

# 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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2010 through 06 30 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 07 16 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

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 .....	219331.80									
(c) Total Receipts (from Line 19) .....	29342.47	269324.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	248674.27	458290.98								
7. Total Disbursements (from Line 31) .....	57040.68	266657.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	191633.59	191633.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

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) .....	15726.70	141676.80
(ii) Unitemized .....	13614.17	127632.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29340.87	269309.32
(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) .....	29340.87	269309.32
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.60	15.02
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)) .....	29342.47	269324.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29342.47	269324.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1390.68	10202.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1390.68	10202.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	251300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	150.00	2155.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	150.00	2155.00
29. Other Disbursements.....	1000.00	3000.00
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))..	57040.68	266657.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57040.68	266657.39

**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) .....	29340.87	269309.32
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	2155.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29190.87	267154.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1390.68	10202.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1390.68	10202.39

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeff Ahrendsen</p> <p>Mailing Address 3830 Wakefield Dr</p> <p>City State Zip Code Colorado Springs CO 80906-4393</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Benefit Resources, Inc.      Occupation: Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P35008</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Payroll Deduction                  (\$100.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Terry Allard</p> <p>Mailing Address 11619 Brook Hill Ct</p> <p>City State Zip Code Anchorage AK 99516-1970</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: The Wilson Agency, LLC      Occupation: Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P34865</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Payroll Deduction                  (\$50.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Kirk Andonian</p> <p>Mailing Address 4423 Point Fosdick Dr NW Ste 306</p> <p>City State Zip Code Gig Harbor WA 98335-1794</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Berg Andonian      Occupation: Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">685.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P34674</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>Payroll Deduction                  (\$150.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 7 / 81  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catherine M. Antonie</p> <p>Mailing Address W190 S7238 Lochcrest Blvd</p> <p>City State Zip Code Muskego WI 53150</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Planned Futures LLC</p> <p>Occupation Employee Benefit Consultant</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P35098</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Payroll Deduction                  (\$50.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Ashmore</p> <p>Mailing Address 6102 82nd St Ste 6</p> <p>City State Zip Code Lubbock TX 79424-0803</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ashmore &amp; Associates Insurance Agency</p> <p>Occupation agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10074-P35199</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Payroll Deduction                  (\$100.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Virginia T. Ashton-Vernon</p> <p>Mailing Address 3702 Alton Rd SW</p> <p>City State Zip Code Roanoke VA 24014-3004</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Lewis-Gale Medical Center</p> <p>Occupation Director of Provider Relations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10074-P35280</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>Payroll Deduction                  (\$40.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">190.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 81  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kimberly L Ball</p> <p>Mailing Address 711 E Ashlan Ave</p> <p>City State Zip Code Fresno CA 93704-3705</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Blue Shield of California Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P34915</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Payroll Deduction                  (\$50.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn A. Beals</p> <p>Mailing Address 5151 W River Rd</p> <p>City State Zip Code Wauunakee WI 53597-9523</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Dean Health Plan Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">885.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10074-P35470</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Bruce D. Benton</p> <p>Mailing Address 20161 Delita Dr</p> <p>City State Zip Code Woodland Hills CA 91364-3521</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Genesis SmithBenton Insurance &amp; Finan Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">975.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10074-P35330</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">170.00</span></p> <p>Payroll Deduction                  (\$170.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">305.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 81  
(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><b>A.</b> Full Name (Last, First, Middle Initial) David A Berman</p> <p>Mailing Address 8805 Sawleaf Rd</p> <p>City State Zip Code Indianapolis IN 46260-1534</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Neace Lukens Holding Company, Inc.</p> <p>Occupation agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">510.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10074-P35471</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas Besselman</p> <p>Mailing Address 6421 Perkins Rd Bldg A # 2B</p> <p>City State Zip Code Baton Rouge LA 70808-6200</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Besselman &amp; Little Agency</p> <p>Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P34641</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Payroll Deduction                  (\$250.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert J Bishop</p> <p>Mailing Address 2785 E Desert Inn Rd Ste 260</p> <p>City State Zip Code Las Vegas NV 89121-3693</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer KIA Insurance</p> <p>Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P34673</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Payroll Deduction                  (\$100.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">435.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81  
(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><b>A.</b> Full Name (Last, First, Middle Initial) David M. Block</p> <p>Mailing Address 80 Challedon Dr</p> <p>City State Zip Code  <b>Candler NC 28715-9417</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Insurance Specialties, Inc.                  Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID: 10074-P35332</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Payroll Deduction                  (\$50.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) James C. Bosier</p> <p>Mailing Address 6410 N Butler Rd</p> <p>City State Zip Code  <b>Cedar Falls IA 50613-9317</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer The Accel Group                  Occupation Ins Design and Sales</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">510.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID: 10073-P34858</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott T. Buie</p> <p>Mailing Address 2819 E 4215 S</p> <p>City State Zip Code  <b>Salt Lake City UT 84124-2900</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Buie Insurance Services                  Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID: 10074-P35475</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Payroll Deduction                  (\$50.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">185.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 11 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Burns		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 5653 Maxwellton Rd		<b>Transaction ID:</b> 10073-P35097
	City Oakland	State CA	Zip Code 94618-2654
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Burns Employee Benefits Insurance Ser	Occupation Managing Member	Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph W. Buyalos		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 9051 Major Smith Ln		<b>Transaction ID:</b> 10073-P34576
	City Frederick	State MD	Zip Code 21704-7831
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer The Insurance Exchange, Inc.	Occupation Agent	Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Kareim R. Cade		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 1544 Pebble Beach Dr		<b>Transaction ID:</b> 10074-P35460
	City Pontiac	State MI	Zip Code 48340-1367
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Great Lakes Benefit Group	Occupation CEO	Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	255.00
<b>TOTAL</b> 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 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David A. Cagliola		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 71 Quail Dr S		<b>Transaction ID:</b> 10073-P34859
	City Phoenixville	State PA	Zip Code 19460-1075
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
	Name of Employer Radnor Benefits Group, Inc.	Occupation Senior Vice President	Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Lorelei G. Castellani		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address PO Box 2100		<b>Transaction ID:</b> 10073-P35101
	City Branchville	State NJ	Zip Code 07826-2100
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer Benefit Guidance Systems	Occupation Agent	Payroll Deduction (\$25.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Alison M. Challacombe		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 20575 Woodside Ct		<b>Transaction ID:</b> 10073-P34860
	City Bend	State OR	Zip Code 97702-9528
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer LifeWise Health Plan of Oregon	Occupation Marketing Coordinator Large Gr	Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> 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 / 81

(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)

Russell B. Childers

Mailing Address 402 Rawley Rd

City State Zip Code  
Americus GA 31719-2150

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

Name of Employer Occupation  
Russ Childers, CLU President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 635.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10074-P35461

Amount of Each Receipt this Period  
85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dorothy M. Cociu

Mailing Address PO Box 1941

City State Zip Code  
Big Bear Lake CA 92315-1941

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

Name of Employer Occupation  
Advanced Benefit Consulting & Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P35069

Amount of Each Receipt this Period  
85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Teresa Conto

Mailing Address 145 Polaris Dr

City State Zip Code  
Walkersville MD 21793-9123

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

Name of Employer Occupation  
Independent Benefit Agent

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10074-P35174

Amount of Each Receipt this Period  
85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 81  
(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)  
Bob Copeland

Mailing Address 700 Larkspur Landing Circle, Suite

City State Zip Code  
Larkspur CA 94939

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

Name of Employer Copeland Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10073-P34668  
Amount of Each Receipt this Period: 170.00  
Payroll Deduction: (\$170.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Steven G. Cosby

Mailing Address 27 W Boscawen St

City State Zip Code  
Winchester VA 22601-4740

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

Name of Employer Cosby Insurance Group Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10073-P34609  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Reed Damron

Mailing Address 4642 Riveredge Dr

City State Zip Code  
Duluth GA 30096-2987

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

Name of Employer HIRE Benefits, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10073-P34602  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 340.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 81

(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)  
Jennifer Davault

Mailing Address 1001 E Southeast Loop 323 Ste 350

City State Zip Code  
Tyler TX 75701-9056

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

Name of Employer Occupation  
FD&S Insurance Agency Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10074-P35229

Amount of Each Receipt this Period

10.00

Payroll Deduction

(\$10.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
John A Davidson

Mailing Address 25 Rolling Oaks Dr Ste 110

City State Zip Code  
Thousand Oaks CA 91361-1003

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

Name of Employer Occupation  
Davidson Insurance & financial Service Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34670

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Sandra H. Davis

Mailing Address PO Box 243

City State Zip Code  
Watson LA 70786-0243

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

Name of Employer Occupation  
self Office Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10074-P35450

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**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 / 81  
(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)  
Johnny Lee Dawkins  
Mailing Address PO Box 53809  
City Fayetteville State NC Zip Code 28305-3809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ebenconcepts Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34619  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Dennis J. Deegan  
Mailing Address 8749 Gettysburg Dr  
City Twinsburg State OH Zip Code 44087-1552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medical Mutual Services Occupation Stop Loss Sales Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35478  
Amount of Each Receipt this Period 15.00  
Payroll Deduction (\$15.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Rush David Dixon  
Mailing Address 1375 Piccard Dr  
City Rockville State MD Zip Code 20850-4311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Early Cassidy and Schilling Occupation VP of Employee Benefits  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1145.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34713  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 81  
(check only one)

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

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

**A.**

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

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132-2069

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

Name of Employer Assurant Health Occupation Regional Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10074-P35226  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Eugene Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City Harahan State LA Zip Code 70123-5230

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

Name of Employer Ebersole & Associates, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P34595  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

**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 ▼ 635.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P35023  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 81  
(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)  
Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City Aurora State OH Zip Code 44202-8438

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

Name of Employer L.M. Erlenbach, Inc. Occupation Benefits Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35455

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
John G. Fagen

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34770

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 3011 Crown Pointe Rd

City Lincoln State NE Zip Code 68506-5168

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35451

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 81  
(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)  
Kelly Don Fristoe  
Mailing Address 807 8th St Ste 300

City State Zip Code  
Wichita Falls TX 76301-3317

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

Name of Employer Financial Partners Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35156  
Amount of Each Receipt this Period: 30.00  
Payroll Deduction: (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
William S. Gall  
Mailing Address 26 Briarwood Ln

City State Zip Code  
New Hartford NY 13413-2451

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

Name of Employer Northwestern Mutual Financial Network Occupation Financial Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35467  
Amount of Each Receipt this Period: 75.00  
Payroll Deduction: (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Hollie Gandy  
Mailing Address 2920 Duniven Cir

City State Zip Code  
Amarillo TX 79109-1650

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

Name of Employer Senior Solutions Group Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35498  
Amount of Each Receipt this Period: 30.00  
Payroll Deduction: (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**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 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James S. Garbina  
Mailing Address 16510 Summit Dr  
City State Zip Code  
Omaha NE 68136-4038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harry A. Koch Co. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35482  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Joy K. Gardner  
Mailing Address 10605 Sterling Ridge Way  
City State Zip Code  
Reno NV 89521-5199  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Comstock Insurance Agencies, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35483  
Amount of Each Receipt this Period 40.00  
Payroll Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Charles T. Gartlan  
Mailing Address 19 Tarworth Ter  
City State Zip Code  
Manchester NJ 08759-6671  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emerson, Reid & Co. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34836  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00  
**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 / 81  
(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)  
Michele Gasparre  
 Mailing Address 8 Hanks Lane  
 City State Zip Code  
 Brenster NY 10509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Michaels & Associates EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00  
 Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P34765  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Wm. Gennaro  
 Mailing Address 523 W Vista Ave  
 City State Zip Code  
 Phoenix AZ 85021-7257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capitol Insurance Brokers, Inc. agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00  
 Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P34997  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Julie Reno George  
 Mailing Address 1691 Westbrook Plaza Dr  
 City State Zip Code  
 Winston Salem NC 27103-2993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JBA Benefits, LLC Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00  
 Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P34650  
 Amount of Each Receipt this Period 35.00  
 Payroll Deduction (\$35.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 81  
(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)  
James David Gibson

Mailing Address 93 Hollenbeck Rd

City Irmo State SC Zip Code 29063-8076

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

Name of Employer Gibson & Associates, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34664

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Michael Gibson

Mailing Address 308 Beulah Ln

City Irmo State SC Zip Code 29063-9573

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

Name of Employer Gibson & Associates Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P35027

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Richard R Girdler

Mailing Address 400 Sims Ln

City Franklin State TN Zip Code 37069-1890

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

Name of Employer Cowan Benefit Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P35064

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 81  
(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)  
Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City State Zip Code  
Ridgefield Park NJ 07660-1516

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

Name of Employer Occupation  
The Employee Benefits Adv- isors Group Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34839

Amount of Each Receipt this Period  
60.00

Payroll Deduction  
(\$60.00 Monthly)

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

Mailing Address 7305 Pioneers Blvd

City State Zip Code  
Lincoln NE 68506-7519

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

Name of Employer Occupation  
The Harry A. Koch Company Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 725.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35459

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

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

Mailing Address 56294 Primrose Cir

City State Zip Code  
Elkhart IN 46516-1509

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

Name of Employer Occupation  
Page 1 Benefits, Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34838

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert A Grundman  
Mailing Address 7412 Karl Dr  
City Lincoln State NE Zip Code 68516-4368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Senior Benefit Strategies Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35428  
Amount of Each Receipt this Period 40.00  
Payroll Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Craig Gussin  
Mailing Address 843 Summersong Ct  
City Encinitas State CA Zip Code 92024-5447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Auerbach & Gussin Insurance and Finan Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34744  
Amount of Each Receipt this Period 50.00  
Payroll Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Antonio Gutierrez  
Mailing Address 12833 Riverdance Dr  
City Raleigh State NC Zip Code 27613-7093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P35034  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Teresa Gutierrez

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer IBS/White Bear Group Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P35036  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B.** 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 ▼ 2460.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34843  
Amount of Each Receipt this Period 410.00  
Payroll Deduction (\$410.00 Monthly)

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

Mailing Address 3822 Gemini Cir

City Boise State ID Zip Code 83709-4834

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

Name of Employer Insurance Network America Inc Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34844  
Amount of Each Receipt this Period 50.00  
Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 490.00

**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 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sheila H Hartman  
Mailing Address 20315 Howard Ct  
City Woodland Hills State CA Zip Code 91364-5668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Financial Independence Co-mpany Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34845  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Matthew F. Hatfield  
Mailing Address 2207 Springfield Ave  
City Fort Wayne State IN Zip Code 46805-1541  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Sales Representative  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P35004  
Amount of Each Receipt this Period 40.00  
Payroll Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Hedy S Hebert  
Mailing Address 4816 Woodberry Ln  
City Benton State LA Zip Code 71006-9361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Consulting Servic-es Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P35044  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00  
**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 / 81  
(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)  
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code  
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

**Transaction ID:** 10074-P35240

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Thomas L. Henry

Mailing Address 19310 Sonoma Hwy Ste A

City State Zip Code  
Sonoma CA 95476-5454

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

Name of Employer RealCare Insurance Market-ing, Inc. Occupation Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

**Transaction ID:** 10073-P34628

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
William Hepscher

Mailing Address 5406 Gall Blvd

City State Zip Code  
Zephyrhills FL 33542-3957

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

Name of Employer The Canadian Drugstore Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

**Transaction ID:** 10073-P35128

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 215.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Richard L Hill

Mailing Address 4435 O St

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35194

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Dean M Hoffman

Mailing Address 1155 Greenridge Ter

City Brookfield State WI Zip Code 53045-4558

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

Name of Employer National CooperativeRx Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P35050

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

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

Mailing Address 30 Lumpkin St Ste D

City Lawrenceville State GA Zip Code 30045-8410

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

Name of Employer Multiple Benefits Corporation Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34652

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gloria Denise Hopper		Date of Receipt
	Mailing Address 613 Sunnybrook Dr		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Monroe	NC	28110-2770
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Citizens Insurance Services		Occupation Agent	<b>Transaction ID:</b> 10074-P35430
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Payroll Deduction (\$40.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Hostettler		Date of Receipt
	Mailing Address 2094 Weeping Willow Ln		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mount Joy	PA	17552-8849
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hostettler Insurance		Occupation Agent	<b>Transaction ID:</b> 10073-P34707
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Michelle S. Howard		Date of Receipt
	Mailing Address 2850 W Grand Blvd		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48202-2643
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Alliance Plan		Occupation Agent	<b>Transaction ID:</b> 10073-P34583
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> 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 30 / 81  
(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)  
Lisa Hughes

Mailing Address 549 Patton Ave

City San Jose State CA Zip Code 95128-2151

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

Name of Employer Warner Pacific Insurance Services Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** 10026  
 Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
David L Hunt

Mailing Address 110 Mallard Ln

City Madison State MS Zip Code 39110-8799

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

Name of Employer Hunt Insurance Agency Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10074-P35432  
 Amount of Each Receipt this Period 35.00  
 Payroll Deduction (\$35.00 Monthly)

**C.**

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

Mailing Address 2 Lady Slipper Ln

City Marion State MA Zip Code 02738-1294

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P34864  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 485.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 81  
(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)  
David S Johnson

Mailing Address 1482 Baron Ct

City State Zip Code  
Stone Mountain GA 30087-3037

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

Name of Employer Occupation  
David S. Johnson Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
06 / 24 / 2010

**Transaction ID:** 10073-P35010

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Judy Anne Johnson

Mailing Address 6245 E Broadway Blvd Ste 600

City State Zip Code  
Tucson AZ 85711-4037

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

Name of Employer Occupation  
United Healthcare Account Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
06 / 24 / 2010

**Transaction ID:** 10073-P34717

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City State Zip Code  
Eden Prairie MN 55344-5387

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

Name of Employer Occupation  
Alliance Benefit Group Vice President, Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
06 / 24 / 2010

**Transaction ID:** 10073-P34841

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
George R Keeling

Mailing Address 1875 N Highway 385

City State Zip Code  
Levelland TX 79336-9493

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

Name of Employer Occupation  
George R. Keeling Insurance Agency Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35436

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Tamara P Kennedy

Mailing Address 9414 E Sera Brisa

City State Zip Code  
Scottsdale AZ 85255-6054

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

Name of Employer Occupation  
Rogers Benefit Group, Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34660

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Laurie J Kirkland

Mailing Address 6601 Glacier Ct

City State Zip Code  
Yakima WA 98908-2382

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

Name of Employer Occupation  
Conover Insurance, Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34820

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 81  
(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 ▼ 635.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35419  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Susanne Kolterman

Mailing Address PO Box 426

City State Zip Code  
Seward NE 68434-0426

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

Name of Employer Kolterman Agency, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35500  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction: (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mary B. Kramer

Mailing Address 2120 Nelsons Creek Dr

City State Zip Code  
Omaha NE 68116-5135

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

Name of Employer Holmes Murphy and Associates, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35304  
Amount of Each Receipt this Period: 40.00  
Payroll Deduction: (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

**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 34 / 81  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel C LaBroad		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 710 Farmers Market Way		<b>Transaction ID:</b> 10073-P34970		
	City Dallas	State TX	Zip Code 75201-8451	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$85.00 Monthly)		
	Name of Employer Ovation Health & Life Services, Inc.	Occupation Agent	Aggregate Year-to-Date 510.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Julian E. Lago		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 8104 Bautista Way		<b>Transaction ID:</b> 10073-P34986		
	City Palm Beach Gardens	State FL	Zip Code 33418-8178	Amount of Each Receipt this Period 170.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$170.00 Monthly)		
	Name of Employer Plastridge Insurance	Occupation Agent	Aggregate Year-to-Date 340.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) David Lansing		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 425 2nd St SE Ste 1150		<b>Transaction ID:</b> 10073-P34623		
	City Cedar Rapids	State IA	Zip Code 52401-1818	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$85.00 Monthly)		
	Name of Employer Benefit Solutions, Inc.	Occupation Agent	Aggregate Year-to-Date 510.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> 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 35 / 81  
(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)  
 Andrew M. LaRocco  
 Mailing Address 16 Dartmouth Ave  
 City Avondale Estates State GA Zip Code 30002-1410  
 Date of Receipt MM / DD / YYYY  
06 / 24 / 2010  
**Transaction ID:** 10073-P35019  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer The LaRocco Companies Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

**B.** Full Name (Last, First, Middle Initial)  
 Karen B. Leonard  
 Mailing Address 8 Shakespeare Rd  
 City Hackettstown State NJ Zip Code 07840-4707  
 Date of Receipt MM / DD / YYYY  
06 / 24 / 2010  
**Transaction ID:** 10073-P35108  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Leonard Financial Group, LLC Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

**C.** Full Name (Last, First, Middle Initial)  
 Brian W. Liechty  
 Mailing Address 120 E Washington St  
 City Plymouth State IN Zip Code 46563-1744  
 Date of Receipt MM / DD / YYYY  
06 / 24 / 2010  
**Transaction ID:** 10073-P34736  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer KL Benefits Occupation Benefits Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 81  
(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><b>A.</b> Full Name (Last, First, Middle Initial)                  Juan R. Lopez</p> <p>Mailing Address 27 Banstead</p> <p>City State Zip Code                  Trabuco Canyon CA 92679-3740</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Kaiser Permanente Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">510.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P34974</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial)                  Scott Lopez</p> <p>Mailing Address 717 Lucerne Dr</p> <p>City State Zip Code                  New Iberia LA 70563-8979</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Insurance Resource Group Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">270.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10073-P35131</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Payroll Deduction                  (\$30.00 Monthly)</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial)                  Douglas Lubenow</p> <p>Mailing Address 3 Fulton Dr</p> <p>City State Zip Code                  Mount Laurel NJ 08054-4510</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Lubenow Agency Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 10074-P35242</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Payroll Deduction                  (\$30.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">145.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 37 / 81  
(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)  
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) ▼ 1340.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34738

Amount of Each Receipt this Period  
250.00

Payroll Deduction  
(\$250.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Kimberly C. Martin

Mailing Address 6 Rasada Dr

City State Zip Code  
Weaverville NC 28787-9306

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

Name of Employer Occupation  
Ebenconcepts Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35306

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

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

Mailing Address 367 Sheffield Rd

City State Zip Code  
Severna Park MD 21146-1647

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

Name of Employer Occupation  
Lincoln Financial Group Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34961

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 335.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 81  
(check only one)

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

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

**A.**

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

Mailing Address 3207 Cottingham Ct

City Greensboro State NC Zip Code 27410-8362

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

Name of Employer EbenConcepts Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34976

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Barbara A. McClaskey

Mailing Address 10804 Granite Drive

City Redding State CA Zip Code 96001

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

Name of Employer Barbara A. McClaskey Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P35026

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
H. Luke McDermott

Mailing Address 1044 Park Palisade Dr

City South Jordan State UT Zip Code 84095-2229

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

Name of Employer McDermott Company & Associates Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34827

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 165.00

**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 39 / 81
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 9905 S Maplewood Ave		<b>Transaction ID:</b> 10059		
	City Tulsa	State OK	Zip Code 74137-5534	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer BenEx Insurance Agency	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Marie McGinnis		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 9905 S Maplewood Ave		<b>Transaction ID:</b> 10074-P35392		
	City Tulsa	State OK	Zip Code 74137-5534	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer BenEx Insurance Agency	Occupation Vice President		Payroll Deduction (\$30.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ward McKalson		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 22365 Ferdinand Ct		<b>Transaction ID:</b> 10073-P34965		
	City Salinas	State CA	Zip Code 93908-1106	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Leavitt Central Coast Insurance Servi	Occupation Agent		Payroll Deduction (\$85.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 81  
(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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34614

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City State Zip Code  
Katy TX 77450-4909

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

Name of Employer TradeMark Insurance Agency LLC  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34968

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Dennis F. Mobley

Mailing Address 459 Pimlico Pl

City State Zip Code  
Jackson MS 39211-4030

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

Name of Employer Mobley Insurance Agency, LLC  
Occupation Office Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35309

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 81  
(check only one)

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

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)  
Sandra V Mobley

Mailing Address 5454 I 55 N Ste B

City Jackson State MS Zip Code 39211-4027

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

Name of Employer Sandra Mobley Agency LLC Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID: 10074-P35161**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Gary Monteith

Mailing Address 736 Johnson Ferry Rd

City Marietta State GA Zip Code 30068-4379

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID: 10073-P34743**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction (\$10.00 Monthly)

**C.**

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

Mailing Address 605 Truitt Dr

City Elon State NC Zip Code 27244-9262

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID: 10074-P35416**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 81

(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)  
Glen W. Mulready

Mailing Address 2708 W 66th PI

City State Zip Code  
Tulsa OK 74132-1301

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

Name of Employer Occupation  
Benefit Plan Strategies Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34653

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Ray M. Musser

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code  
Upland CA 91786-4793

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34767

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
John J. Nelson

Mailing Address 32110 Agoura Rd

City State Zip Code  
Westlake Village CA 91361-4026

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

Name of Employer Occupation  
Warner Pacific Insurance Services Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1666.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34711

Amount of Each Receipt this Period  
416.70

Payroll Deduction  
(\$416.70 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

531.70

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 81

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) B. Ronnell Nolan		Date of Receipt
	Mailing Address 364 Steele Blvd		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Baton Rouge	State LA	Zip Code 70806-5131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 10074-P35424
Name of Employer The Nolan Group		Occupation President	Amount of Each Receipt this Period <input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	Payroll Deduction (\$30.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) John C. Parker		Date of Receipt
	Mailing Address 47 Laurel Hill Dr		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Niantic	State CT	Zip Code 06357-1536
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 10074-P35395
Name of Employer Parker Agency		Occupation Principal	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="705.00"/>	Payroll Deduction (\$100.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jesse A. Patton		Date of Receipt
	Mailing Address 701 Grand Ave		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City West Des Moines	State IA	Zip Code 50265-3625
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 10073-P34792
Name of Employer Associations Marketing Group, Inc.		Occupation CEO/President	Amount of Each Receipt this Period <input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2225.00"/>	Payroll Deduction (\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="480.00"/>
<b>TOTAL</b> 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 44 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2003 Charvais Dr

City State Zip Code  
Lake Charles LA 70601-5605

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

Name of Employer Occupation  
The Perry Agency, Inc. President

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35396

Amount of Each Receipt this Period  
60.00

Payroll Deduction  
(\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Joseph E. Pittman

Mailing Address 7430 Vinton St

City State Zip Code  
Omaha NE 68124-3452

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

Name of Employer Occupation  
Creative Association Management Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34959

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

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

Mailing Address 32418 51st Ave SW

City State Zip Code  
Federal Way WA 98023-1936

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

Name of Employer Occupation  
Insure NW Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35216

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 81  
(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 G. Prue

Mailing Address 12713 S Edinburgh St

City Olathe State KS Zip Code 66062-1300

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

Name of Employer Humana, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35295

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Connie Puett

Mailing Address 5160 N Eyrie Way

City Boise State ID Zip Code 83703-4287

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

Name of Employer PacificSource Health Plans Occupation Marketing & Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34797

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**C.**

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

Mailing Address 3809 Silverwood Dr

City Tyler State TX Zip Code 75701-9336

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

Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35402

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey A. Ranf		Date of Receipt
	Mailing Address 2600 Denali St Ste 102		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Anchorage	AK	99503-2746
	FEC ID number of contributing federal political committee.		Transaction ID: 10073-P34753
Name of Employer Wallace Group Services		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 35.00
			Payroll Deduction (\$35.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Maley Rash		Date of Receipt
	Mailing Address 2519 Kettlewell Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Midlothian	VA	23113-6726
	FEC ID number of contributing federal political committee.		Transaction ID: 10073-P34798
Name of Employer BB&T Benefit Consultants of Virginia		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon C Rauser		Date of Receipt
	Mailing Address 949 Lamplighter Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grafton	WI	53024-9314
	FEC ID number of contributing federal political committee.		Transaction ID: 10073-P34799
Name of Employer The Rauser Agency, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1465.00	<input type="text"/> 250.00
			Payroll Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 370.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth L. Ray		Date of Receipt
	Mailing Address 110 Beaver Bnd		<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 06 / 24 / 2010
	City	State	Zip Code
	Canton	MS	39046-9296
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 10073-P34800
Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu		Occupation Director of Marketing - Life/H	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 ▼ 240.00	<input type="text"/> 40.00
			Payroll Deduction (\$40.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jordan R Redman		Date of Receipt
	Mailing Address 43 Daning Lights Lane		<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 06 / 24 / 2010
	City	State	Zip Code
	Athol	ID	83801
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 10074-P35164
Name of Employer Redman 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 ▼ 370.00	<input type="text"/> 10.00
			Payroll Deduction (\$10.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joni Robin Reents		Date of Receipt
	Mailing Address 12433 Bellaire Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2010
	City	State	Zip Code
	Thornton	CO	80241-2925
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 10073-P34948
Name of Employer Romer, Reents & Associates, Inc.		Occupation Producer	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 ▼ 570.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 48 / 81  
(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)  
Patrick Reuszer

Mailing Address 312 Elm Sreet

City State Zip Code  
Cincinnati OH 45202

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

Name of Employer Assurant Employee Benefits Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34696  
Amount of Each Receipt this Period 50.00  
Payroll Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
R Dane Rianhard

Mailing Address 1 N Charles St

City State Zip Code  
Baltimore MD 21201-3740

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

Name of Employer FranklinMorris Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P35135  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** 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 ▼ 635.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34889  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 220.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark Riley

Mailing Address PO Box 1635

City Irmo State SC Zip Code 29063-1635

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

Name of Employer American Benefit Services, LLC Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34570

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth E Rios-Carl

Mailing Address 6841 Pino Real Dr

City El Paso State TX Zip Code 79912-2803

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

Name of Employer Goodman Financial Group Occupation VP - Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35297

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**C.**

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

Mailing Address 12200 Northwest Fwy Ste 662

City Houston State TX Zip Code 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 ▼ 635.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34586

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Sharon L. Robbins  
Mailing Address PO Box 530  
City Asheville State NC Zip Code 28802-0530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Insurance Service of Asheville Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35256  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Joseph K. Roberts  
Mailing Address 4000 S 36th St  
City Lincoln State NE Zip Code 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 ▼ 900.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35386  
Amount of Each Receipt this Period 150.00  
Payroll Deduction (\$150.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
William T. Robinson  
Mailing Address 401 S El Cielo Rd Apt 66  
City Palm Springs State CA Zip Code 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 ▼ 635.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35406  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Rose		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 1545 NE 76th St		<b>Transaction ID:</b> 10073-P34951
	City Seattle	State WA	Zip Code 98115-4373
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer Baldwin Resource Group	Occupation Vice President Sales	Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles P. Rosen		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 849 Somera Ct		<b>Transaction ID:</b> 10073-P34952
	City Simi Valley	State CA	Zip Code 93065-5546
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer CPR Insurance & Financial Services	Occupation President & CFO	Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis A. Ruggiero		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 15 Kennedy Dr		<b>Transaction ID:</b> 10073-P34803
	City Budd Lake	State NJ	Zip Code 07828-1438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer John J. Slattery Associates	Occupation Director of Broker Development	Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	255.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 81

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gregory S. Sailer

Mailing Address 9721 Wellington Rdg

City State Zip Code  
Woodbury MN 55125-9592

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

Name of Employer Sailer Benefit Services, Inc. Occupation Agent

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

Transaction ID: 10073-P34809

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

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

Mailing Address PO Box 4252

City State Zip Code  
Timonium MD 21094-4252

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

Name of Employer Landmark Insurance & Financial Group Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1010.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

Transaction ID: 10073-P34693

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 ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

Transaction ID: 10073-P34810

Amount of Each Receipt this Period  
150.00

Payroll Deduction  
(\$150.00 Monthly)

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

320.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 81  
(check only one)

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

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

**A.**

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

Mailing Address 561 Ripplewater Dr SW

City State Zip Code  
Marietta GA 30064-2474

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34812

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

**B.**

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) ▼ 1020.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34903

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**C.**

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) ▼ 585.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35204

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 81  
(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)  
James D. Schulz

Mailing Address 7101 S 82nd St

City Lincoln State NE Zip Code 68516-6584

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

Name of Employer Midlands Financial Benefits Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34716

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

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

Mailing Address 3311 NE 115th St

City Vancouver State WA Zip Code 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34906

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

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

Mailing Address 28638 Oak Point Dr

City Farmington Hills State MI Zip Code 48331-2706

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

Name of Employer Warner Pacific Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10073-P34907

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 81  
(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 M. Sherrill

Mailing Address 2844 Regal Ln

City Oviedo State FL Zip Code 32765-7573

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

Name of Employer Sherrill Insurance Brokerage, Inc. Occupation Vice President/Life & LTC Mana

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

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34953  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Bob G Shupe

Mailing Address 5904 Hitching Post Ln

City Nashville State TN Zip Code 37211-6934

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

Name of Employer ESP, Inc Occupation President, CEO

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

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34942  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Robert C. Sichmeller

Mailing Address 4120 Sterlingview Dr

City Moorpark State CA Zip Code 93021-3761

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

Name of Employer Sichmeller Insurance and Financial So Occupation Agent

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

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34807  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 81  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Desmond X. Slattery		Date of Receipt	
	Mailing Address 1800 State Route 34		M M / D D / Y Y Y Y Y 06 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 10073-P34719
	Wall	NJ	07719-9168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		85.00	
Name of Employer John J. Slattery Associates, Inc.		Occupation Agent		Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Deirdre Slattery Fallon		Date of Receipt	
	Mailing Address PO Box 256		M M / D D / Y Y Y Y Y 06 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 10073-P34634
	Spring Lake	NJ	07762-0256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		85.00	
Name of Employer John J. Slattery Associates, Inc.		Occupation Agent		Payroll Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory S. Smith		Date of Receipt	
	Mailing Address 4017 W Hollow Trace Dr		M M / D D / Y Y Y Y Y 06 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 10073-P34910
	Peoria	IL	61615-2418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Group Marketing Services Inc.		Occupation Agent		Payroll Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> 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 57 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin W. Smith	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 6000 Lake Forrest Dr NW #107	<b>Transaction ID:</b> 10073-P34640
	City Atlanta State GA Zip Code 30328-3824	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
	Name of Employer KSA Insurance Agency Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MD Sam Smith	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 7172 Hawthorn Ave Apt 211	<b>Transaction ID:</b> 10073-P34926
	City Los Angeles State CA Zip Code 90046-3284	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
	Name of Employer GENESIS/Smith-Benton Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul E. Smith	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 169 Hawthorne Dr	<b>Transaction ID:</b> 10073-P34928
	City Kensington State CT Zip Code 06037-4074	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
	Name of Employer AmeriBen Alliance, LLC Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	255.00
<b>TOTAL</b> 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 58 / 81  
(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)  
Sherry Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code  
Baton Rouge LA 70808-6200

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

Name of Employer Occupation  
Besselman & Little Agency Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

**Transaction ID:** 10074-P35259

Amount of Each Receipt this Period  
10.00

Payroll Deduction  
(\$10.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
James Randall Southard

Mailing Address 7848 Nc Highway 68 N

City State Zip Code  
Stokesdale NC 27357-9326

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

Name of Employer Occupation  
Wells Fargo Insurance Services of NC Partner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

**Transaction ID:** 10073-P34912

Amount of Each Receipt this Period  
65.00

Payroll Deduction  
(\$65.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Jim Spahr

Mailing Address 1457 Capri Ave

City State Zip Code  
Petaluma CA 94954-1458

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

Name of Employer Occupation  
Jackie & Jim Spahr Insurance Services Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

**Transaction ID:** 10073-P34913

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

**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 59 / 81
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Blake Spell	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 7873 Bufflehead Ct	<b>Transaction ID:</b> 10073-P34929
	City Greensboro State NC Zip Code 27455-8376	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$20.00 Monthly)
	Name of Employer United Healthcare Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jackie L. Spragins	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 2009 Speedway Ave	<b>Transaction ID:</b> 10074-P35372
	City Wichita Falls State TX Zip Code 76301-6067	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$50.00 Monthly)
	Name of Employer Allred-Thompson-Mason-Daugherty Insur Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Delvin L. Stahl	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address PO Box 388	<b>Transaction ID:</b> 10074-P35284
	City Sutton State NE Zip Code 68979-0388	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$40.00 Monthly)
	Name of Employer Insurance Plus, Inc. Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> 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 60 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth J. Statz  
Mailing Address PO Box 41068  
City Brecksville State OH Zip Code 44141-0068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Statz & Associates Occupation agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34769  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
James R Stenger  
Mailing Address 381 victoria drive  
City Bridgewater State NJ Zip Code 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 ▼ 1170.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35360  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Marilyn A. Stenger  
Mailing Address 77 Ridgeview Ln  
City Mount Arlington State NJ Zip Code 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 ▼ 1635.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35361  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 340.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 61 / 81  
(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)  
Rodney Stuart

Mailing Address 9755 Randall Dr

City Indianapolis State IN Zip Code 46280-2951

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

Name of Employer Benefit Innovations, LLP Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35351

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
James L. Sugden

Mailing Address 628 Wild Ridge Cir

City Lafayette State CO Zip Code 80026-2583

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

Name of Employer Employee Benefit Solutions, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35363

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 15316 Pine St

City Omaha State NE Zip Code 68144-5117

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

Name of Employer Senior Market Sales, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 10074-P35364

Amount of Each Receipt this Period 125.00

Payroll Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 81

(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)

William L Sutherland

Mailing Address 19126 Kristen Way

City State Zip Code  
San Antonio TX 78258-3618

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

Name of Employer Occupation  
Wortham Insurance & Risk Management Agent

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34854

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ryan R. Swinton

Mailing Address 9931 N 151st St

City State Zip Code  
Waverly NE 68462-1611

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

Name of Employer Occupation  
Midlands Financial Benefits Agent

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34938

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

F. Todd Taylor

Mailing Address 11 Millstone Rd

City State Zip Code  
Richmond VA 23228-5407

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

Name of Employer Occupation  
Medical Society of Virginia Insurance Account Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34914

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34895

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Charles F Terry

Mailing Address 409 Madison St

City State Zip Code  
Clarksville TN 37040-3649

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

Name of Employer Occupation  
DUNN INSURANCE, INC. Senior Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10073-P34697

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

**C.**

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 ▼ 1020.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 10074-P35365

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **295.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 64 / 81  
(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)  
C. Louanne Trebing

Mailing Address 1806 Patton Dr

City State Zip Code  
Garland TX 75042-8205

FEC ID number of contributing federal political committee. C

Name of Employer Trebing Insurance Services      Occupation Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10074-P35366

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Robert C Tretter

Mailing Address 13016 Delmar St

City State Zip Code  
Leawood KS 66209-2383

FEC ID number of contributing federal political committee. C

Name of Employer VP Regional      Occupation Regional Mrkt. Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10073-P34918

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Robert B. Vernon

Mailing Address 3702 Alton Rd SW

City State Zip Code  
Roanoke VA 24014-3004

FEC ID number of contributing federal political committee. C

Name of Employer Southwind Health Partners      Occupation President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 10074-P35367

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 130.00

**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 65 / 81

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles G. Wagner		Date of Receipt
	Mailing Address PO Box 9		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Burwell	NE	68823-0009
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 10074-P35273
Name of Employer Town and Country Insurance Agency, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="510.00"/>	Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Rand R. Wall		Date of Receipt
	Mailing Address 1004 Sugardale Ct		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sugar Land	TX	77498-2760
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 10074-P35355
Name of Employer Lone Star Health Plans, Ltd.		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="100.00"/>
		<input type="text" value="600.00"/>	Payroll Deduction (\$100.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jessica F Waltman		Date of Receipt
	Mailing Address 2000 14th St N Ste 450		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Arlington	VA	22201-2573
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 10074-P35249
Name of Employer NAHU		Occupation VP, Policy and State Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="510.00"/>	Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="270.00"/>
<b>TOTAL</b> 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 66 / 81  
(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)  
M. Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code  
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35283  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
John L. Warwick

Mailing Address PO Box 272

City State Zip Code  
Chico CA 95927-0272

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

Name of Employer John Warwick Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34784  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Charles A Webb

Mailing Address 15 S Jefferson St

City State Zip Code  
Roanoke VA 24011-1303

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

Name of Employer Benefits Group, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34714  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 81  
(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)  
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 ▼ 1230.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35191  
Amount of Each Receipt this Period: 170.00  
Payroll Deduction: (\$170.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Charles L. Westmoreland

Mailing Address PO Box 925

City State Zip Code  
Jackson MS 39205-0925

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

Name of Employer Occupation  
American Public Life Insurance Company Director of Agency Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10074-P35144  
Amount of Each Receipt this Period: 60.00  
Payroll Deduction: (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Trei Wild

Mailing Address 2745 Dallas Pkwy

City State Zip Code  
Plano TX 75093-8731

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

Name of Employer Occupation  
Assurant Employee Benefits Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 10073-P34752  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 315.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael R Williams  
Mailing Address 302 S 36th St Ste 105  
City Omaha State NE Zip Code 68131-3845  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Williams Deras & Associates Occupation Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34627  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Paula L Wilson  
Mailing Address 31930 Daniel Way  
City Temecula State CA Zip Code 92591-2129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Paula Wilson, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10074-P35346  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Steven L. Wilson  
Mailing Address 808 Penny Ln  
City Lexington State KY Zip Code 40509-1964  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Insurance Marketi- ng Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 10073-P34881  
Amount of Each Receipt this Period 50.00  
Payroll Deduction (\$50.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 81

(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)  
Thomas R. Wilson

Mailing Address 1400 Amber Joy

City State Zip Code  
Wichita Falls TX 76310-9323

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

Name of Employer Occupation  
Boley Featherston Insurance Agency Benefits Consultant/Sales

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P35099

Amount of Each Receipt this Period

15.00

Payroll Deduction

(\$15.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Wright

Mailing Address 318 Calash Run

City State Zip Code  
Fort Wayne IN 46845-2104

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

Name of Employer Occupation  
Intrahealthsolutions, Inc. Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34985

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

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

Mailing Address 318 Calash Run

City State Zip Code  
Fort Wayne IN 46845-2104

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

Name of Employer Occupation  
IntraHealth Solutions, Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 10073-P34789

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

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

15726.70

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 10109 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Collection Fee	<input type="text" value="4.95"/>
	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: 10110 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="241.42"/>
	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: 10113 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Collection Fee	<input type="text" value="150.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="396.37"/>
<b>TOTAL</b> 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 71 / 81

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Collection Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10114 <b>Date of Disbursement</b> 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p><b>B.</b> 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 Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10111 <b>Date of Disbursement</b> 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 901.08</p> <p>001 Category/ Type</p>
<p><b>C.</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 Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10168 <b>Date of Disbursement</b> 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 88.28</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

994.31

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

1390.68

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement Breakfast 6.30 Candidate Name MICHAEL A. ARCURI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10070 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS <hr/> Mailing Address 8550 United Plaza Blvd. <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement Contribution Candidate Name WILLIAM CASSIDY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9997 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement Lunch 6.10 Candidate Name MICHAEL N CASTLE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10030 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 5915 Eastman Avenue</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Dinner 6.15</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10053 <b>Date of Disbursement</b> 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS</p> <p>Mailing Address PO BOX 186</p> <p>City Ashland State WI Zip Code 54806</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name SEAN P DUFFY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10079 <b>Date of Disbursement</b> 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address P.O. Box 1236</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN CALVIN JR. FLEMING</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9996 <b>Date of Disbursement</b> 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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) FLEMING FOR CONGRESS	Transaction ID: 10056 Date of Disbursement 06 / 16 / 2010
	Mailing Address P.O. Box 1236	Amount of Each Disbursement this Period 1000.00
	City Minden State LA Zip Code 71058	
	Purpose of Disbursement Lunch 6.16	011 Category/ Type
	Candidate Name JOHN CALVIN JR. FLEMING	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	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 JOHN BARRASSO	Transaction ID: 10068 Date of Disbursement 06 / 24 / 2010
	Mailing Address PO BOX 52008	Amount of Each Disbursement this Period 1000.00
	City CASPER State WY Zip Code 82605	
	Purpose of Disbursement Lunch 6.24	011 Category/ Type
	Candidate Name JOHN BARRASSO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: 9989 Date of Disbursement 06 / 07 / 2010
	Mailing Address 7908 Cincinnati Dayton Road	Amount of Each Disbursement this Period 2500.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Birdie Hunt	011 Category/ Type
	Candidate Name JOHN A BOEHNER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GEORGIANS FOR ISAKSON</b>  Mailing Address <b>POST OFFICE BOX 250116</b>  City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30325</b> Purpose of Disbursement Lunch 6.23 Candidate Name <b>JOHN HARDY ISAKSON</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>10064</b> Date of Disbursement 06 / 23 / 2010  Amount of Each Disbursement this Period 2000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>GRAVES FOR CONGRESS</b>  Mailing Address <b>PO Box 701</b>  City <b>Gainesville</b> State <b>GA</b> Zip Code <b>30503</b> Purpose of Disbursement Contribution Candidate Name <b>JOHN THOMAS JR GRAVES</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>09</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: <b>10032</b> Date of Disbursement 06 / 07 / 2010  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>INGLIS FOR CONGRESS COMMITTEE INC.</b>  Mailing Address <b>PO Box 210</b>  City <b>Travelers Rest</b> State <b>SC</b> Zip Code <b>29690</b> Purpose of Disbursement Contribution Candidate Name <b>ROBERT D INGLIS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>SC</b> District: <b>04</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>10021</b> Date of Disbursement 06 / 02 / 2010  Amount of Each Disbursement this Period 2500.00  011 Category/ Type

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

**5500.00**

**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) JIM RENACCI FOR CONGRESS	Transaction ID: 10080 Date of Disbursement 06 / 30 / 2010
	Mailing Address 150 Smokerise Drive	Amount of Each Disbursement this Period 2000.00
	City Wadsworth State OH Zip Code 44281	
	Purpose of Disbursement Direct Contribution Candidate Name JAMES B RENACCI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE	Transaction ID: 10065 Date of Disbursement 06 / 23 / 2010
	Mailing Address PO BOX 100847	Amount of Each Disbursement this Period 1000.00
	City ANCHORAGE State AK Zip Code 99510	
	Purpose of Disbursement lunch 6.23 Candidate Name LISA MURKOWSKI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: 10043 Date of Disbursement 06 / 11 / 2010
	Mailing Address 320 FIRST STREET SE	Amount of Each Disbursement this Period 15000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	18000.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE</p> <p>Mailing Address POST OFFICE BOX 1091</p> <p>City TUSCALOOSA State AL Zip Code 35403</p> <p>Purpose of Disbursement Dinner 6.23</p> <p>Candidate Name RICHARD C SHELBY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10066 <b>Date of Disbursement</b> 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON</p> <p>Mailing Address P.O. Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Breakfast 6.29</p> <p>Candidate Name JO ANN EMERSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10069 <b>Date of Disbursement</b> 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2931 E Dublin Granville Road</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Breakfast 6.9</p> <p>Candidate Name PATRICK J. TIBERI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10028 <b>Date of Disbursement</b> 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> 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)

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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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Dinner 6.9</p> <p>Candidate Name JOHN M SHIMKUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10029 <b>Date of Disbursement</b> 06 / 09 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement Lunch 6.16</p> <p>Candidate Name GREGORY P WALDEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10054 <b>Date of Disbursement</b> 06 / 16 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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

54500.00

**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)

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<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

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) Kenneth L. Schmidt	Transaction ID: 10018 Date of Disbursement 06 / 01 / 2010
	Mailing Address 1332 Hunters Hollow Ct	Amount of Each Disbursement this Period 100.00
	City Eureka State MO Zip Code 63025	
	Purpose of Disbursement contribution refunded Candidate Name Kenneth L. Schmidt	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) Kenneth L. Schmidt	Transaction ID: 10019 Date of Disbursement 06 / 01 / 2010
	Mailing Address 1332 Hunters Hollow Ct	Amount of Each Disbursement this Period 50.00
	City Eureka State MO Zip Code 63025	
	Purpose of Disbursement contribution refunded Candidate Name Kenneth L. Schmidt	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) ..... ►

150.00

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

150.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 81

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 for the Election of Dean Skelos

Mailing Address 168 Fonda Road

City State Zip Code  
Rockville Center NY 11570

Purpose of Disbursement  
Contribution NY Event

Candidate Name  
Dean Skelos

Office Sought:  House  
 Senate  
 President

State: NY District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10033

Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00