Louisiana Blvd NE, Suite 300		Transaction ID: 10013230
City	State	Zip Code
Albuquerque	NM	87110-4372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Delta Dental Plans of NM	Occupation Manager of Sales & Retention	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donald M Jones		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 720 West Loop Drive		Transaction ID: 10009603
City	State	Zip Code
Camarillo	CA	93010-1262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Warner Pacific	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John P. May		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 10009744
City	State	Zip Code
Columbus	OH	43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer May Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Robert C. Myers		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 2876 South Arlington Road		Transaction ID: 10009635
City Akron	State OH	Zip Code 44312-4716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Associated Underwriters Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Alexander G. Reynolds		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 1770 Independence Court, Suite 120		Transaction ID: 10009006
City Birmingham	State AL	Zip Code 35216-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer AG Reynolds and Co. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. John M. Rice		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 300 North Dakota Avenue, Suite 216		Transaction ID: 10010034
City Sioux Falls	State SD	Zip Code 57104-6023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Rice Insurance Agency, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	3145.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Julia A Tepis		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 397D SENTRY CROSSING NE		Transaction ID: 10009021
City Marietta	State GA	Zip Code 30068-2562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Julie Tepis Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ronald S. Buffum		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1000 HERITAGE CENTER CIRCLE		Transaction ID: 10010497
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Tracy Quirk Bradford		Date of Receipt M / D / Y 02 / 22 / 2005
Mailing Address 888 RIDGEWAY LOOP ROAD, SUITE 200		Transaction ID: 10012281
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Arthur C. Jetter		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 11305 Chicago Circle		Transaction ID: 10013212
City Omaha	State NE	Zip Code 68154-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Art Jetter & Company	Occupation President	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tracy Quick Bradford		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 866 Ridgeway Loop Road, Suite 200		Transaction ID: 10012282
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Christopher S. Hanson		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10011360
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	5120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 68

(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. Thomas M. Harte		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10010821
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Randy C. Joppie		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 896B Blue Hummingbird Way		Transaction ID: 10010182
City Belding	State MI	Zip Code 48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Linda Mackey		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address PO Box 1001		Transaction ID: 10011838
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 68
(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. Dale W. Maloney		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10010947
City	State	Zip Code
Maitland	FL	32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Moley Rash		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 10010307
City	State	Zip Code
Richmond	VA	23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alne H. Roberts		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10010121
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation President	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Carol A. Steele		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd, City Akron State OH Zip Code 44333-9204		Transaction ID: 10010985
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. James F. Summers		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 8420 West Dodge Road, Suite 510 City Omaha State NE Zip Code 68114-3432		Transaction ID: 10012118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Donald B. Thompson		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200 City Louisville State KY Zip Code 40223-4207		Transaction ID: 10010404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. John L. Warwick		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 272		Transaction ID: 10010848
City Chicago	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Jesse A. Patton		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10009255
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Alexander G. Reynolds		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 10009007
City Birmingham	State AL	Zip Code 35218-1280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 68
(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. Scott A. Shalek		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 67 6817 Barnard Mill Rd.		Transaction ID: 10009186
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James R. Stanger		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 268 South Street		Transaction ID: 10009628
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Greg A. Yoder		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10009677
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 68
(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. Robert A Ziff		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10009825
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avanill Benefits Corp	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 886 Ridgeway Loop Road, Suite 200		Transaction ID: 10012283
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Ronald S. Buffum		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10010498
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Patrice Goldfarb		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011847
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Adv- isors Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Michael R. Goss		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10013021
City Boise	State ID	Zip Code 83705-5138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Michael D. Gray		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010397
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 68

(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. Donna D. Hill		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PD Box 724		Transaction ID: 10010128
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. T. Darlene Kaczmarek		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2633 State Route 68, Suite B		Transaction ID: 10010440
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Brian W. Ueerty		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10011548
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Wesley P. Moore		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 10010483
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. John C. Parker		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10010220
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011074
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Marilyn A. Van Sant		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 271 Route 48 West, Suite G206		Transaction ID: 10011657
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 7606 University Avenue, Suite B		Transaction ID: 10009268
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Thomas M Evans		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10009241
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 68
(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. David L. Fear		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 10009154
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distribut- ion Division	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 265.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bruce L. Gardner		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 10009763
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investments	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Larry Kaczmarek		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10009843
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces, Inc.	Occupation President	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	235.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 68
(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. Michael Kielan		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PD Box 45279		Transaction ID: 10009050
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Sharon L McDermott		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10009092
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Stephen J. Salemon		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 10009458
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 34 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Patricia M. Adams		Date of Receipt M / D / Y 03 / 15 / 2005
Mailing Address 133B Foothill Drive, Suite 336		Transaction ID: 10012480
City Salt Lake City	State UT	Zip Code 84108-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Patricia M. Adams Employee Benefits, L	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kerry D. Aldridge		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 10012680
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Aye		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 6340 South 3000 East, # 500		Transaction ID: 10011033
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	680.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 68
(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. Andrew F. Biemat		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012855
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Tracy Quick Bradford		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 886 Ridgeway Loop Road, Suite 200		Transaction ID: 10012884
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Health Insurance Agent	330.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Patrice Goldfarb		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011848
City	State	Zip Code
Rochelle Park	NJ	07862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The Employee Benefits Advisors Group	Occupation Health Insurance Agent	245.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 68
(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. Christopher S. Hamson		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10011961
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Hute		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 10010822
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Robert Huffaker		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PO Box 6217		Transaction ID: 10011798
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 68
(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. Randy C. Joppie		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 10010183
City	State	Zip Code
Belding	MI	48809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corporation	Occupation Health Insurance Agent	340.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 10010647
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Ross W. Kraft		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 10012861
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group of New York, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Cheryl Lombardi		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 10012558
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Linda Mackey		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PO Box 1001		Transaction ID: 10011637
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dale W. Maloney		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 125 South Swoope Avenue, Suite 210		Transaction ID: 10010848
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Susan Maley Rash		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 10010308
City Richmond	State VA	Zip Code 23227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of Virginia. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Aline H. Roberts		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 10010122
City Newbury Park	State CA	Zip Code 91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) C. James D. Schutz		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10010718
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 40 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Carol A. Steele		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 10010986
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. James F. Summers		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 8420 West Dodge Road, Suite 510		Transaction ID: 10012119
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Donald B. Thompson		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 10010405
City Louisville	State KY	Zip Code 40223-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

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

FOR LINE NUMBER: PAGE 41 / 68

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Peter Vinton		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 10010907
City Timonium	State MD	Zip Code 21083-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John L. Warwick		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PO Box 272		Transaction ID: 10010849
City Chico	State CA	Zip Code 95927-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 295.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Danna E. Wright		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011894
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	245.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 68

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Dennis E. Wright		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 10011695
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert J Bishop		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2785 East Desert Inn Rd., # 134		Transaction ID: 10010017
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 252.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dorothy M. Coelu		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PO Box 1941		Transaction ID: 10009367
City Big Bear Lake	State CA	Zip Code 92315-1541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	174.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Rush David Dixon		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 10009222
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David S Johnson		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10009163
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John P. May		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 10009745
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 68
(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. Jeffrey R. Miles		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 10009106
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jesse A. Patton		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 10009256
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 675.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jon C Rauser		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10009852
City Milwaukee	State WI	Zip Code 53202-4459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	385.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 45 / 68

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) A. Alexander G. Reynolds		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 10009008
City Birmingham	State AL	Zip Code 35216-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raymar M. Sale		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 10009078
City Lawrenceville	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, In- c.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scott A. Shalek		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PO Box 67 6B17 Barnard Mill Rd.		Transaction ID: 10009187
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	310.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 46 / 68
(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. James R. Stenger		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 10009929
City Morristown	State NJ	Zip Code 07860-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Greg A. Yoder		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 10009678
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert A. Ziff		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 17 North Delmor Avenue		Transaction ID: 10009828
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Benefits Corp	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	34867.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 68

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

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

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8812

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 10001544

Date of Disbursement

01 / 04 / 2005

Amount of Each Disbursement this Period

325.85

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. Larry Kaczmarek

Mailing Address 2633 State Route 59, Suite B

City Ravenna State OH Zip Code 44266-1684

Purpose of Disbursement
Conference Registration Refund

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 10001569

Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

300.00

Conference Registration Refund

Full Name (Last, First, Middle Initial)

C. National Association of Health Underwriters

Mailing Address 2000 14th Street Suite 450

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Airfare and Operating Expenses

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: 10001567

Date of Disbursement

01 / 31 / 2005

Amount of Each Disbursement this Period

1591.84

Airfare and Operating Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

2217.29

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 68

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

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

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-8912

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 10001572

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

297.32

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. White House Gear

Mailing Address 6905 W Clifton St

City Tampa State FL Zip Code 33634-4010

Purpose of Disbursement
Fundraiser Items

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: 10001574

Date of Disbursement

02 / 11 / 2005

Amount of Each Disbursement this Period

672.00

Fundraiser Items

Full Name (Last, First, Middle Initial)

C. White House Gear

Mailing Address 6905 W Clifton St

City Tampa State FL Zip Code 33634-4910

Purpose of Disbursement
Inauguration Pen Sets

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: 10001575

Date of Disbursement

02 / 11 / 2005

Amount of Each Disbursement this Period

818.34

Inauguration Pen Sets

SUBTOTAL of Disbursements This Page (optional) ▶

1787.75

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 68

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

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

Full Name (Last, First, Middle Initial)
A. Thomas Bruderle

Mailing Address 2000 14th Street
Suite 45D

City Arlington State VA Zip Code 22201

Purpose of Disbursement
REFUND FOR FUNDRAISING PRODUCTS

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: 10001573
Date of Disbursement

02 / 11 / 2005

Amount of Each Disbursement this Period
367.88

REFUND FOR FUNDRAISING PR-
ODUCTS

Full Name (Last, First, Middle Initial)
B. Fran O'Brien Steak House

Mailing Address 1001 16th St NW

City Washington State DC Zip Code 20036-5701

Purpose of Disbursement
PAC Reception Costs

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001577
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period
502.48

PAC Reception Costs

Full Name (Last, First, Middle Initial)
C. Capital Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
Luncheon - Capitol Club Recognition

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 10001576
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period
3286.80

Luncheon - Capitol Club
Recognition

SUBTOTAL of Disbursements This Page (optional) ▶

4157.14

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 68

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

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

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 10001578
Date of Disbursement
02 / 22 / 2005

Amount of Each Disbursement this Period
224.10

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)
B. Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 10001580
Date of Disbursement
03 / 02 / 2005

Amount of Each Disbursement this Period
1285.68

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)
C. Capital Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
Food Function

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 10001581
Date of Disbursement
03 / 11 / 2005

Amount of Each Disbursement this Period
158.96

Food Function

SUBTOTAL of Disbursements This Page (optional) ▶

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

1669.74

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 68

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 10001582 Date of Disbursement 03 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 83.20	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Credit Card Processing Fee	

Full Name (Last, First, Middle Initial) B. White House Gear		Transaction ID: 10001584 Date of Disbursement 03 / 24 / 2005	
Mailing Address 6905 W Clifton St		Amount of Each Disbursement this Period 260.20	
City Tampa State FL Zip Code 33634-4010	Purpose of Disbursement Inauguration Pen Sets	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Inauguration Pen Sets	

Full Name (Last, First, Middle Initial) C. Thomas Bruderle		Transaction ID: 10001583 Date of Disbursement 03 / 24 / 2005	
Mailing Address 2000 14th Street Suite 450		Amount of Each Disbursement this Period 92.58	
City Arlington State VA Zip Code 22201	Purpose of Disbursement MEAL REIMBURSEMENT	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	MEAL REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	435.98
TOTAL This Period (last page this line number only) ▶	10267.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 68

<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. Rely On Your Beliefs Fund		Transaction ID: 10000247 Date of Disbursement 01 / 18 / 2005	
Mailing Address 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mike Dewine For US Senate		Transaction ID: 10000254 Date of Disbursement 01 / 18 / 2005	
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43234	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Office Sought: House X Senate President State: OH District 1	Disbursement For: 2006 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Mike Sodrel		Transaction ID: 10000262 Date of Disbursement 01 / 18 / 2005	
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 1000.00	
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Office Sought: X House Senate President State: IN District 9	Disbursement For: 2006 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 68

<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. Rogers For Congress

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael J. Rogers

Office Sought: House
Senate
President

State: MI District: B

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000705

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House
Senate
President

State: MD District: 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000699

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brown-Waite For Congress

Mailing Address 704 Ponce De Leon Blvd

City Brooksville State FL Zip Code 34601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Virginia Brown-Waite

Office Sought: House
Senate
President

State: FL District: 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000263

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 54 / 68

<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. ERICPAC

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10000268

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Chocola

Office Sought: House Senate President
State: IN District 2

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10000271

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Thelma Drake For Congress

Mailing Address PO Box 61480

City Virginia Beach State VA Zip Code 23468

Purpose of Disbursement
Debt Retirement

Candidate Name
Rep. Thelma D. Drake

Office Sought: House Senate President
State: VA District 2

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10000274

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Debt Retirement

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)

PAGE 55 / 68

<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 John Peterson

Mailing Address 114 W. State Street
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement
Contribution

Candidate Name
Rep. John E. Peterson

Office Sought: House
Senate
President
State: PA District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000703
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. People With Hart Inc

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15000

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa A. Hart

Office Sought: House
Senate
President
State: PA District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000697
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Jim Gerlach For Congress Committee

Mailing Address B11 Welsh Ayres Way

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

Office Sought: House
Senate
President
State: PA District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000696
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 56 / 68

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

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

Mailing Address P O Box 8686

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
Sen. E. Benjamin Nelson

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NE District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 10000700
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19426

Purpose of Disbursement
Contribution

Candidate Name
Sen. Rick Santorum

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: PA District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 10000706
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Snowe For Senate

Mailing Address PO Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement

Candidate Name
Sen. Olympia J. Snowe

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: ME District 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 10000708
Date of Disbursement

02 / 14 / 2005

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)

PAGE 57 / 68

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

Full Name (Last, First, Middle Initial)
A. Neugebauer Congressional Committee

Mailing Address 3305 60th Street Suite #1

City Lubbock State TX Zip Code 79413

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert R. Neugebauer

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

State: TX District 19

011
Category/
Type

Transaction ID: 10000712
Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)
B. Nelson 2006

Mailing Address P O Box 8666

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
Sen. E. Benjamin Nelson

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

State: NE District 2

011
Category/
Type

Transaction ID: 10000709
Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Christopher Shays For Congress Committee

Mailing Address 88 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Shays

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

State: CT District 4

011
Category/
Type

Transaction ID: 10000720
Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 68

<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. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

Office Sought: House
Senate
President
State: VA District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000718

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bob Beauprez For Congress

Mailing Address PO Box 501

City Wheat Ridge State CO Zip Code 80034

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert Beauprez

Office Sought: House
Senate
President
State: CO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000717

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Fitzpatrick For Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael G. Fitzpatrick

Office Sought: House
Senate
President
State: PA District 8

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000719

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 59 / 68

<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. National Republican Senatorial Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10000714
Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
Sen. Max Baucus

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: MT District 1

011
Category/
Type

Transaction ID: 10000715
Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas M. Reynolds

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NY District 26

011
Category/
Type

Transaction ID: 10000745
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 68

<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. Earl Pomeroy For Congress			Transaction ID: 10000734 Date of Disbursement 02 / 25 / 2005		
Mailing Address P.O. Box 9336			Amount of Each Disbursement this Period 1000.00		
City Fargo State ND Zip Code 58106	Purpose of Disbursement Contribution		011 Category/ Type		
Candidate Name Rep. Earl Pomeroy			Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Pryce For Congress			Transaction ID: 10000740 Date of Disbursement 02 / 25 / 2005		
Mailing Address 145 E. Rich Street			Amount of Each Disbursement this Period 1500.00		
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution		011 Category/ Type		
Candidate Name Rep. Deborah Pryce			Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Price For Congress			Transaction ID: 10000736 Date of Disbursement 02 / 25 / 2005		
Mailing Address PO Box 425			Amount of Each Disbursement this Period 1000.00		
City Roswell State GA Zip Code 30077	Purpose of Disbursement Debt Retirement		011 Category/ Type		
Candidate Name Rep. Thomas E. Price, M.D.			Debt Retirement		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

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)

PAGE 61 / 68

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

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

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement
Contribution

Candidate Name
Rep. John B. Shadegg

Office Sought: House
Senate
President
State: AZ District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000748
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nathan Deal

Office Sought: House
Senate
President
State: GA District 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000722
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Moore For Congress

Mailing Address PO Box 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dennis Moore

Office Sought: House
Senate
President
State: KS District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000725
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 62 / 68

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

Full Name (Last, First, Middle Initial)
A. Virginia Foxx For Congress

Mailing Address P.O. Box 1750

City Blowing Rock State NC Zip Code 28605

Purpose of Disbursement
Debt Retirement

Candidate Name
Rep. Virginia Foxx

Office Sought: House
Senate
President
State: NC District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000723
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Debt Retirement

Full Name (Last, First, Middle Initial)
B. Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement
Debt Retirement

Candidate Name
Rep. David George Reichert

Office Sought: House
Senate
President
State: WA District B

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000744
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Debt Retirement

Full Name (Last, First, Middle Initial)
C. Ellen Tauscher For Congress

Mailing Address 20 Park Road, Suite E
Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ellen O. Tauscher

Office Sought: House
Senate
President
State: CA District 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000748
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 63 / 68

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

Full Name (Last, First, Middle Initial)
A. Keep Our Majority PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
Contribution

Candidate Name

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

011
Category/
Type

Transaction ID: 10000721
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Leadership PAC 2006

Mailing Address 675 N. Washington Street
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

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

011
Category/
Type

Transaction ID: 10000729
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Contribution

Candidate Name
Sen. Joseph I. Lieberman

Office Sought: House Senate President
State: CT District 2
Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10000750
Date of Disbursement

03 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 68

<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. Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Tubbs Jones

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

State: OH District: 11

011
Category/
Type

Transaction ID: 10000782
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City State Zip Code
Minnetonka MN 55305

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim M. Ramstad

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

State: MN District: 3

011
Category/
Type

Transaction ID: 10000780
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City State Zip Code
Albuquerque NM 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

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

State: NM District: 1

011
Category/
Type

Transaction ID: 10000784
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 65 / 68

<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 Mike Ferguson		Transaction ID: 10000767 Date of Disbursement 03 / 11 / 2005	
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia State NJ Zip Code 07067	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Mike Ferguson	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 7			

Full Name (Last, First, Middle Initial) B. Matheson For Congress		Transaction ID: 10000770 Date of Disbursement 03 / 11 / 2005	
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. James D. Matheson	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District 2			

Full Name (Last, First, Middle Initial) C. Melissa Bean For Congress		Transaction ID: 10000763 Date of Disbursement 03 / 11 / 2005	
Mailing Address Post Office Box 3088		Amount of Each Disbursement this Period 1000.00	
City Barrington State IL Zip Code 60010	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Melissa L. Bean	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District 8			

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)

PAGE 66 / 68

<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. Jon Kyl For U S Senate

Mailing Address PO Box 10246

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jon Kyl

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: AZ District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 10000768
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement
Contribution

Candidate Name
Sen. Thomas R. Carper

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: DE District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 10000765
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Leadership Encouraging Excellence PAC (LEE PAC)

Mailing Address 2875 Towerview Road Suite 1000

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Contribution

Candidate Name

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

011
Category/
Type

Transaction ID: 10000760
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 68

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

Full Name (Last, First, Middle Initial)
A. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

Candidate Name
Rep. John A. Boehner

Office Sought: House
Senate
President
State: OH District B

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000787
Date of Disbursement

03 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Congressional Majority Committee

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000785
Date of Disbursement

03 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Sen. Orrin G. Hatch

Office Sought: House
 Senate
President
State: UT District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10000791
Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 68 / 68

<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. Keep Our Majority PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 10000789

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

58750.00