

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 02 01 2010 through 02 28 2010

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 03 02 2010

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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	218528.64									
(c) Total Receipts (from Line 19)	41805.84	99928.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	260334.48	288894.66								
7. Total Disbursements (from Line 31)	27221.57	55781.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	233112.91	233112.91								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

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)	14385.00	40375.00
(ii) Unitemized	27417.67	40937.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	41802.67	81312.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41802.67	81312.59
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.17	6.68
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))	41805.84	81319.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41805.84	81319.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1811.57	3036.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1811.57	3036.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	50800.00
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	410.00	1945.00
(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))	410.00	1945.00
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))..	27221.57	55781.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27221.57	55781.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	41802.67	81312.59
34. Total Contribution Refunds (from Line 28(d))	410.00	1945.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41392.67	79367.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1811.57	3036.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1811.57	3036.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 40
(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)
Elizabeth Ashmore

Mailing Address 6102 82nd St Ste 6

City Lubbock State TX Zip Code 79424-0803

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: 9711
 Amount of Each Receipt this Period: 150.00
 Cap Conference 2010

B.

Full Name (Last, First, Middle Initial)
Kathryn A. Beals

Mailing Address 5151 W River Rd

City Waunakee State WI Zip Code 53597-9523

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

Name of Employer: Dean Health Plan
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: 9691-P31450
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction
 (\$125.00 Annually)

C.

Full Name (Last, First, Middle Initial)
Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City Baton Rouge State LA Zip Code 70808-6200

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

Name of Employer: Besselman & Little Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9690-P30959
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction
 (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<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) Patrick Burns	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 5653 Maxwellton Rd	Transaction ID: 9690-P31409
	City State Zip Code Oakland CA 94618-2654	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: Burns Employee Benefits Insurance Ser Occupation: Managing Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00	

B.	Full Name (Last, First, Middle Initial) Kareim R. Cade	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 1544 Pebble Beach Dr	Transaction ID: 9678-P30846
	City State Zip Code Pontiac MI 48340-1367	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: Great Lakes Benefit Group Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00	

C.	Full Name (Last, First, Middle Initial) Alison M. Challacombe	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 20575 Woodside Ct	Transaction ID: 9690-P31181
	City State Zip Code Bend OR 97702-9528	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: LifeWise Health Plan of Oregon Occupation: Marketing Coordinator Large Gr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	▶	630.00
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 8 / 40
(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) Russell B. Childers</p> <p>Mailing Address 402 Rawley Rd</p> <p>City State Zip Code Americus GA 31719-2150</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Russ Childers, CLU Occupation: President</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 295.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0</p> <p>Transaction ID: 9698</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Cap Conference 2010</p>
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<p>B. Full Name (Last, First, Middle Initial) Jim Daubert</p> <p>Mailing Address 9121 Pioneer Ct</p> <p>City State Zip Code Lincoln NE 68520-9305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Daubert and Butler Associates Occupation: Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1150.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: 9673-P29364</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Payroll Deduction (\$150.00 Annually)</p>
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<p>C. Full Name (Last, First, Middle Initial) Rush David Dixon</p> <p>Mailing Address 1375 Piccard Dr</p> <p>City State Zip Code Rockville MD 20850-4311</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Early Cassidy and Schilling Occupation: VP of Employee Benefits</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 340.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: 9690-P31028</p> <p>Amount of Each Receipt this Period 170.00</p> <p>Payroll Deduction (\$170.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	445.00
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 / 40
(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)
Virginia L Eggert

Mailing Address 6430 N Camino Arturo

City Tucson State AZ Zip Code 85718-2012

FEC ID number of contributing federal political committee. C

Name of Employer EM Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2010

Transaction ID: 9713

Amount of Each Receipt this Period 300.00

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

Mailing Address 26240 Wacker Dr

City New Baltimore State MI Zip Code 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 02 / 10 / 2010

Transaction ID: 9637

Amount of Each Receipt this Period 125.00

Capitol Conference 2010

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

Mailing Address 26240 Wacker Dr

City New Baltimore State MI Zip Code 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 ▼ 295.00

Date of Receipt 02 / 22 / 2010

Transaction ID: 9690-P31339

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 510.00

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 10 / 40
(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)
Albert C Ertel

Mailing Address 2710 Redding Rd NE

City Atlanta State GA Zip Code 30319-2908

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

Name of Employer Essential Benefit Solutions, LLC. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 09 / 2010
Transaction ID: 9635
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Albert C Ertel

Mailing Address 2710 Redding Rd NE

City Atlanta State GA Zip Code 30319-2908

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

Name of Employer Essential Benefit Solutions, LLC. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9673-P29360
 Amount of Each Receipt this Period: 150.00
 Payroll Deduction (\$150.00 Annually)

C.

Full Name (Last, First, Middle Initial)
Jonathan Frisch

Mailing Address 1528 Wyndham Cv

City Memphis State TN Zip Code 38120-1426

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

Name of Employer Zalowitz Frisch Benefits Group Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: 9630
 Amount of Each Receipt this Period: 150.00
 Cap Conference 2010

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 40
(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)
Julie Reno George
Mailing Address 1691 Westbrook Plaza Dr
City Winston Salem State NC Zip Code 27103-2993
FEC ID number of contributing federal political committee. **C**
Name of Employer JBA Benefits, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 25 / 2010
Transaction ID: 9709
Amount of Each Receipt this Period 300.00
Cap Conference 2010

B. Full Name (Last, First, Middle Initial)
Willis H. Glaros
Mailing Address 9772 Rosewood Dr
City Saint John State IN Zip Code 46373-9035
FEC ID number of contributing federal political committee. **C**
Name of Employer Employer Benefit Systems Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 02 / 22 / 2010
Transaction ID: 9690-P31032
Amount of Each Receipt this Period 170.00
Payroll Deduction
(\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Donald W. Goldmann
Mailing Address 6615 E Kings Crown Rd
City Orange State CA Zip Code 92869-4385
FEC ID number of contributing federal political committee. **C**
Name of Employer Word & Brown Occupation VP of National Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00
Date of Receipt 02 / 22 / 2010
Transaction ID: 9673-P29361
Amount of Each Receipt this Period 125.00
Payroll Deduction
(\$125.00 Annually)

SUBTOTAL of Receipts This Page (optional) ▶ 595.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 40
	<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 D. Gray		Date of Receipt
	Mailing Address 7305 Pioneers Blvd		<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 0 2 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Lincoln	NE	68506-7519
	FEC ID number of contributing federal political committee. C		Transaction ID: 9646
Name of Employer The Harry A. Koch Company		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 ▼ 225.00	125.00
			Capitol Gold Conference 2010

B.	Full Name (Last, First, Middle Initial) Michael D. Gray		Date of Receipt
	Mailing Address 7305 Pioneers Blvd		<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 0 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Lincoln	NE	68506-7519
	FEC ID number of contributing federal political committee. C		Transaction ID: 9678-P30845
Name of Employer The Harry A. Koch Company		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 ▼ 325.00	100.00
			Payroll Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Chris Hansen		Date of Receipt
	Mailing Address 224 E 500 S		<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 0 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Bountiful	UT	84010-4940
	FEC ID number of contributing federal political committee. C		Transaction ID: 9695
Name of Employer Pacific Service 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 ▼ 365.00	365.00

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 40
(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)
Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City Fayetteville State NC Zip Code 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt 02 / 22 / 2010

Transaction ID: 9690-P31164

Amount of Each Receipt this Period 410.00

Payroll Deduction (\$410.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Carol T Hayes

Mailing Address 2330 Barrett Cottage Pl

City Marietta State GA Zip Code 30066-4993

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation VP - Brokerage Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt 02 / 05 / 2010

Transaction ID: 9629

Amount of Each Receipt this Period 125.00

Cap Conference 2010

C.

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 ▼ 210.00

Date of Receipt 02 / 16 / 2010

Transaction ID: 9649

Amount of Each Receipt this Period 125.00

Cap Gold 2010

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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 14 / 40
(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) Dean M Hoffman		Date of Receipt
	Mailing Address 1155 Greenridge Ter		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brookfield	WI	53045-4558
	FEC ID number of contributing federal political committee. C		Transaction ID: 9679
Name of Employer National CooperativeRx		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="210.00"/>	<input type="text" value="125.00"/>
			Cap Conference 2010

B.	Full Name (Last, First, Middle Initial) Dean M Hoffman		Date of Receipt
	Mailing Address 1155 Greenridge Ter		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brookfield	WI	53045-4558
	FEC ID number of contributing federal political committee. C		Transaction ID: 9690-P31363
Name of Employer National CooperativeRx		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="295.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Al Hombroek		Date of Receipt
	Mailing Address 30 Lumpkin St Ste D		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lawrenceville	GA	30045-8410
	FEC ID number of contributing federal political committee. C		Transaction ID: 9690-P30968
Name of Employer Multiple Benefits Corpora-tion		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="225.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="260.00"/>
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 / 40
(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

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)
Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Health Alliance Plan Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 02 / 22 / 2010

Transaction ID: 9668

Amount of Each Receipt this Period: 150.00

CAP Conference 2010

B.

Full Name (Last, First, Middle Initial)
Michelle S. Howard

Mailing Address 2850 W Grand Blvd

City State Zip Code
Detroit MI 48202-2643

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

Name of Employer Health Alliance Plan Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 22 / 2010

Transaction ID: 9690-P30902

Amount of Each Receipt this Period: 30.00

Payroll Deduction (\$30.00 Monthly)

C.

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

Mailing Address 2 Lady Slipper Ln

City State Zip Code
Marion MA 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 ▼ 320.00

Date of Receipt: 02 / 22 / 2010

Transaction ID: 9690-P31184

Amount of Each Receipt this Period: 235.00

Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **415.00**

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
David S Johnson
 Mailing Address 1482 Baron Ct
 City Stone Mountain State GA Zip Code 30087-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 02 / 16 / 2010
Transaction ID: 9647
 Amount of Each Receipt this Period 125.00
 Cap Conference 2010

B. Full Name (Last, First, Middle Initial)
David S Johnson
 Mailing Address 1482 Baron Ct
 City Stone Mountain State GA Zip Code 30087-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David S. Johnson Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00
 Date of Receipt 02 / 22 / 2010
Transaction ID: 9690-P31327
 Amount of Each Receipt this Period 100.00
 Payroll Deduction
 (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Laurie J Kirkland
 Mailing Address 6601 Glacier Ct
 City Yakima State WA Zip Code 98908-2382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Conover Insurance, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 02 / 22 / 2010
Transaction ID: 9673-P29363
 Amount of Each Receipt this Period 125.00
 Payroll Deduction
 (\$125.00 Annually)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 / 40
<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) Ronald David Knight		Date of Receipt
	Mailing Address PO Box 507		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Carrollton	GA	30112-0009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer J. Smith Lanier & Co., Inc.		Occupation Agent	Transaction ID: 9648
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="1150.00"/>	<input type="text" value="150.00"/>
			Cap Conference 2010

B.	Full Name (Last, First, Middle Initial) Ronald David Knight		Date of Receipt
	Mailing Address PO Box 507		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Carrollton	GA	30112-0009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer J. Smith Lanier & Co., Inc.		Occupation Agent	Transaction ID: 9633-P28796
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="1000.00"/>	<input type="text" value="1000.00"/>
			Payroll Deduction
			(\$1000.00 Annually)

C.	Full Name (Last, First, Middle Initial) Linda Rose Koehler		Date of Receipt
	Mailing Address 516 Shelley St		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Livermore	CA	94550-2368
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Herzog Insurance Agency		Occupation Health Insurance Specialist	Transaction ID: 9656
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="210.00"/>	<input type="text" value="125.00"/>
			Cap Conference 2010

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1275.00"/>
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 18 / 40
(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)
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 Herzog Insurance Agency Occupation Health Insurance Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

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

Transaction ID: 9678-P30806

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Jeff Kunkle

Mailing Address 1190 Mallard Cir

City State Zip Code
Bogart GA 30622-2763

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

Name of Employer Athens Area Health Plan Select, 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 Y
0 2 / 1 0 / 2 0 1 0

Transaction ID: 9639

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Emma S Leigh

Mailing Address 5101 Peachtree Rd

City State Zip Code
Atlanta GA 30341-2715

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

Name of Employer Alliant Health Systems Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

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

Transaction ID: 9640

Amount of Each Receipt this Period 150.00

Capitol Gold Conference 2010

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 40

(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)
Emma S Leigh

Mailing Address 5101 Peachtree Rd

City State Zip Code
Atlanta GA 30341-2715

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

Name of Employer Occupation
Alliant Health Systems Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 515.00

Date of Receipt

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

Transaction ID: 9638

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Maurice Lyons

Mailing Address 301 Madison Ave Fl 4

City State Zip Code
New York NY 10017-8103

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

Name of Employer Occupation
The Medical Link, Inc. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

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

Transaction ID: 9690-P31059

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

C.

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) ▼ 200.00

Date of Receipt

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

Transaction ID: 9680

Amount of Each Receipt this Period

150.00

Cap Conference 2010

SUBTOTAL of Receipts This Page (optional)

685.00

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 20 / 40
(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)
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: Western States Jones & Mitchell
Occupation: Benefits Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9690-P30933
Amount of Each Receipt this Period: 50.00
Payroll Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Jeffrey R. Miles

Mailing Address 578 Washington Blvd # 801

City State Zip Code
Marina del Rey CA 90292-5442

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

Name of Employer: The Miles Organization, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 02 / 19 / 2010
Transaction ID: 9663
Amount of Each Receipt this Period: 125.00
CAP Conference 2010

C. Full Name (Last, First, Middle Initial)
Jeffrey R. Miles

Mailing Address 578 Washington Blvd # 801

City State Zip Code
Marina del Rey CA 90292-5442

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

Name of Employer: The Miles Organization, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9690-P31051
Amount of Each Receipt this Period: 170.00
Payroll Deduction (\$170.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 40
(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)
John C. Parker

Mailing Address 47 Laurel Hill Dr

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9672
 Amount of Each Receipt this Period: 125.00
 Cap Conference 2010

B.

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

Mailing Address 47 Laurel Hill Dr

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9678-P30781
 Amount of Each Receipt this Period: 90.00
 Payroll Deduction
 (\$90.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Jesse A. Patton

Mailing Address 701 Grand Ave

City West Des Moines State IA Zip Code 50265-3625

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

Name of Employer Associations Marketing Group, Inc. Occupation CEO/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 02 / 17 / 2010
Transaction ID: 9653
 Amount of Each Receipt this Period: 125.00
 Cap Conference 2010

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: (check only one)	PAGE 22 / 40
	<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 MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 701 Grand Ave	Transaction ID: 9690-P31117
	City State Zip Code West Des Moines IA 50265-3625	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$350.00 Monthly)
Name of Employer Associations Marketing Group, Inc.	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) Susan Maley Rash	Date of Receipt MM / DD / YYYY 02 / 11 / 2010
	Mailing Address 2519 Kettlewell Ct	Transaction ID: 9641
	City State Zip Code Midlothian VA 23113-6726	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Susan Maley Rash	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 2519 Kettlewell Ct	Transaction ID: 9690-P31122
	City State Zip Code Midlothian VA 23113-6726	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	560.00
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 / 40
(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)
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 ▼ 465.00

Date of Receipt 02 / 22 / 2010

Transaction ID: 9690-P31123

Amount of Each Receipt this Period 295.00

Payroll Deduction (\$170.00 Monthly)

B.

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

Mailing Address 560 Village Rd W

City West Windsor State NJ Zip Code 08550-2012

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

Name of Employer Creative Benefit Plans Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2010

Transaction ID: 9632

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 3900 Halisport Dr NW

City Kennesaw State GA Zip Code 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 ▼ 210.00

Date of Receipt 02 / 19 / 2010

Transaction ID: 9667

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶ **670.00**

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 / 40
(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)
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 ▼ 295.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 9690-P31211

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B.

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 9707

Amount of Each Receipt this Period 125.00

Cap Conference 2010

C.

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

Mailing Address 4000 S 36th St

City State Zip Code
Lincoln NE 68506-4809

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 9678-P30772

Amount of Each Receipt this Period 150.00

Payroll Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 360.00

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 / 40
(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)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer: Palm Canyon Insurance Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: 9628
 Amount of Each Receipt this Period: 125.00
 Capitol Gold 2010

B. Full Name (Last, First, Middle Initial)
William T. Robinson

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer: Palm Canyon Insurance Agency
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 02 / 22 / 2010
Transaction ID: 9678-P30792
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. 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: E2E Benefits Services, Inc.
Occupation: Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: 9691-P31449
 Amount of Each Receipt this Period: 300.00
 Payroll Deduction
 (\$150.00 Annually)

SUBTOTAL of Receipts This Page (optional) ► 510.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 40

(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)

Mel A. Schlesinger

Mailing Address 380 Luzelle Dr

City State Zip Code
Winston Salem NC 27103-6470

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

Name of Employer Occupation
Plans For Health, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

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

Transaction ID: 9690-P31221

Amount of Each Receipt this Period
170.00

Payroll Deduction

(\$170.00 Monthly)

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) ▼ 340.00

Date of Receipt

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

Transaction ID: 9678-P30592

Amount of Each Receipt this Period
170.00

Payroll Deduction

(\$170.00 Monthly)

C.

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
Warner Pacific Insurance Services Agent

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

Date of Receipt

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

Transaction ID: 9710

Amount of Each Receipt this Period
125.00

CAP Conference 2010

SUBTOTAL of Receipts This Page (optional) ▶

465.00

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 27 / 40
(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)
Nathaniel M. Smith

Mailing Address 5311 77 Center Dr Ste 72

City State Zip Code
Charlotte NC 28217-0751

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

Name of Employer Rogers Benefit Group Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: 9633-P28798

Amount of Each Receipt this Period
365.00

Payroll Deduction
(\$365.00 Annually)

B.

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

Mailing Address 381 victoria drive

City State Zip Code
Bridgewater NJ 12909

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

Name of Employer NAS Financial Services Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 9678-P30747

Amount of Each Receipt this Period
320.00

Payroll Deduction
(\$170.00 Monthly)

C.

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

Mailing Address 77 Ridgeview Ln

City State Zip Code
Mount Arlington NJ 07856-2321

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

Name of Employer MVS Consulting Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 9650

Amount of Each Receipt this Period
125.00

Capitol Gold Conference
2010

SUBTOTAL of Receipts This Page (optional) ► **810.00**

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 28 / 40
(check only one)

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

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

A.

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

Mailing Address 77 Ridgeview Ln

City State Zip Code
Mount Arlington NJ 07856-2321

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

Name of Employer Occupation
MVS Consulting Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 9678-P30748

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 State Zip Code
Omaha NE 68144-5117

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

Name of Employer Occupation
Senior Market Sales, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 9678-P30751

Amount of Each Receipt this Period
125.00

Payroll Deduction
(\$125.00 Monthly)

C.

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

Mailing Address 22887 NE 127th Way

City State Zip Code
Redmond WA 98053-5657

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

Name of Employer Occupation
Tellesbo & Company Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 9690-P31213

Amount of Each Receipt this Period
210.00

Payroll Deduction
(\$85.00 Monthly)

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 29 / 40

(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)

Janet Trautwein

Mailing Address 7212 Redlac Dr

City State Zip Code
Clifton VA 20124-1948

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

Name of Employer Occupation
NAHU CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

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

Transaction ID: 9678-P30752

Amount of Each Receipt this Period

170.00

Payroll Deduction

(\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dan Webb

Mailing Address 5251 Office Park Dr

City State Zip Code
Bakersfield CA 93309-0404

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

Name of Employer Occupation
The Webb Insurance Group Marketing Manager

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

Date of Receipt

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

Transaction ID: 9691-P31446

Amount of Each Receipt this Period

380.00

Payroll Deduction

(\$125.00 Annually)

C.

Full Name (Last, First, Middle Initial)

Thomas Welden

Mailing Address PO Box 37

City State Zip Code
Milford NH 03055-0037

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

Name of Employer Occupation
Eaton & Berube Insurance Agency, Inc. Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 9655

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 40
(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)
Thomas Welden

Mailing Address PO Box 37

City Milford State NH Zip Code 03055-0037

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

Name of Employer Eaton & Berube Insurance Agency, Inc. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 23 / 2010
Transaction ID: 9697
 Amount of Each Receipt this Period 150.00
 Cap Conference 2010

B. Full Name (Last, First, Middle Initial)
Bruce T Williams

Mailing Address 5121 Quail Ln

City Columbia State SC Zip Code 29206-4628

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

Name of Employer BB&T Insurance Services Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 24 / 2010
Transaction ID: 9703
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **515.00**

TOTAL This Period (last page this line number only) ► **14385.00**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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) American Express	Transaction ID: 9731 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX Credit	<input type="text" value="398.43"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9732 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement CHGBCK	<input type="text" value="30.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9733 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement CHGBCK	<input type="text" value="30.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="458.43"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 32 / 40

<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

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)

<p>A. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address 7300 Chapman Way</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement MER Ser. 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: 9730 Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1259.48</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Regions Bank</p> <p>Mailing Address 6286 N College</p> <p>City Indianapolis State IN Zip Code 46220</p> <p>Purpose of Disbursement Analysis Charge 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: 9734 Date of Disbursement 02 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 93.66</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

1353.14

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

1811.57

**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 33 / 40

<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) BLUE DOG POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 6849 Old Dominion Drive</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Reception 2.3</p> <p>Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE</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: 9623 Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Dinner 2.2</p> <p>Candidate Name MICHAEL N CASTLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9621 Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Lunch 2.4</p> <p>Candidate Name CHARLES W REP DENT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9625 Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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) COBURN FOR SENATE 2010	Transaction ID: 9624 Date of Disbursement
	Mailing Address POST OFFICE BOX 977	<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 2.3	<input type="text" value="1000.00"/>
	Candidate Name THOMAS A COBURN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: 9652 Date of Disbursement
	Mailing Address 25 East Main Street, Suite 200	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 2.23	<input type="text" value="2500.00"/>
	Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	<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) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: 9686 Date of Disbursement
	Mailing Address 25 East Main Street, Suite 200	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 2.23	<input type="text" value="2500.00"/>
	Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	<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="6000.00"/>
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)

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<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 GLENN NYE	Transaction ID: 9622 Date of Disbursement 02 / 03 / 2010
	Mailing Address PO Box 68444	Amount of Each Disbursement this Period 1000.00
	City Virginia Beach State VA Zip Code 23471	
	Purpose of Disbursement Breakfast 2.3 Candidate Name GLENN CARLYLE III NYE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: 9651 Date of Disbursement 02 / 23 / 2010
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period 2500.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement Lunch 2.23 Candidate Name MAX BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: 9685 Date of Disbursement 02 / 23 / 2010
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period -2500.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement VOID Candidate Name MAX BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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) KING FOR CONGRESS</p> <p>Mailing Address 116 N Main St.</p> <p>City Early State IA Zip Code 50535</p> <p>Purpose of Disbursement Meeting</p> <p>Candidate Name STEVE MR. KING</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9688 Date of Disbursement 02 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Dinner 2.10</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9572 Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS</p> <p>Mailing Address P.O. BOX 521048</p> <p>City SALT LAKE CITY State UT Zip Code 84152</p> <p>Purpose of Disbursement Breakfast 2.25</p> <p>Candidate Name JAMES D MATHESON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9687 Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS <hr/> Mailing Address PO BOX 1406 <hr/> City HICKORY State NC Zip Code 28603 <hr/> Purpose of Disbursement VOID Candidate Name PATRICK TIMOTHY MCHENRY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9735 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period -2000.00
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE <hr/> Mailing Address P. O. Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement Lunch 2.2 Candidate Name MIKE PENCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9620 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE <hr/> Mailing Address POST OFFICE BOX 5928 <hr/> City WINSTON-SALEM State NC Zip Code 27113 <hr/> Purpose of Disbursement Dinner 2.25 Candidate Name RICHARD BURR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9689 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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: 9692

Date of Disbursement

Mailing Address P.O. BOX 391

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

City State Zip Code
HOPKINSVILLE KY 42241

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Dinner 2.23

011
Category/ Type

Candidate Name
ED WHITFIELD

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2500.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) B. Ronnell Nolan	Transaction ID: 9721 Date of Disbursement 02 / 25 / 2010
	Mailing Address 364 Steele Blvd	
	City Baton Rouge State LA Zip Code 70806	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement contribution refunded Candidate Name B. Ronnell Nolan	010 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine L. Cooper	Transaction ID: 9699 Date of Disbursement 02 / 23 / 2010
	Mailing Address 26999 Central Park Blvd	
	City Southfield State MI Zip Code 48076	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement contribution refunded Candidate Name Catherine L. Cooper	010 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) ▼

CAP REFUNDED

C.	Full Name (Last, First, Middle Initial) Charles L. Westmoreland	Transaction ID: 9719 Date of Disbursement 02 / 24 / 2010
	Mailing Address PO Box 925	
	City Jackson State MS Zip Code 39205	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement contribution refunded Candidate Name Charles L. Westmoreland	010 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)	▶	210.00
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Joni Robin Reents	Transaction ID: 9723 Date of Disbursement
	Mailing Address 12433 Bellaire Dr	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Thornton State CO Zip Code 80241	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution refunded	<input type="text" value="150.00"/>
	Candidate Name Joni Robin Reents	<input type="text" value="010"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Suzanne K. Johnson	Transaction ID: 9720 Date of Disbursement
	Mailing Address 6235 Morrison Blvd Ste 302	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Charlotte State NC Zip Code 28211	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution refunded	<input type="text" value="40.00"/>
	Candidate Name Suzanne K. Johnson	<input type="text" value="010"/> 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) Walter Sprye	Transaction ID: 9722 Date of Disbursement
	Mailing Address PO Box 8388	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Rocky Mount State NC Zip Code 27804	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution refunded	<input type="text" value="10.00"/>
	Candidate Name Walter Sprye	<input type="text" value="010"/> 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="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="410.00"/>