

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 03 01 2011 through 03 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jennifer Murphy
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 04 19 2011

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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		111303.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	104523.86									
(c) Total Receipts (from Line 19)	35387.47	141979.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139911.33	253283.30								
7. Total Disbursements (from Line 31)	82733.64	196105.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57177.69	57177.69								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17365.70	65659.10
(ii) Unitemized	18020.69	76317.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35386.39	141976.31
(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)	35386.39	141976.31
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.08	3.66
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))	35387.47	141979.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35387.47	141979.97

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.....	2733.64	7180.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2733.64	7180.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	80000.00	188750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	175.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82733.64	196105.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82733.64	196105.61

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)	35386.39	141976.31
34. Total Contribution Refunds (from Line 28(d))	0.00	175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35386.39	141801.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2733.64	7180.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2733.64	7180.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 70
	<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) Jeff Ahrendsen	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 3830 Wakefield Dr	Transaction ID: 11139-P44563
	City State Zip Code Colorado Springs CO 80906-4393	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$100.00 Monthly)
Name of Employer Benefit Resources, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Kirk Andonian	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 4423 Point Fosdick Dr NW Ste 306	Transaction ID: 11139-P44215
	City State Zip Code Gig Harbor WA 98335-1794	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$150.00 Monthly)
Name of Employer Berg Andonian	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth Ashmore	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 6102 82nd St Ste 6	Transaction ID: 11141-P44826
	City State Zip Code Lubbock TX 79424-0803	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)
Name of Employer Ashmore & Associates Insurance Agency	Occupation agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 70
	<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) Kimberly L. Auclair		Date of Receipt
	Mailing Address 6873 Raccoon Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Viera	FL	32940-6869
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pineapple Financial Services, LLC		Occupation Agent	Transaction ID: 11139-P44323
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1090.00	<input type="text"/> 30.00
			Payroll Deduction
			(\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Rick D. Bailey		Date of Receipt
	Mailing Address 117 Royal Oaks Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Canton	GA	30115-6587
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Rick Bailey & Company, Inc.		Occupation agent	Transaction ID: 11139-P44399
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 610.00	<input type="text"/> 125.00
			Payroll Deduction
			(\$125.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Kathryn A. Beals		Date of Receipt
	Mailing Address 5151 W River Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waunakee	WI	53597-9523
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Dean Health Plan		Occupation Agent	Transaction ID: 11141-P45081
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 460.00	<input type="text"/> 170.00
			Payroll Deduction
			(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 325.00
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 8 / 70
(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) Bruce D. Benton</p> <p>Mailing Address 20161 Delita Dr</p> <p>City State Zip Code Woodland Hills CA 91364-3521</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Genesis SmithBenton Insurance & Finan</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 ▼ 635.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11141-P44944</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$170.00 Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) David A Berman</p> <p>Mailing Address 6510 N Shadeland Ave</p> <p>City State Zip Code Indianapolis IN 46220-4369</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 ▼ 380.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11141-P44777</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Thomas Besselman</p> <p>Mailing Address 6421 Perkins Rd Bldg A # 2B</p> <p>City State Zip Code Baton Rouge LA 70808-6200</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Besselman & Little Agency</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 ▼ 875.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11139-P44182</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Payroll Deduction (\$250.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	505.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 70
(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)
Robert J Bishop

Mailing Address 2785 E Desert Inn Rd Ste 260

City State Zip Code
Las Vegas NV 89121-3693

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
KIA Insurance President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44214

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James C. Bosier

Mailing Address 6410 N Butler Rd

City State Zip Code
Cedar Falls IA 50613-9317

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Accel Group Ins Design and Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44402

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Patrick Burns

Mailing Address 5653 Maxwellton Rd

City State Zip Code
Oakland CA 94618-2654

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Burns Employee Benefits Insurance Ser Managing Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44649

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 70
(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)
Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City State Zip Code
Frederick MD 21704-7831

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

Name of Employer Occupation
The Insurance Exchange, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11139-P44130

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City State Zip Code
Pontiac MI 48340-1367

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

Name of Employer Occupation
Great Lakes Benefit Group CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11141-P45071

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

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

Mailing Address 71 Quail Dr S

City State Zip Code
Phoenixville PA 19460-1075

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

Name of Employer Occupation
Radnor Benefits Group, Inc. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11139-P44403

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70
(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)
Louie L. Cason

Mailing Address 2920 Gervais St

City State Zip Code
Columbia SC 29204-3345

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

Name of Employer Occupation
The Cason Group, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11139-P44300
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 State Zip Code
Americus GA 31719-2150

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

Name of Employer Occupation
Russ Childers, CLU President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11141-P45072
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Dorothy M. Cociu

Mailing Address PO Box 1941

City State Zip Code
Big Bear Lake CA 92315-1941

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

Name of Employer Occupation
Advanced Benefit Consulting & Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11139-P44621
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)
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FOR LINE NUMBER: PAGE 12 / 70
(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)
Teresa Conto

Mailing Address 145 Polaris Dr

City Walkersville State MD Zip Code 21793-9123

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

Name of Employer Independent Benefit Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11141-P44797
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 17232 Brookview Dr

City Livonia State MI Zip Code 48152-4543

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

Name of Employer Health Care Administrators Occupation agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 277.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44670
Amount of Each Receipt this Period 42.00
Payroll Deduction (\$42.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suite

City Larkspur State CA Zip Code 94939

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

Name of Employer Copeland Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44208
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 297.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 70
	<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) Steven G. Cosby		Date of Receipt
	Mailing Address 27 W Boscawen St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Winchester	VA	22601-4740
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Cosby Insurance Group		Occupation Agent	Transaction ID: 11139-P44156
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Reed Damron		Date of Receipt
	Mailing Address 4642 Riveredge Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Duluth	GA	30096-2987
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HIRE Benefits, Inc.		Occupation Agent	Transaction ID: 11139-P44150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) John A Davidson		Date of Receipt
	Mailing Address 25 Rolling Oaks Dr Ste 110		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Thousand Oaks	CA	91361-1003
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Davidson Insurance & financial Serv		Occupation Insurance Agent	Transaction ID: 11139-P44211
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 70
	<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) Johnny Lee Dawkins		Date of Receipt
	Mailing Address 122 Thorncliff Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Fayetteville	NC	28303-5268
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 11139-P44452
Name of Employer Ebenconcepts		Occupation President	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="315.00"/>	<input type="text" value="115.00"/>
			Payroll Deduction (\$115.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Teresa F DeBruin		Date of Receipt
	Mailing Address 5441 Edgerton Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Norcross	GA	30092-2185
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 11139-P44640
Name of Employer DeBruin Benefit Services, Inc./ The L		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="277.00"/>	<input type="text" value="42.00"/>
			Payroll Deduction (\$42.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Rush D. Dixon		Date of Receipt
	Mailing Address 1375 Piccard Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Rockville	MD	20850-4311
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 11139-P44265
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	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="635.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="327.00"/>
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 / 70
(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)
 Steven H. Dodder
 Mailing Address PO Box 2069
 City State Zip Code
Monument CO 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 ▼ **430.00**
 Date of Receipt **03 / 25 / 2011**
Transaction ID: 11139-P44273
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. 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 Comerica Insurance Services, Inc. Occupation VP - Group Benefits Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**
 Date of Receipt **03 / 25 / 2011**
Transaction ID: 11139-P44577
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

C. 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 L.M. Erlenbach, Inc. Occupation Benefits Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **255.00**
 Date of Receipt **03 / 25 / 2011**
Transaction ID: 11141-P45066
 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 16 / 70
	<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. Fagen		Date of Receipt
	Mailing Address PO Box 19		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Demotte	IN	46310-0019
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Financial Arts Inc.		Occupation Agent	Transaction ID: 11139-P44318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Nicole Fairbairn		Date of Receipt
	Mailing Address 2113 Dakota Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Noblesville	IN	46062-9075
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Creative Insurance Concep- ts, Inc.		Occupation President	Transaction ID: 11139-P44647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="265.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Cheryl S Farmer		Date of Receipt
	Mailing Address 56114 C. R. 23		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bristol	IN	46507
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Resources Inc.		Occupation Agent	Transaction ID: 11139-P44378
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
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 17 / 70
(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)
Erin B. Fisher

Mailing Address 131 Courtland Ave

City State Zip Code
Stamford CT 06902-3443

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

Name of Employer: Health Plan One - Medicare Solutions
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11139-P44244
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Robert Mark Fitzgerald

Mailing Address 2842 Landing Way

City State Zip Code
Marietta GA 30066-2362

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

Name of Employer: Robert Fitzgerald Insurance Agency, I
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11139-P44595
Amount of Each Receipt this Period: 30.00
Payroll Deduction: (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City State Zip Code
Albuquerque NM 87120-

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

Name of Employer: Lovelace Health Plan
Occupation: Mgr., Sales/Retention Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: 111108
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **615.00**

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 / 70

(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) Kelly Don Fristoe		Date of Receipt
	Mailing Address 807 8th St Ste 300		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Wichita Falls	State TX	Zip Code 76301-3317
	FEC ID number of contributing federal political committee. C		Transaction ID: 11141-P44780
Name of Employer Financial Partners		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 ▼ 715.00	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michelle Fuller		Date of Receipt
	Mailing Address 36 Cascade Cv		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Petal	State MS	Zip Code 39465-5805
	FEC ID number of contributing federal political committee. C		Transaction ID: 11139-P44597
Name of Employer Stewart Sneed Hewes/Banco- rpSouth Insu		Occupation Vice President, Advisor	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 ▼ 395.00	<input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) William S. Gall		Date of Receipt
	Mailing Address 26 Briarwood Ln		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City New Hartford	State NY	Zip Code 13413-2451
	FEC ID number of contributing federal political committee. C		Transaction ID: 11141-P45078
Name of Employer Northwestern Mutual Finan- cial Network		Occupation Financial Representative	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 ▼ 225.00	<input type="text" value="75.00"/>
			Payroll Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

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 / 70
(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)
Joan L. Galletta

Mailing Address 3342 Kori Rd

City State Zip Code
Jacksonville FL 32257-8883

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

Name of Employer Occupation
JP Perry Insurance, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11139-P44174

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B.

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 ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11141-P45091

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Joy K. Gardner

Mailing Address 10605 Sterling Ridge Way

City State Zip Code
Reno NV 89521-5199

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

Name of Employer Occupation
Comstock Insurance Agencies, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11141-P45092

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 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 20 / 70
	<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) Charles T. Gartlan		Date of Receipt
	Mailing Address 19 Tarworth Ter		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2011
	City	State	Zip Code
	Manchester	NJ	08759-6671
	FEC ID number of contributing federal political committee. C		Transaction ID: 11139-P44381
Name of Employer Emerson, Reid & Co.		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 ▼ 300.00	100.00
			Payroll Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) James David Gibson		Date of Receipt
	Mailing Address 93 Hollenbeck Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2011
	City	State	Zip Code
	Irmo	SC	29063-8076
	FEC ID number of contributing federal political committee. C		Transaction ID: 11139-P44203
Name of Employer Gibson & Associates, 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 ▼ 340.00	170.00
			Payroll Deduction (\$170.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Michael Gibson		Date of Receipt
	Mailing Address 308 Beulah Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2011
	City	State	Zip Code
	Irmo	SC	29063-9573
	FEC ID number of contributing federal political committee. C		Transaction ID: 11139-P44582
Name of Employer Gibson & 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 ▼ 255.00	85.00
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	355.00
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 / 70
(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)
Richard R Girdler

Mailing Address 400 Sims Ln

City Franklin State TN Zip Code 37069-1890

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

Name of Employer Cowan Benefit Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44616
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B.

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

Mailing Address 8230 Rockledge Road #123

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 03 / 25 / 2011
Transaction ID: 11141-P45070
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

C.

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 ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44383
 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: PAGE 22 / 70
(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)
J.B. Gross

Mailing Address 331 Clear Lake Ln

City State Zip Code
Weatherford TX 76087-9173

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

Name of Employer Occupation
J. B. Gross Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44553

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Lorelei A. Gross

Mailing Address 331 Clear Lake Ln

City State Zip Code
Weatherford TX 76087-9173

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

Name of Employer Occupation
J. B. Gross Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44554

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 921-C S McPherson Church Rd

City State Zip Code
Fayetteville NC 28303-5368

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

Name of Employer Occupation
Ebenconcepts Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1230.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44144

Amount of Each Receipt this Period
410.00

Payroll Deduction
(\$410.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 580.00

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 / 70
(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)
 Sheila H Hartman
 Mailing Address 20315 Howard Ct
 City State Zip Code
 Woodland Hills CA 91364-5668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Financial Independence Co-mpany Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt: MM / DD / YYYY
 03 / 25 / 2011
Transaction ID: 11139-P44390
 Amount of Each Receipt this Period: 170.00
 Payroll Deduction: (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Hedy S Hebert
 Mailing Address 4816 Woodberry Ln
 City State Zip Code
 Benton LA 71006-9361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Benefit Consulting Servic-es Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00
 Date of Receipt: MM / DD / YYYY
 03 / 25 / 2011
Transaction ID: 11139-P44599
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Dan M. Heffley
 Mailing Address PO Box 50031
 City State Zip Code
 Henderson NV 89016-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Employer Benefit Source, I-nc. Occupation: Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00
 Date of Receipt: MM / DD / YYYY
 03 / 25 / 2011
Transaction ID: 11139-P44684
 Amount of Each Receipt this Period: 10.00
 Payroll Deduction: (\$10.00 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: PAGE 24 / 70
(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)
 John Heinz
 Mailing Address 413 Roslyn Rd
 City State Zip Code
 Dundee IL 60118-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INSource Benefits Consultants President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 215.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2011
Transaction ID: 11139-P44618
 Amount of Each Receipt this Period
 20.00
 Payroll Deduction
 (\$20.00 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 Occupation
 Business Planning Group Of OK Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2011
Transaction ID: 11141-P44861
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction
 (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Thomas L. Henry
 Mailing Address 19310 Sonoma Hwy Ste A
 City State Zip Code
 Sonoma CA 95476-5454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RealCare Insurance Marketing, Inc. Chief Executive Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2011
Transaction ID: 11139-P44169
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70
(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)
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 ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11141-P44819
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B.

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

Mailing Address 1185 Montclair Way

City Snellville State GA Zip Code 30078-7327

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

Name of Employer Multiple Benefits Corporation Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44499
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Julia A. Jennings

Mailing Address 2 Lady Slipper Ln

City Marion State MA Zip Code 02738-1294

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

Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Vice President, Employee Benef

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44407
 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 26 / 70
	<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) David S Johnson		Date of Receipt
	Mailing Address 1482 Baron Ct		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Stone Mountain	GA	30087-3037
	FEC ID number of contributing federal political committee. C		Transaction ID: 11139-P44565
Name of Employer David S. Johnson Insurance		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="530.00"/>	<input type="text" value="180.00"/>
			Payroll Deduction (\$180.00 Monthly)

B.	Full Name (Last, First, Middle Initial) George R Keeling		Date of Receipt
	Mailing Address 1875 N Highway 385		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Levelland	TX	79336-9493
	FEC ID number of contributing federal political committee. C		Transaction ID: 11141-P45048
Name of Employer George R. Keeling Insurance Agency		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="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Tamara P Kennedy		Date of Receipt
	Mailing Address 9414 E Sera Brisa		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Scottsdale	AZ	85255-6054
	FEC ID number of contributing federal political committee. C		Transaction ID: 11139-P44199
Name of Employer Rogers Benefit Group, 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="485.00"/>	<input type="text" value="200.00"/>
			Payroll Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="465.00"/>
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 27 / 70

(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)

E. Andrea Kinkade

Mailing Address 3215 River Rd

City State Zip Code
Toledo OH 43614-4218

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

Name of Employer Occupation
Kaminsky & Associates Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 11107

Amount of Each Receipt this Period

365.00

B.

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 Occupation
Conover Insurance, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11139-P44363

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Linda Rose Koehler

Mailing Address 516 Shelley St

City State Zip Code
Livermore CA 94550-2368

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

Name of Employer Occupation
Herzog Insurance Agency Health Benefits Insurance Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11141-P45030

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

535.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 70
	<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) Daniel C LaBroad		Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 710 Farmers Market Way		Transaction ID: 11139-P44522
	City Dallas	State TX	Zip Code 75201-8451
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Ovation Health & Life Services, Inc.	Occupation Agent	Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Emma S Leigh		Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 5101 Peachtree Rd		Transaction ID: 11139-P44191
	City Atlanta	State GA	Zip Code 30341-2715
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Alliant Health Systems	Occupation Sr. Sales Executive	Payroll Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Karen B. Leonard		Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 8 Shakespeare Rd		Transaction ID: 11139-P44659
	City Hackettstown	State NJ	Zip Code 07840-4707
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Leonard Financial Group, LLC	Occupation Agent	Payroll Deduction (\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 70
(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) Juan R. Lopez</p> <p>Mailing Address 27 Banstead</p> <p>City State Zip Code Trabuco Canyon CA 92679-3740</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Kaiser Permanente Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 255.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11139-P44526</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Maurice Lyons</p> <p>Mailing Address 301 Madison Ave Fl 4</p> <p>City State Zip Code New York NY 10017-8103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Medical Link, Inc. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1125.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11139-P44284</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Payroll Deduction (\$250.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Jim Malone</p> <p>Mailing Address 124 Main Ave N</p> <p>City State Zip Code Fayetteville TN 37334-3056</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Malone Company President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11139-P44171</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll Deduction (\$30.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	615.00
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 / 70
(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 E. Matznick

Mailing Address 3207 Cottingham Ct

City Greensboro State NC Zip Code 27410-8362

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

Name of Employer EbenConcepts Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44528
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City Tulsa State OK Zip Code 74137-5534

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 03 / 22 / 2011
Transaction ID: 11133
 Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Susan Marie McGinnis

Mailing Address 9905 S Maplewood Ave

City Tulsa State OK Zip Code 74137-5534

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

Name of Employer BenEx Insurance Agency Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11141-P45002
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 70
(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)
Ward McKalson

Mailing Address 22365 Ferdinand Ct

City State Zip Code
Salinas CA 93908-1106

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

Name of Employer Occupation
Leavitt Central Coast Insurance Servi Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44516

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 123 E 2nd Ave

City State Zip Code
Spokane WA 99202-1525

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

Name of Employer Occupation
Western States Jones & Mitchell Benefits Manager

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44159

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David R. Moore

Mailing Address 605 Truitt Dr

City State Zip Code
Elon NC 27244-9262

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

Name of Employer Occupation
David R. Moore, CLU & Associates Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11141-P45027

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 / 70

(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)

Joseph C. Moss

Mailing Address 14202 Chimney House Rd

City State Zip Code
Midlothian VA 23112-4304

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

Name of Employer Occupation
M&T Bank HSA Specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11141-P44989

Amount of Each Receipt this Period
10.00

Payroll Deduction

(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code
Upland CA 91786-4793

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

Name of Employer Occupation
Ray Musser & Assoc. Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11139-P44314

Amount of Each Receipt this Period
85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

John J. Nelson

Mailing Address 32110 Agoura Rd

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.10

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11139-P44261

Amount of Each Receipt this Period
416.70

Payroll Deduction

(\$416.70 Monthly)

SUBTOTAL of Receipts This Page (optional)

511.70

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 33 / 70

(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)
Ron J. Nezat

Mailing Address 2632 Ducharme Rd

City State Zip Code
Opelousas LA 70570-8630

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

Name of Employer Occupation
Global Financial Resource- Agent
s, Inc.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44291

Amount of Each Receipt this Period
250.00

Payroll Deduction
(\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Terri M. Olson

Mailing Address PO Box 21479

City State Zip Code
Keizer OR 97307-1479

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

Name of Employer Occupation
Olson Insurance Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11141-P44824

Amount of Each Receipt this Period
50.00

Payroll Deduction
(\$50.00 Monthly)

C.

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

Mailing Address 47 Laurel Hill Dr

City State Zip Code
Niantic CT 06357-1536

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

Name of Employer Occupation
Parker Agency Principal

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11141-P45005

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 70
	<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) Jesse A. Patton		Date of Receipt
	Mailing Address 701 Grand Ave		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	West Des Moines	IA	50265-3625
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Associations Marketing Group, Inc.		Occupation CEO/President	Transaction ID: 11139-P44338
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1050.00"/>	<input type="text" value="350.00"/>
			Payroll Deduction
			(\$350.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Ross W. Pendergraft		Date of Receipt
	Mailing Address 16622 Calahan St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	North Hills	CA	91343-3602
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Arroyo Insurance Services		Occupation Agent	Transaction ID: 11139-P44492
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction
			(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Tom G. Polenzani		Date of Receipt
	Mailing Address 1120 Atchison St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pasadena	CA	91104-1319
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Polenzani Benefits & Ins. Svcs., Inc.		Occupation Agent	Transaction ID: 11139-P44341
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="635.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction
			(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="605.00"/>
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 35 / 70
(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)
John G. Prue

Mailing Address 12713 S Edinburgh St

City Olathe State KS Zip Code 66062-1300

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

Name of Employer Humana, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 11141-P44911

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Kathy M. Rainwater

Mailing Address 3809 Silverwood Dr

City Tyler State TX Zip Code 75701-9336

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

Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 11141-P45012

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City Midlothian State VA Zip Code 23113-6726

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

Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 11139-P44344

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 36 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jon C Rauser
Mailing Address 949 Lamplighter Ln
City Grafton State WI Zip Code 53024-9314
FEC ID number of contributing federal political committee. **C**
Name of Employer The Rauser Agency, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44345
Amount of Each Receipt this Period 250.00
Payroll Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dennis J. Recker
Mailing Address 971 N Perry St
City Ottawa State OH Zip Code 45875-1218
FEC ID number of contributing federal political committee. **C**
Name of Employer Fawcett, Lammon, Recker & Associates Occupation Registered Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11141-P44839
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
R Dane Rianhard
Mailing Address 1 N Charles St
City Baltimore State MD Zip Code 21201-3740
FEC ID number of contributing federal political committee. **C**
Name of Employer FranklinMorris Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44696
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 365.00
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 37 / 70
(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 ▼ 380.00
 Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44435
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Mark C. Riley
 Mailing Address PO Box 1635
 City State Zip Code
 Irmo SC 29063-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Benefit Services, LLC Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00
 Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44126
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

C. 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 ▼ 380.00
 Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44136
 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: PAGE 38 / 70
(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) Sharon L. Robbins</p> <p>Mailing Address PO Box 530</p> <p>City State Zip Code Asheville NC 28802-0530</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Insurance Service of Asheville</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 ▼ 255.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11141-P44876</p> <p>Amount of Each Receipt this Period 85.00</p> <p>Payroll Deduction (\$85.00 Monthly)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Joseph K. Roberts</p> <p>Mailing Address 4000 S 36th St</p> <p>City State Zip Code Lincoln NE 68506-4809</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Midlands Financial Benefits</p> <p>Occupation Registered Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 510.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11141-P44996</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$170.00 Monthly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) William T. Robinson</p> <p>Mailing Address 401 S El Cielo Rd Apt 66</p> <p>City State Zip Code Palm Springs CA 92262-7922</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Palm Canyon Insurance Agency</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 ▼ 380.00</p>	<p>Date of Receipt 03 / 25 / 2011</p> <p>Transaction ID: 11141-P45016</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)	340.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 70
(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)
Mark Rose

Mailing Address 1545 NE 76th St

City State Zip Code
Seattle WA 98115-4373

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

Name of Employer Baldwin Resource Group Occupation Vice President Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44500

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City State Zip Code
Budd Lake NJ 07828-1438

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

Name of Employer John J. Slattery Associates Occupation Director of Broker Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44349

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Sarah L. Rutledge

Mailing Address 1015 N 98th St Ste 221

City State Zip Code
Omaha NE 68114-2362

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

Name of Employer OCI Insurance + Financial Service Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2011

Transaction ID: 11077

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 70
(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 S. Sailer

Mailing Address 9721 Wellington Rdg

City State Zip Code
Woodbury MN 55125-9592

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

Name of Employer: Sailer Benefit Services, Inc. Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11139-P44354
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Stephen J. Salamon

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

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

Name of Employer: Landmark Insurance & Financial Group Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 03 / 01 / 2011
Transaction ID: 11061
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Stephen J. Salamon

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

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

Name of Employer: Landmark Insurance & Financial Group Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: 11139-P44242
Amount of Each Receipt this Period: 85.00
Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 295.00

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 41 / 70

(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)
Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City State Zip Code
Dacula GA 30019-3290

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

Name of Employer Occupation
E2E Benefits Services, In- Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44355

Amount of Each Receipt this Period
150.00

Payroll Deduction
(\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Rose P. Sandoval

Mailing Address 2 Main St Ste 340

City State Zip Code
Stoneham MA 02180-3336

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

Name of Employer Occupation
Benefit Strategy Partners, Agent
LLC

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44301

Amount of Each Receipt this Period
100.00

Payroll Deduction
(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
Mengel, Surdyke, Murphy Benefits Consultant
and Finke

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2011

Transaction ID: 11058

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶

375.00

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 42 / 70
(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)
Kenneth L. Schmidt

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code
Eureka MO 63025-1051

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

Name of Employer Occupation
Mengel, Surdyke, Murphy and Finke Benefits Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2011

Transaction ID: 11116

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City State Zip Code
Silver Spring MD 20901-2348

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

Name of Employer Occupation
Insurance Benefits & Advisors Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11139-P44229

Amount of Each Receipt this Period
135.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
James D. Schulz

Mailing Address 7101 S 82nd St

City State Zip Code
Lincoln NE 68516-6584

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

Name of Employer Occupation
Midlands Financial Benefits Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11139-P44266

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: PAGE 43 / 70
(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)
Gregory J. Seifert

Mailing Address 3311 NE 115th Street

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer Occupation
Biggs Insurance Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44456

Amount of Each Receipt this Period
255.00

Payroll Deduction
(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Steven Selinsky

Mailing Address 28638 Oak Point Dr

City State Zip Code
Farmington Hills MI 48331-2706

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

Name of Employer Occupation
Benesys Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44458

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Scott A Shalek

Mailing Address PO Box 67

City State Zip Code
Ringwood IL 60072-0067

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

Name of Employer Occupation
Shalek Financial Services Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44230

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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 44 / 70
(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)
Douglas W Sheffer

Mailing Address 2425 Malabar Dr

City State Zip Code
Eugene OR 97403-1893

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

Name of Employer PacificSource Health Plans Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2011

Transaction ID: 11085

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
Douglas W Sheffer

Mailing Address 2425 Malabar Dr

City State Zip Code
Eugene OR 97403-1893

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

Name of Employer PacificSource Health Plans Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44470

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Anya Y. Simpson

Mailing Address 82 N Boxwood St

City State Zip Code
Hampton VA 23669-2464

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

Name of Employer Benefit Plans, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2011

Transaction ID: 11072

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **570.00**

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 45 / 70
(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)
Anya Y. Simpson
Mailing Address 82 N Boxwood St
City Hampton State VA Zip Code 23669-2464
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Plans, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 395.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44480
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Desmond X. Slattery
Mailing Address 1800 State Route 34
City Wall State NJ Zip Code 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 ▼ 255.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44268
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
David C. Smith
Mailing Address 1926 Glengate Cir
City Morrisville State NC Zip Code 27560-6966
FEC ID number of contributing federal political committee. **C**
Name of Employer Ebenconcepts Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 570.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11140-P44749
Amount of Each Receipt this Period 200.00
Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 315.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 70
	<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) MD Sam Smith		Date of Receipt
	Mailing Address 7172 Hawthorn Ave Apt 211		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Los Angeles	CA	90046-3284
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GENESIS/Smith-Benton		Occupation President	Transaction ID: 11139-P44481
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Sheryl M. Soileau		Date of Receipt
	Mailing Address 6421 Perkins Rd Bldg A # 2B		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Baton Rouge	LA	70808-6200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Besselman & Little Agency		Occupation Agent	Transaction ID: 11141-P44879
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="455.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			Payroll Deduction (\$10.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jim Spahr		Date of Receipt
	Mailing Address 1457 Capri Ave		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Petaluma	CA	94954-1458
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Jackie & Jim Spahr Insurance Services		Occupation Agent	Transaction ID: 11139-P44462
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="180.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 70
	<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) Sher Sparano		Date of Receipt
	Mailing Address 7020 108th St # 5-0		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Forest Hills	NY	11375-4449
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 11139-P44262
Name of Employer Benefits Advisory Service		Occupation President	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="325.00"/>	<input type="text" value="90.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Anne P. Sperling		Date of Receipt
	Mailing Address 25 Antigua Rd		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Santa Fe	NM	87508-2201
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 11183
Name of Employer Daniels Insurance, Inc.		Occupation Employee Benefits Manager	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="245.00"/>	<input type="text" value="40.00"/>

C.	Full Name (Last, First, Middle Initial) Anne P. Sperling		Date of Receipt
	Mailing Address 25 Antigua Rd		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Santa Fe	NM	87508-2201
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 11139-P44482
Name of Employer Daniels Insurance, Inc.		Occupation Employee Benefits Manager	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="285.00"/>	<input type="text" value="40.00"/>
			Payroll Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="170.00"/>
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 48 / 70
(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)
Zachary Stafford

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code
Baton Rouge LA 70808-6200

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

Name of Employer Occupation
Besselman & Little Agency Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11139-P44701

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Eugene A Starks

Mailing Address 408 Oakleigh Cir

City State Zip Code
Brandon MS 39047-5079

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

Name of Employer Occupation
Benefit Administration Services, Ltd. Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11141-P44958

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
James R Stenger

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 07936

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

Name of Employer Occupation
BenefitMall Director of Business Developme

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 11141-P44971

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 70

(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 381 Victoria Drive

City State Zip Code
Bridgewater NJ 08807

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

Name of Employer Occupation
MVS Consulting Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1880.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11141-P44787

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Kirk D. Stoddard

Mailing Address 5237 Barron Park Dr

City State Zip Code
San Jose CA 95136-2810

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

Name of Employer Occupation
Kirk Stoddard & Associates Agent/Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44485

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Rodney Stuart

Mailing Address 9755 Randall Dr

City State Zip Code
Indianapolis IN 46280-2951

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

Name of Employer Occupation
Benefit Innovations, LLP Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2011

Transaction ID: 11139-P44433

Amount of Each Receipt this Period

100.00

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: PAGE 50 / 70
(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)
James L. Sugden
Mailing Address 544 Wild Ridge Lane
City Lafayette State CO Zip Code 80026-2583
FEC ID number of contributing federal political committee. **C**
Name of Employer Employee Benefit Solutions, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11141-P44973
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
James F. Summers
Mailing Address 15316 Pine St
City Omaha State NE Zip Code 68144-5117
FEC ID number of contributing federal political committee. **C**
Name of Employer Senior Market Sales, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11141-P44974
Amount of Each Receipt this Period 125.00
Payroll Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
William L Sutherland
Mailing Address 19126 Kristen Way
City San Antonio State TX Zip Code 78258-3618
FEC ID number of contributing federal political committee. **C**
Name of Employer Wortham Insurance & Risk Management Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44400
Amount of Each Receipt this Period 100.00
Payroll Deduction (\$100.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 70
(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)
Frank Todd Taylor

Mailing Address 11 Millstone Rd

City Richmond State VA Zip Code 23228-5407

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

Name of Employer Medical Society of Virginia Insurance Occupation Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44463
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Marsha Tellesbo

Mailing Address 22887 NE 127th Way

City Redmond State WA Zip Code 98053-5657

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

Name of Employer Tellesbo & Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44441
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
David J. Terpening

Mailing Address 424 Avenue E

City Redondo Beach State CA Zip Code 90277-5141

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

Name of Employer Dave Terpening Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44473
 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 52 / 70
(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)
Nancy S. Thompson

Mailing Address 2609 NW Cascade St

City Camas State WA Zip Code 98607-8008

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 ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 1 / 2 0 1 1

Transaction ID: 11062

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Janet Trautwein

Mailing Address 7212 Redlac Dr

City Clifton State VA Zip Code 20124-1948

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

Name of Employer NAHU Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 5 / 2 0 1 1

Transaction ID: 11141-P44975

Amount of Each Receipt this Period 170.00

Payroll Deduction
(\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Bynum R. Tuttle

Mailing Address PO Box 1110

City Denton State NC Zip Code 27239-1110

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

Name of Employer Triune Technologies, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 1 / 2 0 1 1

Transaction ID: 11063

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 70
	<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) Rand R. Wall		Date of Receipt
	Mailing Address 1004 Sugardale Ct		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Sugar Land	TX	77498-2760
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lone Star Health Plans, Ltd.		Occupation Agent	Transaction ID: 11141-P44965
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
			Payroll Deduction
			(\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Jessica F Waltman		Date of Receipt
	Mailing Address 2000 14th St N Ste 450		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Arlington	VA	22201-2573
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NAHU		Occupation VP, Policy and State Affairs	Transaction ID: 11141-P44869
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction
			(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) M. Hughes Waren		Date of Receipt
	Mailing Address 1109 Princeton Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Wilmington	NC	28403-2528
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ebenconcepts, Inc.		Occupation Agent	Transaction ID: 11141-P44901
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction
			(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="270.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 70
	<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) John L. Warwick		Date of Receipt
	Mailing Address PO Box 272		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Chico	CA	95927-0272
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer John Warwick Insurance Services		Occupation Agent	Transaction ID: 11139-P44329
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="255.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="85.00"/>

B.	Full Name (Last, First, Middle Initial) Dan Webb		Date of Receipt
	Mailing Address 5251 Office Park Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bakersfield	CA	93309-0404
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Webb Insurance Group		Occupation Marketing Manager	Transaction ID: 11141-P44816
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="510.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$170.00 Monthly)	<input type="text" value="170.00"/>

C.	Full Name (Last, First, Middle Initial) Joshua R. Weinstein		Date of Receipt
	Mailing Address 2550 Denali St Ste 1502		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Anchorage	AK	99503-2753
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Northrim Benefits Group, LLC		Occupation Employee Benefits Consultant	Transaction ID: 11139-P44258
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="205.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$30.00 Monthly)	<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="285.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 70
	<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) Lisa Wetherton		Date of Receipt
	Mailing Address 2150 Imperial Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Gainesville	GA	30501-1306
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Design Strategies		Occupation Agent	Transaction ID: 11139-P44331
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="230.00"/>	<input type="text" value="20.00"/>
			Payroll Deduction
			(\$20.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Trei Wild		Date of Receipt
	Mailing Address 2745 Dallas Pkwy		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Plano	TX	75093-8731
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Assurant Employee Benefits		Occupation Agent	Transaction ID: 11139-P44297
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction
			(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Zach J. Wilding		Date of Receipt
	Mailing Address 712 Kingston Cir		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Brownsburg	IN	46112-8337
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer OneAmerica		Occupation Sales Representative	Transaction ID: 11139-P44487
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="205.00"/>	<input type="text" value="10.00"/>
			Payroll Deduction
			(\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="115.00"/>
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 56 / 70

(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)
Michael R Williams

Mailing Address 302 S 36th St Ste 105

City State Zip Code
Omaha NE 68131-3845

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

Name of Employer Occupation
Williams Deras & Associates Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11139-P44168

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

B.

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 ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11141-P44954

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Dennis C Woehler

Mailing Address 5318 Westhaven Dr.

City State Zip Code
Evansville IN 47720-

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

Name of Employer Occupation
ONB Insurance Group, Inc. Group Benefits Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 11139-P44447

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 57 / 70
(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)
Rosanne Wolfe

Mailing Address 4600 E Swans Nest Rd

City Tucson State AZ Zip Code 85718-6248

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

Name of Employer Wolfe Insurance & Consultants, LLC Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44478
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Barbara 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 Intrahealthsolutions, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44541
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

C.

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 ▼ 505.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 11139-P44335
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) ▶ 17365.70

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)

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fee 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: 11170 Date of Disbursement: 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period: 4.95</p> <p>Category/Type: 001</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fee 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: 11171 Date of Disbursement: 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period: 572.76</p> <p>Category/Type: 001</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Merchant Fee 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: 11173 Date of Disbursement: 03 / 29 / 2011</p> <p>Amount of Each Disbursement this Period: 4.95</p> <p>Category/Type: 001</p>

SUBTOTAL of Disbursements This Page (optional)	582.66
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 Mailing Address 6286 N College City Indianapolis State IN Zip Code 46220 Purpose of Disbursement Merchant Fees Candidate Name 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) ▼	Transaction ID: 11172 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2011
	Amount of Each Disbursement this Period 1804.35 Category/Type 001
B. Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 6286 N College City Indianapolis State IN Zip Code 46220 Purpose of Disbursement Banking Fee Candidate Name 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) ▼	Transaction ID: 11174 Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2011
	Amount of Each Disbursement this Period 346.63 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

2150.98

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

2733.64

**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. AUSTIN SCOTT FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27750

City Macon State GA Zip Code 31221

Purpose of Disbursement Contribution

Candidate Name JAMES AUSTIN SCOTT

Office Sought: House Senate President

State: GA District: 08

Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: 11126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. BLUE DOG POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 6849 Old Dominion Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement Contribution

Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 11125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement Breakfast 3.30

Candidate Name CHARLES DR. JR. BOUSTANY

Office Sought: House Senate President

State: LA District: 07

Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: 11145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS	Transaction ID: 11100 Date of Disbursement																			
	Mailing Address PO Box 247	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	1												
	City Kinderhook State NY Zip Code 12106	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CHRIS P GIBSON	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: 11117 Date of Disbursement																			
	Mailing Address P.O. Box 1776	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Breakfast 3.16	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name JASON ALTMIRE	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CONSERVATIVE PRINCIPLES PAC	Transaction ID: 11143 Date of Disbursement																			
	Mailing Address P.O. Box 100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
	City Early State IA Zip Code 50535	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name CONSERVATIVE PRINCIPLES PAC	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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)	<table border="1"><tr><td>5500.00</td></tr></table>	5500.00
5500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement Lunch 3.1</p> <p>Candidate Name DEVIN G NUNES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11050 Date of Disbursement 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS</p> <p>Mailing Address PO Box 538</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement Lunch 3.17</p> <p>Candidate Name SEAN DUFFY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11102 Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 EAST MAIN STREET, SUITE 200</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement Dinner 3.31</p> <p>Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</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: 11070 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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 JOHN BARROW	Transaction ID: 11099
	Mailing Address PO Box 8166	Date of Disbursement 03 / 10 / 2011
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Lunch 3.10	011 Category/Type
	Candidate Name JOHN J. BARROW	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON	Transaction ID: 11154
	Mailing Address P.O. Box 860096	Date of Disbursement 03 / 30 / 2011
	City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Dinner 3.29	011 Category/Type
	Candidate Name JOHNSON MR. SAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: 11151
	Mailing Address PO Box 17192	Date of Disbursement 03 / 29 / 2011
	City Ft Mitchell State KY Zip Code 41017	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contribution	011 Category/Type
	Candidate Name GEOFFREY C. DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
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) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Breakfast 3.2</p> <p>Candidate Name ORRIN G HATCH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11045 Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) JIM JORDAN FOR CONGRESS</p> <p>Mailing Address 1709 State Route 560 South</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement Dinner 3.2</p> <p>Candidate Name JAMES D. JORDAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11046 Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) JOE WALSH FOR CONGRESS COMMITTEE, INC.</p> <p>Mailing Address P.O. BOX 56 830 W. ROUTE 22</p> <p>City LAKE ZURICH State IL Zip Code 60047</p> <p>Purpose of Disbursement Lunch 3.29</p> <p>Candidate Name JOE WALSH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11148 Date of Disbursement 03 / 29 / 2011</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)

A.	Full Name (Last, First, Middle Initial) KING FOR CONGRESS	Transaction ID: 11147 Date of Disbursement
	Mailing Address 116 N Main St.	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Early State IA Zip Code 50535	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="-2500.00"/>
	Candidate Name STEVE MR. KING	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KING FOR CONGRESS	Transaction ID: 11119 Date of Disbursement
	Mailing Address 116 N Main St.	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Early State IA Zip Code 50535	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name STEVE MR. KING	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS	Transaction ID: 11118 Date of Disbursement
	Mailing Address P.O. Box 1530	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name LARRY KISSELL	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
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)

<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) KRISTI FOR CONGRESS</p> <p>Mailing Address PO Box 852</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Breakfast 3.15</p> <p>Candidate Name KRISTI LYNN NOEM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11103 Date of Disbursement 03 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA</p> <p>Mailing Address PO BOX 5202</p> <p>City CHARLESTON State WV Zip Code 25361</p> <p>Purpose of Disbursement Breakfast 3.29</p> <p>Candidate Name JOE, III MANCHIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11146 Date of Disbursement 03 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement Contribution</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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11144 Date of Disbursement 03 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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) MCKINLEY FOR CONGRESS	Transaction ID: 11049 Date of Disbursement
	Mailing Address 32 20TH STREET	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City WHEELING State WV Zip Code 26003	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast 3.9	<input type="text" value="1000.00"/>
	Candidate Name DAVID B MCKINLEY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: 11120 Date of Disbursement
	Mailing Address 320 FIRST STREET SE	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="15000.00"/>
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	<input type="text" value="011"/> 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) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: 11124 Date of Disbursement
	Mailing Address 425 SECOND STREET NE	<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="15000.00"/>
	Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	<input type="text" value="011"/> 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="31000.00"/>
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)

<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) PALLONE FOR CONGRESS <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Campaign Kick Off Celebration Candidate Name FRANK JR PALLONE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11101 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Dinner 3.1 Candidate Name THOMAS EDMUNDS PRICE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11048 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement Lunch 3.10 Candidate Name PAUL D. RYAN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11047 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2011
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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) TIM SCOTT FOR CONGRESS</p> <p>Mailing Address 1405 ASHLEY RIVER ROAD</p> <p>City CHARLESTON State SC Zip Code 29407</p> <p>Purpose of Disbursement Happy Hour 3.16</p> <p>Candidate Name TIMOTHY E SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11105 Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) TREY GOWDY FOR CONGRESS</p> <p>Mailing Address PO BOX 3324</p> <p>City SPARTANBURG State SC Zip Code 29304</p> <p>Purpose of Disbursement Breakfast 3.16</p> <p>Candidate Name TREY GOWDY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11104 Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address P.O. BOX 661</p> <p>City COLLINSVILLE State IL Zip Code 62234</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN M SHIMKUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 11152 Date of Disbursement 03 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 70

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

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

A.

Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Transaction ID: 11153

Date of Disbursement

Mailing Address P.O. BOX 391

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	1

City State Zip Code
HOPKINSVILLE KY 42241

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
ED WHITFIELD

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

8000.00
