

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 94 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 1029 Monarch St Ste 130

City Lexington State KY Zip Code 40513-1904

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

Name of Employer Employee Benefit Associates, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2012
Transaction ID : 12754-P59252

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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 ▼ 1325.00

Date of Receipt 05 / 23 / 2012
Transaction ID : 12754-P58987

Amount of Each Receipt this Period 250.00

Payroll Deduction (\$250.00 Monthly)

C. Suzanne Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 6235 Morrison Blvd Ste 302

City Charlotte State NC Zip Code 28211-3508

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

Name of Employer Strategic Employee Benefit Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 508.00

Date of Receipt 05 / 23 / 2012
Transaction ID : 12754-P59257

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 377.00

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