

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2000 14TH ST
 Check if different than previously reported. (ACC)
ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER** C00283135
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jennifer Murphy
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 07 14 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		51869.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	40288.87									
(c) Total Receipts (from Line 19)	22786.92	147402.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63075.79	199271.45								
7. Total Disbursements (from Line 31)	15882.02	152077.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47193.77	47193.77								
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**

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	9489.34	68813.02
(i) Itemized (use Schedule A)	11286.29	76533.61
(ii) Unitemized	20775.63	145346.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20775.63	145346.63
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	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	11.29	55.63
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))	22786.92	147402.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22786.92	147402.26

DETAILED SUMMARY PAGE

of Disbursements

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.....	732.02	3857.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	732.02	3857.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	145000.00
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	150.00	1820.00
(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))	150.00	1820.00
29. Other Disbursements.....	0.00	1400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15882.02	152077.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15882.02	152077.68

DETAILED SUMMARY PAGE
of Disbursements

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)	20775.63	145346.63
34. Total Contribution Refunds (from Line 28(d))	150.00	1820.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20625.63	143526.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	732.02	3857.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	732.02	3857.68

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

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

FOR LINE NUMBER: PAGE 6 / 50
(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)

A. Full Name (Last, First, Middle Initial)
Mary Kathryn Anderson-Haught

Mailing Address 512 Cambridge Rd

City Tyler State TX Zip Code 75703-5264

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

Name of Employer: Strategies In Employee Benefits, Inc. Occupation: agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P8002
Amount of Each Receipt this Period: 80.00
Payroll Deduction: (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Elizabeth Ashmore

Mailing Address 6102 82nd St # 6

City Lubbock State TX Zip Code 79424-3690

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

Name of Employer: Ashmore & Associates Insurance Agency Occupation: agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P8027
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 Monthly)

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

Mailing Address 20161 Delita Dr

City Woodland Hills State CA Zip Code 91364-3521

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

Name of Employer: Genesis SmithBenton Insurance & Finan Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P8048
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 265.00

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 7 / 50
(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)

<p>A. Full Name (Last, First, Middle Initial) David A Berman</p> <p>Mailing Address 8805 Sawleaf Rd</p> <p>City State Zip Code Indianapolis IN 46260-1534</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Neace Lukens Holding Company, Inc.</p> <p>Occupation agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 05 / 28 / 2008</p> <p>Transaction ID: 7501-P7902</p> <p>Amount of Each Receipt this Period 60.00</p> <p>Payroll Deduction (\$60.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Robert J Bishop</p> <p>Mailing Address 2785 E Desert Inn Rd Ste 260</p> <p>City State Zip Code Las Vegas NV 89121-3693</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer KIA Insurance</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 421.70</p>	<p>Date of Receipt 05 / 30 / 2008</p> <p>Transaction ID: 7502-P8347</p> <p>Amount of Each Receipt this Period 84.34</p> <p>Payroll Deduction (\$84.34 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) James C. Bosier</p> <p>Mailing Address 6410 N Butler Rd</p> <p>City State Zip Code Cedar Falls IA 50613-9317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Net Worth Advisors</p> <p>Occupation Account Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>	<p>Date of Receipt 05 / 30 / 2008</p> <p>Transaction ID: 7502-P8433</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	229.34
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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Walter S Brown

Mailing Address 56 Madison St

City State Zip Code
Gillette NJ 07933-1802

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Insurance Broker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8208

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
D. Bailey Calvin

Mailing Address PO Box 101422

City State Zip Code
Anchorage AK 99510-1422

FEC ID number of contributing federal political committee. C

Name of Employer Calco, Inc. Occupation Agent

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P7911

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Michael E. Carmean

Mailing Address 3075 Lee Road 248

City State Zip Code
Smiths AL 36877-3125

FEC ID number of contributing federal political committee. C

Name of Employer Paragon Marketing Occupation Vice President, Group Sales & Marketi

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P7996

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 270.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lorelei G. Castellani
Mailing Address PO Box 2100
City Branchville State NJ Zip Code 07826-2100
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Guidance Systems Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8533
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Russell B. Childers
Mailing Address 402 Rawley Rd
City Americus State GA Zip Code 31719-2150
FEC ID number of contributing federal political committee. **C**
Name of Employer Russ Childers, CLU Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00
Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P7957
Amount of Each Receipt this Period 40.00
Payroll Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Daniel E. Colacino
Mailing Address 34 Carolanne Dr
City Delmar State NY Zip Code 12054-9710
FEC ID number of contributing federal political committee. **C**
Name of Employer Rose and Kiernan, Inc Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8543
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 210.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Martha T. Collins		Date of Receipt
	Mailing Address 1430 Lemonwood Dr W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Upland	CA	91786-2539
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Martin & Associates		Occupation Agent	Transaction ID: 7502-P8235
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 425.00	Amount of Each Receipt this Period <input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Susan T. Cook		Date of Receipt
	Mailing Address 280 Barrington Grange Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Sharpsburg	GA	30277-3634
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kaiser Permanente		Occupation Agent	Transaction ID: 7502-P8415
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 550.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Stephanie Denz		Date of Receipt
	Mailing Address 1808 Hickory Trace Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Orange Park	FL	32003-8387
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Gallagher Benefit Services, Inc.		Occupation Senior Benefit Consultant	Transaction ID: 7502-P8485
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 235.00	Amount of Each Receipt this Period <input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 165.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1330 Parkside Dr

City Berkeley Springs State WV Zip Code 25411-6386

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

Name of Employer Early Cassidy and Schilling
Occupation VP of Employee Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 05 / 16 / 2008
Transaction ID: 7447
 Amount of Each Receipt this Period 120.00

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

Mailing Address 1330 Parkside Dr

City Berkeley Springs State WV Zip Code 25411-6386

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

Name of Employer Early Cassidy and Schilling
Occupation VP of Employee Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8423
 Amount of Each Receipt this Period 120.00
 Payroll Deduction (\$120.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Steve H. Dodder

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132-2069

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

Name of Employer Assurant Health
Occupation Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P8083
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael A. Embry
Mailing Address 26240 Wacker Dr
City State Zip Code
New Baltimore MI 48051-3306
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Comerica Insurance Services, Inc. VP - Group Benefits Division
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8
Transaction ID: 7502-P8400
Amount of Each Receipt this Period
85.00
Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Linda M. Erlenbach
Mailing Address 151 Belcourt Ln
City State Zip Code
Aurora OH 44202-8438
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
L.M. Erlenbach, Inc. Benefits Consultant
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8
Transaction ID: 7501-P8142
Amount of Each Receipt this Period
30.00
Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David L. Fear
Mailing Address 8340 Conover Dr
City State Zip Code
Citrus Heights CA 95610-0812
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CIMS Strategic Distribution Division Director of Strategic Distribution
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8
Transaction ID: 7501-P8148
Amount of Each Receipt this Period
85.00
Payroll Deduction
(\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
Marcia A. Fender

Mailing Address 36417 E 121st St S

City State Zip Code
Coweta OK 74429-3780

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

Name of Employer Occupation
Rogers Benefit Group Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2008

Transaction ID: 7442

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Linda K. Friedrich

Mailing Address 3011 Crown Pointe Rd

City State Zip Code
Lincoln NE 68506-5168

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

Name of Employer Occupation
UNICO Financial Services, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P8197

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
James S. Garbina

Mailing Address 16510 Summit Dr

City State Zip Code
Omaha NE 68136-4038

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

Name of Employer Occupation
Harry A. Koch Co. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P7879

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 50
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Bruce L. Gardner		Date of Receipt
	Mailing Address 504 Bulian Ln		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Austin	TX	78746-5423
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Bruce Gardner Insurance & Investments		Occupation Registered Representative	Transaction ID: 7501-P7961
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="400.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$80.00 Monthly)	<input type="text" value="80.00"/>

B.	Full Name (Last, First, Middle Initial) Jeffrey Wm. Gennaro		Date of Receipt
	Mailing Address 523 W Vista Ave		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Phoenix	AZ	85021-7257
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Capitol Insurance Brokers, Inc.		Occupation agent	Transaction ID: 7502-P8271
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="425.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="85.00"/>

C.	Full Name (Last, First, Middle Initial) Patrice Goldfarb		Date of Receipt
	Mailing Address 442 Teaneck Rd		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ridgefield Park	NJ	07660-1516
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Employee Benefits Advisors Group		Occupation Agent	Transaction ID: 7502-P8510
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$60.00 Monthly)	<input type="text" value="60.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Michael D. Gray

Mailing Address 7305 Pioneers Blvd

City Lincoln State NE Zip Code 68506-7519

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

Name of Employer The Harry A. Koch Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2008

Transaction ID: 7501-P8114

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Patricia A Griffey

Mailing Address 56294 Primrose Cir

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer Page 1 Benefits, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2008

Transaction ID: 7502-P8259

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Stephen A. Grim

Mailing Address 2720 Mandolin Place

City Virginia Beach State VA Zip Code 23451

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

Name of Employer Mid-Atlantic Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 05 / 30 / 2008

Transaction ID: 7502-P8495

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50
(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)

A. Full Name (Last, First, Middle Initial)
Robert A Grundman
Mailing Address 7412 Karl Dr

City Lincoln State NE Zip Code 68516-4368

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

Name of Employer Senior Benefit Strategies Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P7883
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Cristy Russell Gupton
Mailing Address 2138 Goodman Lake Rd

City Morganton State NC Zip Code 28655-7075

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

Name of Employer Colonial Supplemental Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8327
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Christopher S. Harrison
Mailing Address 415 Thorncliff Dr

City Fayetteville State NC Zip Code 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8233
Amount of Each Receipt this Period 410.00
Payroll Deduction (\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50
(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
							17

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

A.

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

Mailing Address 3822 Gemini Cir

City State Zip Code
Boise ID 83709-4834

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

Name of Employer Insurance Network America Inc
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8419

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P8118

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Joseph E. Henehan

Mailing Address 685 Carnegie Dr Ste 205

City State Zip Code
San Bernardino CA 92408-3550

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

Name of Employer The Henehan Company
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8340

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard L Hill
Mailing Address 4435 O St

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P8010
Amount of Each Receipt this Period 60.00
Payroll Deduction (\$60.00 Monthly)

B. Full Name (Last, First, Middle Initial)
David S Johnson
Mailing Address 1482 Baron Ct

City Stone Mountain State GA Zip Code 30087-3037

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

Name of Employer David S. Johnson Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8491
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek
Mailing Address 6711 Berry Rd

City Ravenna State OH Zip Code 44266-9161

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

Name of Employer Kaczmarek Insurance Services, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P8012
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 260.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thelma Darlene Kaczmarek
Mailing Address 6711 Berry Rd
City State Zip Code
Ravenna OH 44266-9161
FEC ID number of contributing federal political committee. **C**
Name of Employer: Kaczmarek Ins. Services Agency, Inc. Occupation: Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P8037
Amount of Each Receipt this Period: 100.00
Payroll Deduction: (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
George R Keeling
Mailing Address 1875 N Highway 385
City State Zip Code
Levelland TX 79336-9493
FEC ID number of contributing federal political committee. **C**
Name of Employer: George R. Keeling Insurance Agency Occupation: Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00
Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P7887
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Laurie J Kirkland
Mailing Address 6601 Glacier Ct
City State Zip Code
Yakima WA 98908-2382
FEC ID number of contributing federal political committee. **C**
Name of Employer: Conover Insurance, Inc. Occupation: Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt: 05 / 30 / 2008
Transaction ID: 7502-P8342
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 / 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ted Brian Knauer		Date of Receipt 05 / 30 / 2008		
	Mailing Address 6204 Forrestal Dr		Transaction ID: 7502-P8469		
	City Tampa	State FL	Zip Code 33625-1609	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)		
	Name of Employer Florida Insurance Brokers, Inc.	Occupation Agent	Aggregate Year-to-Date 425.00		

B.	Full Name (Last, First, Middle Initial) Kay Knutson		Date of Receipt 05 / 30 / 2008		
	Mailing Address 11209 Academy Ridge Rd NE		Transaction ID: 7502-P8348		
	City Albuquerque	State NM	Zip Code 87111-6841	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)		
	Name of Employer Presbyterian Health Plan	Occupation VP Medicare Programs	Aggregate Year-to-Date 425.00		

C.	Full Name (Last, First, Middle Initial) Scott A. Leavitt		Date of Receipt 05 / 28 / 2008		
	Mailing Address 12988 W Paint Dr		Transaction ID: 7501-P7943		
	City Boise	State ID	Zip Code 83713-1947	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction (\$30.00 Monthly)		
	Name of Employer Scott Leavitt Insurance & Financial S	Occupation Agent	Aggregate Year-to-Date 670.00		

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

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

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

FOR LINE NUMBER: PAGE 21 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brian W. Liechty
Mailing Address 120 E Washington St
City Plymouth State IN Zip Code 46563-1744
FEC ID number of contributing federal political committee. **C**
Name of Employer KL Benefits Occupation Benefits Spec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 535.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8463
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Maurice Lyons
Mailing Address 301 Madison Ave Fl 4
City New York State NY Zip Code 10017-8103
FEC ID number of contributing federal political committee. **C**
Name of Employer The Medical Link, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8468
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Phyllis Martinsen
Mailing Address 8331 W Cory Ct
City Boise State ID Zip Code 83704-5725
FEC ID number of contributing federal political committee. **C**
Name of Employer Byron Hyatt Erstad & Co Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 515.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8318
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Matthew L. Masone

Mailing Address 367 Sheffield Rd

City State Zip Code
Severna Park MD 21146-1647

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

Name of Employer Occupation
Lincoln Financial Group Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 7502-P8267

Amount of Each Receipt this Period
45.00

Payroll Deduction
(\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City State Zip Code
Greensboro NC 27410-8362

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

Name of Employer Occupation
EbenConcepts Company Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 7502-P8500

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Chris McConathy

Mailing Address 37 Azusa Ave

City State Zip Code
Ventura CA 93004-3800

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

Name of Employer Occupation
wellpoint Director, Dental Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 7502-P8321

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

215.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 50
(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)

A. Full Name (Last, First, Middle Initial)
 H. Luke McDermott
 Mailing Address 1044 Park Palisade Dr
 City State Zip Code
 South Jordan UT 84095-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: McDermott Company & Associates
 Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 05 / 30 / 2008
Transaction ID: 7502-P8392
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Travis S. Middleton
 Mailing Address 20610 Castle Bend Dr
 City State Zip Code
 Katy TX 77450-4909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: TradeMark Insurance Agency LLC
 Occupation: President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 05 / 30 / 2008
Transaction ID: 7502-P8523
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Bradley V. Miles
 Mailing Address 11417 E 44th Ave
 City State Zip Code
 Spokane Valley WA 99206-9403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Brad Miles Insurance
 Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00
 Date of Receipt: 05 / 30 / 2008
Transaction ID: 7502-P8216
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 50
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey R. Miles		Date of Receipt
	Mailing Address 736 Amoroso Pl		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Venice	CA	90291-3802
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7502-P8458
Name of Employer The Miles Organization, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) David R. Moore		Date of Receipt
	Mailing Address 605 Truitt Dr		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elon	NC	27244-9262
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7501-P8145
Name of Employer David R. Moore, CLU & Associates		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Wesley P. Moore		Date of Receipt
	Mailing Address PO Box 604		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Darlington	SC	29540-0604
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 7501-P8088
Name of Employer W P Moore Agency		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	<input type="text" value="110.00"/>
			Payroll Deduction (\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="280.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 25 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ray M. Musser
Mailing Address 404 N 2nd Ave Ste B
City Upland State CA Zip Code 91786-4701
FEC ID number of contributing federal political committee. **C**
Name of Employer Ray M. Musser & Associates, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8528
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
John C. Parker
Mailing Address 47 Laurel Hill Dr
City Niantic State CT Zip Code 06357-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer Parker Agency Occupation Principal
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00
Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P8173
Amount of Each Receipt this Period 90.00
Payroll Deduction (\$90.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Jesse A. Patton
Mailing Address 701 Grand Ave
City West Des Moines State IA Zip Code 50265-3625
FEC ID number of contributing federal political committee. **C**
Name of Employer Associations Marketing Group, Inc. Occupation CEO/President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8298
Amount of Each Receipt this Period 350.00
Payroll Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 525.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2003 Charvais Dr

City State Zip Code
Lake Charles LA 70601-5605

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

Name of Employer Occupation
The Perry Agency, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8542

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Joe Phiifer

Mailing Address 2323 N. Houston St.

City State Zip Code
Dallas TX 75219

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

Name of Employer Occupation
SafeGuard Dental & Vision Sr. Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P8157

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Susan R. Pittman

Mailing Address 32418 51st Ave SW

City State Zip Code
Federal Way WA 98023-1936

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

Name of Employer Occupation
Insure NW Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P8060

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **195.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John G. Prue		Date of Receipt
	Mailing Address 12713 S Edinburgh St		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Olathe	KS	66062-1300
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Humana, Inc.		Occupation Agent	Transaction ID: 7501-P7916
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Susan Maley Rash		Date of Receipt
	Mailing Address 2519 Kettlewell Ct		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Midlothian	VA	23113-6726
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BB&T Benefit Consultants of Virginia		Occupation Vice President	Transaction ID: 7502-P8492
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jon C Rauser		Date of Receipt
	Mailing Address 949 Lamplighter Ln		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Grafton	WI	53024-9314
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Rauser Agency, Inc.		Occupation Agent	Transaction ID: 7502-P8545
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>	Amount of Each Receipt this Period <input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="340.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Shan Ricketts

Mailing Address 3900 Halisport Dr NW

City State Zip Code
Kennesaw GA 30152-4077

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8258
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8220
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Joseph K. Roberts

Mailing Address 4000 S 36th St

City State Zip Code
Lincoln NE 68506-4809

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 7501-P8041
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William T. Robinson	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 401 S El Cielo Rd Apt 66	Transaction ID: 7501-P8034
	City State Zip Code Palm Springs CA 92262-7922	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Palm Canyon Insurance Agency	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Francis A. Ruggiero	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 15 Kennedy Dr	Transaction ID: 7502-P8252
	City State Zip Code Budd Lake NJ 07828-1438	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer John J. Slattery Associates	Occupation Director of Broker Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Stephen J. Salamon	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address PO Box 4252	Transaction ID: 7502-P8390
	City State Zip Code Timonium MD 21094-4252	Amount of Each Receipt this Period 95.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer Heritage Financial Consultants, LLC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	265.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City State Zip Code
Marietta GA 30064-2474

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

Name of Employer Occupation
Schiebel & Associates, LLC Agent
dba Shopbe

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8234

Amount of Each Receipt this Period
35.00

Payroll Deduction
(\$35.00 Monthly)

B.

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

Mailing Address 2604 Blackhawk Dr

City State Zip Code
Bellevue NE 68123-3704

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

Name of Employer Occupation
NP Dodge Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P7988

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Occupation
The Rainmakers Group, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8313

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory J. Seifert

Mailing Address 3311 NE 115th St

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8295
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Desmond X. Slattery

Mailing Address 1800 State Route 34

City State Zip Code
Wall NJ 07719-9168

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

Name of Employer John J. Slattery Associates Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8435
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Deirdre Slattery Fallon

Mailing Address PO Box 256

City State Zip Code
Spring Lake NJ 07762-0256

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

Name of Employer John J. Slattery Associates, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 30 / 2008
Transaction ID: 7502-P8292
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 255.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin M. Smith

Mailing Address 605 Corporate Dr W

City State Zip Code
Langhorne PA 19047-8013

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

Name of Employer Occupation
AFLAC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8265

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Myron D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code
Los Angeles CA 90046-3284

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

Name of Employer Occupation
GENESIS/Smith-Benton President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8217

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Paul E. Smith

Mailing Address 169 Hawthorne Dr

City State Zip Code
Kensington CT 06037-4074

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

Name of Employer Occupation
AmeriBen Alliance, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8316

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Randall Southard		Date of Receipt
	Mailing Address 7848 Nc Highway 68 N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Stokesdale	NC	27357-9326
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 7502-P8366
Name of Employer Professional Benefits Associates, LLC		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 65.00
		<input type="text"/> 325.00	Payroll Deduction (\$65.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Peter J Stein		Date of Receipt
	Mailing Address 1164 Silver Beech Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Herndon	VA	20170-2328
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 7502-P8429
Name of Employer NAHU		Occupation VP Congressional Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 425.00	Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) James R Stenger		Date of Receipt
	Mailing Address 77 Ridgeview Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Mount Arlington	NJ	07856-2321
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 7502-P8256
Name of Employer NAS Financial Services		Occupation Principal	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 170.00
		<input type="text"/> 850.00	Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 320.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Marilyn A. Stenger

Mailing Address 77 Ridgeview Ln

City State Zip Code
Mount Arlington NJ 07856-2321

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

Name of Employer Self Employed Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P7924

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Rodney Stuart

Mailing Address 9755 Randall Dr

City State Zip Code
Indianapolis IN 46280-2944

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

Name of Employer Benefit Innovations LLP Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 7502-P8489

Amount of Each Receipt this Period
135.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
James F. Summers

Mailing Address 15316 Pine St

City State Zip Code
Omaha NE 68144-5117

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

Name of Employer Senior Market Sales, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: 7501-P7960

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **345.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ryan P. Thorn		Date of Receipt
	Mailing Address 10342 Springcrest Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	City	State	Zip Code
	South Jordan	UT	84095-4538
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Ryan P. Thorn Insurance Planning, Inc.		Occupation Agent	Transaction ID: 7501-P8031
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Janet Trautwein		Date of Receipt
	Mailing Address 7212 Redlac Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Clifton	VA	20124-1948
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NAHU		Occupation CEO	Transaction ID: 7501-P8044
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 425.00	Amount of Each Receipt this Period <input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Charles G. Wagner		Date of Receipt
	Mailing Address PO Box 9		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Burwell	NE	68823-0009
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Town and Country Insurance Agency, In		Occupation President	Transaction ID: 7501-P8187
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 165.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 / 50
(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)

A. Full Name (Last, First, Middle Initial)
Jessica F Waltman
Mailing Address 2000 14th St N Ste 450

City State Zip Code
Arlington VA 22201-2573

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

Name of Employer NAHU Occupation VP, Policy and State Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P8171
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Hughes Waren
Mailing Address 1109 Princeton Dr

City State Zip Code
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 05 / 28 / 2008
Transaction ID: 7501-P8084
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
John L. Warwick
Mailing Address PO Box 272

City State Zip Code
Chico CA 95927-0272

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

Name of Employer John Warwick Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 05 / 30 / 2008
Transaction ID: 7502-P8251
Amount of Each Receipt this Period: 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles A Webb	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 15 S Jefferson St	Transaction ID: 7502-P8424
	City State Zip Code Roanoke VA 24011-1303	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: Benefits Group, Inc. Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Dan Webb	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 2108 24th St Ste 2	Transaction ID: 7502-P8339
	City State Zip Code Bakersfield CA 93301-3748	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: The Webb Insurance Group Occupation: Marketing Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Lisa Wetherton	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 376 Overlook Point Drive	Transaction ID: 7502-P8302
	City State Zip Code Dahlonega GA 30533	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Monthly)
	Name of Employer: Benefit Design Strategies Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 50
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Paula L Wilson

Mailing Address 31930 Daniel Way

City State Zip Code
Temecula CA 92591-2129

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

Name of Employer Occupation
Paula Wilson, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: 7501-P8177

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Steven L. Wilson

Mailing Address 808 Penny Ln

City State Zip Code
Lexington KY 40509-1964

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

Name of Employer Occupation
Benefit Insurance Marketing Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 7502-P8532

Amount of Each Receipt this Period
60.00

Payroll Deduction
(\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Shelly K Winson

Mailing Address 2491 W Binner Dr

City State Zip Code
Chandler AZ 85224-4112

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

Name of Employer Occupation
Principal Financial Group Business Development Director,

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 7502-P8341

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 50
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Barbara Kay Wong

Mailing Address 1311 L St

City Anchorage State AK Zip Code 99501-4266

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

Name of Employer Capital Management Benefits Corp. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2008

Transaction ID: 7502-P8263

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Dennis E. Wright

Mailing Address 318 Calash Run

City Fort Wayne State IN Zip Code 46845-2104

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

Name of Employer IntraHealth Solutions, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 30 / 2008

Transaction ID: 7502-P8255

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Robert A Ziff

Mailing Address 568 Valleyview Rd

City Langhorne State PA Zip Code 19047-2221

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

Name of Employer Avanti Benefits Corp. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 30 / 2008

Transaction ID: 7502-P8477

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	235.00
TOTAL This Period (last page this line number only)	9489.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 50
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00383554

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: 7459

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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 41 / 50

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 7810 Old Branch Avenue</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7410</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 58.10</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 7810 Old Branch Avenue</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7498</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 16.44</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 7810 Old Branch Avenue</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7499</p> <p>Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 58.10</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

132.64

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7504 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="337.32"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7505 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card fees	<input type="text" value="96.98"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7508 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="150.58"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="584.88"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 43 / 50

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

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

A.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7525 Date of Disbursement 05 / 13 / 2008
	Mailing Address 6286 N College	Amount of Each Disbursement this Period 10.00
	City Indianapolis State IN Zip Code 46220	
	Purpose of Disbursement ACH Operations Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7507 Date of Disbursement 05 / 29 / 2008
	Mailing Address 6286 N College	Amount of Each Disbursement this Period 4.50
	City Indianapolis State IN Zip Code 46220	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	14.50
TOTAL This Period (last page this line number only)	732.02

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS Mailing Address PO BOX 25950 City WOODBURY State MN Zip Code 55125 Purpose of Disbursement VOIDED Check Candidate Name MICHELE M BACHMANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7450 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period -1000.00 Category/Type 012
B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS Mailing Address PO BOX 25950 City WOODBURY State MN Zip Code 55125 Purpose of Disbursement reception Candidate Name MICHELE M BACHMANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7432 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 1000.00 Category/Type 011
C.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS Mailing Address PO BOX 25950 City WOODBURY State MN Zip Code 55125 Purpose of Disbursement reception May 21 Candidate Name MICHELE M BACHMANN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7438 Date of Disbursement 05 / 19 / 2008 Amount of Each Disbursement this Period 2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BATTLE BORN POLITICAL ACTION COMMITTEE Mailing Address P.O. Box 370386 City Las Vegas State NV Zip Code 89137 Purpose of Disbursement Ensign Leadership PAC, June 11 Candidate Name BATTLE BORN POLITICAL ACTION COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 7454 Date of Disbursement 05 / 21 / 2008 Amount of Each Disbursement this Period 2500.00	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN Mailing Address P O BOX 811 City DES MOINES State IA Zip Code 50304 Purpose of Disbursement contribution Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	Transaction ID: 7520 Date of Disbursement 05 / 08 / 2008 Amount of Each Disbursement this Period 1000.00	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address Post Office Box 1994 City Union City State TN Zip Code 38281 Purpose of Disbursement breakfast event Candidate Name JOHN S. TANNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08	Transaction ID: 7415 Date of Disbursement 05 / 13 / 2008 Amount of Each Disbursement this Period 1000.00	011 Category/ Type

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 50

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: 7404 Date of Disbursement 05 / 12 / 2008
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 1000.00
	City Springfield State MO Zip Code 65805	
	Purpose of Disbursement dinner	011 Category/ Type
	Candidate Name ROY BLUNT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: 7460 Date of Disbursement 05 / 27 / 2008
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period -1000.00
	City Springfield State MO Zip Code 65805	
	Purpose of Disbursement Voided check	012 Category/ Type
	Candidate Name ROY BLUNT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: 7453 Date of Disbursement 05 / 20 / 2008
	Mailing Address 2345 Grand Suite 2400	Amount of Each Disbursement this Period 1000.00
	City Kansas City State MO Zip Code 64108	
	Purpose of Disbursement luncheon	011 Category/ Type
	Candidate Name SAMUEL B GRAVES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE</p> <p>Mailing Address PO BOX 100847</p> <p>City ANCHORAGE State AK Zip Code 99510</p> <p>Purpose of Disbursement luncheon May 22nd</p> <p>Candidate Name LISA MURKOWSKI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7436 Date of Disbursement 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement luncheon May 20</p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7451 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MUSGRAVE FOR CONGRESS</p> <p>Mailing Address 257 Johnstown Center Drive</p> <p>City Johnstown State CO Zip Code 80534</p> <p>Purpose of Disbursement Luncheon, May 21</p> <p>Candidate Name MARILYN MUSGRAVE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7435 Date of Disbursement 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) NELSON 2012</p> <p>Mailing Address PO BOX 8666</p> <p>City OMAHA State NE Zip Code 68108</p> <p>Purpose of Disbursement luncheon</p> <p>Candidate Name E BENJAMIN NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7405 Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH</p> <p>Mailing Address PO BOX 1940</p> <p>City ERIE State PA Zip Code 16507</p> <p>Purpose of Disbursement Harrisburg Fundraiser June 9</p> <p>Candidate Name PHILIP S. ENGLISH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7444 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PUTNAM FOR CONGRESS</p> <p>Mailing Address Post Office Box 2257</p> <p>City Bartow State FL Zip Code 33831</p> <p>Purpose of Disbursement dinner May 21</p> <p>Candidate Name ADAM HUGHES PUTNAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7431 Date of Disbursement 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: 7522
	Mailing Address PO Box 581	Date of Disbursement 05 / 08 / 2008
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	011 Category/Type
	Candidate Name MICHAEL J ROGERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: 7452
	Mailing Address P.O. BOX 40233	Date of Disbursement 05 / 20 / 2008
	City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement breakfast May 21	011 Category/Type
	Candidate Name MARK E SOUDER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

15000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 50

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

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

A.

Full Name (Last, First, Middle Initial)

Tammy K. Krebs

Transaction ID: 7526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Mailing Address 8202 Pipilo Pl

City State Zip Code
Louisville KY 40242

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
contribution refunded

010
Category/
Type

Candidate Name
Tammy K. Krebs

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

150.00

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

150.00
