

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 02 01 2011 through 02 28 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jennifer Murphy
Signature of Treasurer Electronically Filed by Jennifer Murphy Date 03 15 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		111303.33
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	149267.04									
(c) Total Receipts (from Line 19)	65387.04	106592.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	214654.08	217895.83								
7. Total Disbursements (from Line 31)	110130.22	113371.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104523.86	104523.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	36876.70	48293.40
(ii) Unitemized	28509.26	58296.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	65385.96	106589.92
(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)	65385.96	106589.92
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.08	2.58
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))	65387.04	106592.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65387.04	106592.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2955.22	4446.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2955.22	4446.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	107000.00	108750.00
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	175.00	175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	175.00	175.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	110130.22	113371.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110130.22	113371.97

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	65385.96	106589.92
34. Total Contribution Refunds (from Line 28(d))	175.00	175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65210.96	106414.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2955.22	4446.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2955.22	4446.97

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 70
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kirk Andonian

Mailing Address 4423 Point Fosdick Dr NW Ste 306

City State Zip Code
Gig Harbor WA 98335-1794

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Berg Andonian Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 10963-P43687

Amount of Each Receipt this Period 150.00

Payroll Deduction
(\$150.00 Monthly)

B.

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

Mailing Address 6102 82nd St Ste 6

City State Zip Code
Lubbock TX 79424-0803

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ashmore & Associates Insurance Agency agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 10961-P43275

Amount of Each Receipt this Period 100.00

Payroll Deduction
(\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kimberly L. Auclair

Mailing Address 6873 Raccoon Ct

City State Zip Code
Viera FL 32940-6869

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pineapple Financial Services, LLC Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: 10817

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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) Kimberly L. Auclair	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 6873 Raccoon Ct	Transaction ID: 10963-P43778
	City State Zip Code Viera FL 32940-6869	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$30.00 Monthly)
Name of Employer Pineapple Financial Services, LLC	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	

B.	Full Name (Last, First, Middle Initial) Michael K. Avery	Date of Receipt MM / DD / YYYY 02 / 26 / 2011
	Mailing Address 10904 E County Road 109	Transaction ID: 10993
	City State Zip Code Midland TX 79706-5369	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AL J. Avery & Associates, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Randolph J. Ayers	Date of Receipt MM / DD / YYYY 02 / 26 / 2011
	Mailing Address 4151 Executive Pkwy Ste 210	Transaction ID: 10992
	City State Zip Code Westerville OH 43081-3872	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National United Brokers Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2030.00
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 8 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey P. Bacot	Date of Receipt MM / DD / YYYY 02 / 26 / 2011
	Mailing Address 14339 Torrey Chase Blvd Ste F	Transaction ID: 10995
	City State Zip Code Houston TX 77014-1631	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Core Benefits	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Rick D. Bailey	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 117 Royal Oaks Dr	Transaction ID: 10842
	City State Zip Code Canton GA 30115-6587	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Rick Bailey & Company, Inc.	Occupation agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Rick D. Bailey	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 117 Royal Oaks Dr	Transaction ID: 10963-P43855
	City State Zip Code Canton GA 30115-6587	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Rick Bailey & Company, Inc.	Occupation agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	(\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	740.00
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 9 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathryn A. Beals		Date of Receipt
	Mailing Address 5151 W River Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	Waunakee	WI	53597-9523
	FEC ID number of contributing federal political committee. C		Transaction ID: 10966
Name of Employer Dean Health Plan		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"/> 120.00
		<input type="text"/> 290.00	

B.	Full Name (Last, First, Middle Initial) David Russell Beniak		Date of Receipt
	Mailing Address 14091 Sundial 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 0 2 / 0 9 / 2 0 1 1
	City	State	Zip Code
	Eden Prairie	MN	55346-3015
	FEC ID number of contributing federal political committee. C		Transaction ID: 10833
Name of Employer RJ Ahmann Benefits, LLC		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"/> 365.00
		<input type="text"/> 365.00	

C.	Full Name (Last, First, Middle Initial) Bruce D. Benton		Date of Receipt
	Mailing Address 20161 Delita 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 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Woodland Hills	CA	91364-3521
	FEC ID number of contributing federal political committee. C		Transaction ID: 10961-P43393
Name of Employer Genesis SmithBenton Insurance & Finan		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"/> 170.00
		<input type="text"/> 465.00	Payroll Deduction
			(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 655.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 David A Berman
 Mailing Address 6510 N Shadeland Ave
 City Indianapolis State IN Zip Code 46220-4369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neace Lukens Holding Company, Inc. Occupation agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00
 Date of Receipt 02 / 23 / 2011
Transaction ID: 10961-P43230
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
 Thomas Besselman
 Mailing Address 6421 Perkins Rd Bldg A # 2B
 City Baton Rouge State LA Zip Code 70808-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Besselman & Little Agency Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00
 Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43656
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
 Jason Beyrouy
 Mailing Address 680 Hawthorne Avenue SE, Suite 140
 City Salem State OR Zip Code 97301-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AKT Benefit Advisors LP Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00
 Date of Receipt 02 / 11 / 2011
Transaction ID: 10907
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70
(check only one)

<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)
Brian S. Bodner

Mailing Address 4 Cyr Ct

City State Zip Code
New City NY 10956-4906

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

Name of Employer
First National Administrators

Occupation
Director of Ancillary Operatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: 10996

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Mary L. Boggs

Mailing Address PO Box 293865

City State Zip Code
Lewisville TX 75029-3865

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

Name of Employer
Benefits Plus Services

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: 10997

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 2119 Stone Creek Loop N

City State Zip Code
Lincoln NE 68512-9309

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

Name of Employer
Association Benefit Advisors, Inc.

Occupation
agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: 11000

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1990.00**

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 12 / 70
(check only one)

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

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

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

Mailing Address 2119 Stone Creek Loop N

City Lincoln State NE Zip Code 68512-9309

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

Name of Employer Association Benefit Advisors, Inc. Occupation agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 02 / 26 / 2011

Transaction ID: 11001

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Daniel G. Cattaneo

Mailing Address 4690 Carpinteria Ave Ste B

City Carpinteria State CA Zip Code 93013-1875

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

Name of Employer Beneflex Occupation Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2011

Transaction ID: 11004

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
James F. Consedine II

Mailing Address 5314 S Yale Ave Ste 601

City Tulsa State OK Zip Code 74135-6273

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

Name of Employer James F. Consedine II Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 02 / 2011

Transaction ID: 10790

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1565.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Catherine L. Cooper		Date of Receipt
	Mailing Address 17232 Brookview Dr		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Livonia	MI	48152-4543
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Health Care Administrators		Occupation agent	Transaction ID: 10963-P44097
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Bob Copeland		Date of Receipt
	Mailing Address 700 Larkspur Landing Circle, Suite		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Larkspur	CA	94939
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Copeland Insurance Services		Occupation Agent	Transaction ID: 10963-P43680
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="170.00"/>
			Payroll Deduction (\$170.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Robert N. Corrigan		Date of Receipt
	Mailing Address PO Box 2504		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Corpus Christi	TX	78403-2504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Corrigan Benefits, L.L.P.		Occupation Agent	Transaction ID: 11005
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 70

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Teresa F DeBruin		Date of Receipt MM / DD / YYYY 02 / 26 / 2011		
	Mailing Address 5441 Edgerton Dr		Transaction ID: 11006		
	City Norcross	State GA	Zip Code 30092-2185	Amount of Each Receipt this Period 175.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DeBruin Benefit Services, Inc./ The L	Occupation Agent	Aggregate Year-to-Date 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Tim DeRosa		Date of Receipt MM / DD / YYYY 02 / 02 / 2011		
	Mailing Address 9900 Covington Cross Dr Ste 210		Transaction ID: 10791		
	City Las Vegas	State NV	Zip Code 89144-7053	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Business Benefits, Inc.	Occupation Agent	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Tim DeRosa		Date of Receipt MM / DD / YYYY 02 / 02 / 2011		
	Mailing Address 9900 Covington Cross Dr Ste 210		Transaction ID: 10792		
	City Las Vegas	State NV	Zip Code 89144-7053	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Business Benefits, Inc.	Occupation Agent	Aggregate Year-to-Date 1125.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 15 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rush D. Dixon		Date of Receipt
	Mailing Address 1375 Piccard Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Rockville	MD	20850-4311
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	Transaction ID: 10963-P43727
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 465.00	
		Amount of Each Receipt this Period	<input type="text"/> 170.00
		Payroll Deduction	
			(\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Steven H. Dodder		Date of Receipt
	Mailing Address PO Box 2069		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	City	State	Zip Code
	Monument	CO	80132-2069
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Assurant Health		Occupation Regional Sales Director	Transaction ID: 10810
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 260.00	
		Amount of Each Receipt this Period	<input type="text"/> 175.00

C.	Full Name (Last, First, Middle Initial) Steven H. Dodder		Date of Receipt
	Mailing Address PO Box 2069		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Monument	CO	80132-2069
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Assurant Health		Occupation Regional Sales Director	Transaction ID: 10963-P43735
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 345.00	
		Amount of Each Receipt this Period	<input type="text"/> 85.00
		Payroll Deduction	
			(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 430.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 70
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 340.00

Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43626
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City Noblesville State IN Zip Code 46062-9075

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

Name of Employer Creative Insurance Concepts, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 02 / 11 / 2011
Transaction ID: 10906
Amount of Each Receipt this Period 175.00

C.

Full Name (Last, First, Middle Initial)
Nicole Fairbairn

Mailing Address 2113 Dakota Dr

City Noblesville State IN Zip Code 46062-9075

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

Name of Employer Creative Insurance Concepts, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P44077
Amount of Each Receipt this Period 30.00
Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Blair Farwell		Date of Receipt
	Mailing Address 1501 E Woodfield Rd Ste 110		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Schaumburg	IL	60173-6052
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 11013
Name of Employer Resource Brokerage LLC		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 ▼	<input type="text" value="750.00"/>
		<input type="text" value="750.00"/>	

B.	Full Name (Last, First, Middle Initial) Donald Fechter		Date of Receipt
	Mailing Address 1467 W Elliot Rd Ste 102		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Gilbert	AZ	85233-5167
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 10947
Name of Employer None		Occupation None	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="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Erin B. Fisher		Date of Receipt
	Mailing Address 131 Courtland Ave		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Stamford	CT	06902-3443
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 10788
Name of Employer Health Plan One - Medicare Solutions		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="175.00"/>
		<input type="text" value="205.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1425.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Erin B. Fisher

Mailing Address 131 Courtland Ave

City State Zip Code
Stamford CT 06902-3443

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

Name of Employer Occupation
Health Plan One - Medicare Agent
Solutions

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

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43709

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Diana J. Forshee

Mailing Address 203 E Main St # B

City State Zip Code
Union MO 63084-1619

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

Name of Employer Occupation
Ming Insurance Group Broker

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

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: 11015

Amount of Each Receipt this Period
365.00

C. 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 Occupation
Financial Partners Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 685.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: 11017

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **895.00**

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 / 70
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michelle Fuller

Mailing Address 36 Cascade Cv

City Petal State MS Zip Code 39465-5805

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

Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu Occupation Vice President, Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 07 / 2011

Transaction ID: 10819

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Michelle Fuller

Mailing Address 36 Cascade Cv

City Petal State MS Zip Code 39465-5805

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

Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu Occupation Vice President, Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 185.00

Date of Receipt 02 / 07 / 2011

Transaction ID: 10818

Amount of Each Receipt this Period 175.00

C.

Full Name (Last, First, Middle Initial)
Michelle Fuller

Mailing Address 36 Cascade Cv

City Petal State MS Zip Code 39465-5805

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

Name of Employer Stewart Sneed Hewes/Banco-rpSouth Insu Occupation Vice President, Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 23 / 2011

Transaction ID: 10963-P44028

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **355.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joy K. Gardner		Date of Receipt
	Mailing Address 10605 Sterling Ridge Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Reno	NV	89521-5199
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Comstock Insurance Agencies, Inc.		Occupation Agent	Transaction ID: 10961-P43541
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 230.00	<input type="text"/> 40.00
			Payroll Deduction
			(\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Richard R Girdler		Date of Receipt
	Mailing Address 400 Sims Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Franklin	TN	37069-1890
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Cowan Benefit Services		Occupation Agent	Transaction ID: 10877
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 235.00	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) Richard R Girdler		Date of Receipt
	Mailing Address 400 Sims Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Franklin	TN	37069-1890
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Cowan Benefit Services		Occupation Agent	Transaction ID: 10963-P44045
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 320.00	<input type="text"/> 85.00
			Payroll Deduction
			(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 275.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gary D. Hardman		Date of Receipt
	Mailing Address 840 East 32nd St. North		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Wichita	KS	67226-
	FEC ID number of contributing federal political committee. C		Transaction ID: 11019
Name of Employer Hardman Benefit Plans, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 1250.00	

B.	Full Name (Last, First, Middle Initial) Christopher S. Harrison		Date of Receipt
	Mailing Address 921-C S McPherson Church Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Fayetteville	NC	28303-5368
	FEC ID number of contributing federal political committee. C		Transaction ID: 10963-P43624
Name of Employer Ebenconcepts Company		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"/> 410.00
		<input type="text"/> 820.00	Payroll Deduction
			(\$410.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Sheila H Hartman		Date of Receipt
	Mailing Address 20315 Howard Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Woodland Hills	CA	91364-5668
	FEC ID number of contributing federal political committee. C		Transaction ID: 10963-P43847
Name of Employer Financial Independence Company		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 170.00
		<input type="text"/> 340.00	Payroll Deduction
			(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 830.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2330 Barrett Cottage Pl

City State Zip Code
Marietta GA 30066-4993

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 02 / 2011
Transaction ID: 10802
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Hedy S Hebert

Mailing Address 4816 Woodberry Ln

City State Zip Code
Benton LA 71006-9361

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

Name of Employer Benefit Consulting Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: 10963-P44030
Amount of Each Receipt this Period: 30.00
Payroll Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Stephen S. Honig

Mailing Address 9 Cardinal Dr

City State Zip Code
Princeton Junction NJ 08550-2251

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

Name of Employer OCA Benefit Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 02 / 26 / 2011
Transaction ID: 11020
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1395.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Jonathan Hudgens
Mailing Address 1612 Marion St Ste 2
City Columbia State SC Zip Code 29201-2939
FEC ID number of contributing federal political committee. **C**
Name of Employer The Cason Group, Inc. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 02 / 02 / 2011
Transaction ID: 10801
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Jason T. Jackovich
Mailing Address 998 Westbury Blvd
City Howell State MI Zip Code 48843-6617
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Care Administrators Occupation Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 02 / 10 / 2011
Transaction ID: 10884
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Keith A. James
Mailing Address 6055 Primacy Pkwy Ste 300
City Memphis State TN Zip Code 38119-5773
FEC ID number of contributing federal political committee. **C**
Name of Employer The James Group, LLC Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 28 / 2011
Transaction ID: 11022
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1515.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 70
(check only one)

<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)
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 ▼ 295.00

Date of Receipt: 02 / 28 / 2011

Transaction ID: 11023

Amount of Each Receipt this Period: 125.00

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

Mailing Address 1482 Baron Ct

City Stone Mountain State GA Zip Code 30087-3037

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

Name of Employer: David S. Johnson Insurance Occupation: Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 23 / 2011

Transaction ID: 10963-P44002

Amount of Each Receipt this Period: 180.00

Payroll Deduction (\$180.00 Monthly)

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

Mailing Address 5023-C Backlick Rd

City Annandale State VA Zip Code 22003-6044

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

Name of Employer: Johnson and Associates Occupation: Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 10 / 2011

Transaction ID: 10880

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **805.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
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 Director of ABG Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43843

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43672

Amount of Each Receipt this Period
200.00

Payroll Deduction
(\$200.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
William Kite

Mailing Address 1414 Franklin Rd SW

City State Zip Code
Roanoke VA 24016-5227

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

Name of Employer Occupation
D & S Life Agency, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: 10812

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **535.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert A. Lamm

Mailing Address 3093 Woodland Pl

City Akron State OH Zip Code 44312-5057

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

Name of Employer Associated Underwriters Insurance, In Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 28 / 2011
Transaction ID: 11028
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David L. Levitz

Mailing Address 3000 Lakeside Drive, Suite 200 So

City Bannockburn State IL Zip Code 60015-

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

Name of Employer The Greater Chicago Group Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 28 / 2011
Transaction ID: 11027
 Amount of Each Receipt this Period 365.00

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

Mailing Address 301 Madison Ave Fl 4

City New York State NY Zip Code 10017-8103

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

Name of Employer The Medical Link, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43746
 Amount of Each Receipt this Period 500.00
 Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

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

A. Full Name (Last, First, Middle Initial)
 David George Maddock
 Mailing Address 286 3rd Avenue Fi
 City State Zip Code
 Fox Island WA 98333-9703
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: 11029
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maddock & Associates Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

B. Full Name (Last, First, Middle Initial)
 Jim Malone
 Mailing Address 124 Main Ave N
 City State Zip Code
 Fayetteville TN 37334-3056
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 1 1
Transaction ID: 10916
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Malone Company President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

C. Full Name (Last, First, Middle Initial)
 Jim Malone
 Mailing Address 124 Main Ave N
 City State Zip Code
 Fayetteville TN 37334-3056
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 1 1
Transaction ID: 10970
 Amount of Each Receipt this Period
 175.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Malone Company President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

SUBTOTAL of Receipts This Page (optional) ► 905.00
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 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Donald W. Marx

Mailing Address 9083 Laurel Ridge Dr

City State Zip Code
Mount Dora FL 32757-9108

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

Name of Employer Occupation
Employer Benefits Consulting, LLC Agent

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

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: 10839

Amount of Each Receipt this Period
190.00

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

Mailing Address 9905 S Maplewood Ave

City State Zip Code
Tulsa OK 74137-5534

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

Name of Employer Occupation
BenEx Insurance Agency Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1090.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: 11031

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Brian K McPike

Mailing Address 8101 O St Ste 201

City State Zip Code
Lincoln NE 68510-2647

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

Name of Employer Occupation
Compensation Programs, Inc. Agent

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

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: 10787

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1690.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 70
(check only one)

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

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

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

Mailing Address 26 Kennedy Ct

City Middletown State NJ Zip Code 07748-3532

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

Name of Employer Walsh Benefits Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: 11032
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Donald S Mucci

Mailing Address 1601 Alliant Ave

City Louisville State KY Zip Code 40299-6338

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

Name of Employer Mucci Insurance Group, LLC Occupation Owner/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: 11033
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mark Muckensturm

Mailing Address 991 University Dr

City Edwardsville State IL Zip Code 62025-3959

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

Name of Employer MRCT Benefits Plus Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: 10828
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 J. Nelson		Date of Receipt
	Mailing Address 32110 Agoura Rd		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Westlake Village	CA	91361-4026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Warner Pacific Insurance Services		Occupation Agent	Transaction ID: 10963-P43725
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="833.40"/>	Amount of Each Receipt this Period <input type="text" value="416.70"/>
			Payroll Deduction (\$416.70 Monthly)

B.	Full Name (Last, First, Middle Initial) John C. Parker		Date of Receipt
	Mailing Address 47 Laurel Hill Dr		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Niantic	CT	06357-1536
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Parker Agency		Occupation Principal	Transaction ID: 10961-P43454
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jesse A. Patton		Date of Receipt
	Mailing Address 701 Grand Ave		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	West Des Moines	IA	50265-3625
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Associations Marketing Group, Inc.		Occupation CEO/President	Transaction ID: 10963-P43795
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	Amount of Each Receipt this Period <input type="text" value="350.00"/>
			Payroll Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="866.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tom G. Polenzani
 Mailing Address 1120 Atchison St
 City Pasadena State CA Zip Code 91104-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00
 Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43798
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 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 ▼ 210.00
 Date of Receipt 02 / 03 / 2011
Transaction ID: 10805
 Amount of Each Receipt this Period 125.00

C. 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 ▼ 295.00
 Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43801
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 380.00
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 32 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Scott Rappoport	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 1952 US Highway 22	Transaction ID: 10949
	City State Zip Code Bound Brook NJ 08805-1545	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Benefit Sources & Solutions	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Susan Maley Rash	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 2519 Kettlewell Ct	Transaction ID: 10963-P43802
	City State Zip Code Midlothian VA 23113-6726	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Vice President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	(\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Jon C Rauser	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 949 Lamplighter Ln	Transaction ID: 10963-P43803
	City State Zip Code Grafton WI 53024-9314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Rauser Agency, Inc.	Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	1335.00
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 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address 971 N Perry St

City Ottawa State OH Zip Code 45875-1218

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

Name of Employer Fawcett, Lammon, Recker & Associates Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 02 / 03 / 2011
Transaction ID: 10806
 Amount of Each Receipt this Period 175.00

B. Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address 971 N Perry St

City Ottawa State OH Zip Code 45875-1218

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

Name of Employer Fawcett, Lammon, Recker & Associates Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 23 / 2011
Transaction ID: 10961-P43288
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 3900 Halisport Dr NW

City Kennesaw State GA Zip Code 30152-4077

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43889
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 / 70
(check only one)

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

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

A.

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43616

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 State Zip Code
Lincoln NE 68506-4809

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

Name of Employer Midlands Financial Benefits
Occupation Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10961-P43445

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C.

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

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code
Palm Springs CA 92262-7922

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

Name of Employer Palm Canyon Insurance Agency
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10961-P43465

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 35 / 70
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Allen L. Rothman

Mailing Address 6245 N 24th Pkwy Ste 216

City State Zip Code
Phoenix AZ 85016-2030

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

Name of Employer Occupation
Horizon Benefits Group Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2011

Transaction ID: 10923

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City State Zip Code
Dacula GA 30019-3290

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

Name of Employer Occupation
E2E Benefits Services, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43813

Amount of Each Receipt this Period
150.00

Payroll Deduction
(\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
Richard C. Scarboro

Mailing Address 79 Woodfin Pl

City State Zip Code
Asheville NC 28801-2492

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

Name of Employer Occupation
Blue Ridge Benefit Solutions, Inc. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: 10974

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO 21533

City State Zip Code
Winston Salem NC 27120-

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

Name of Employer Plans For Health, Inc. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: 10803

Amount of Each Receipt this Period
100.00

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

Mailing Address 3311 NE 115th Street

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 10882

Amount of Each Receipt this Period
125.00

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

Mailing Address 3311 NE 115th Street

City State Zip Code
Vancouver WA 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43906

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 310.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Steven Selinsky		Date of Receipt
	Mailing Address 28638 Oak Point Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Farmington Hills	MI	48331-2706
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Benesys		Occupation Agent	Transaction ID: 10963-P43907
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 295.00	<input type="text"/> 85.00
			Payroll Deduction
			(\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) David C. Smith		Date of Receipt
	Mailing Address 1926 Glengate Cir		<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
	Morrisville	NC	27560-6966
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Ebenconcepts		Occupation Vice President	Transaction ID: 10963-P43909
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 370.00	<input type="text"/> 200.00
			Payroll Deduction
			(\$200.00 Monthly)

C.	Full Name (Last, First, Middle Initial) Nathaniel M. Smith		Date of Receipt
	Mailing Address 5200 77 Center Dr Ste 125		<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
	Charlotte	NC	28217-0712
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Rogers Benefit Group, Inc.		Occupation Regional Manager	Transaction ID: 10800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 365.00	<input type="text"/> 190.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 475.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 38 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sheryl M. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: 10975

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sher Sparano

Mailing Address 7020 108th St # 5-0

City State Zip Code
Forest Hills NY 11375-4449

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

Name of Employer Occupation
Benefits Advisory Service President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: 10807

Amount of Each Receipt this Period
175.00

C. Full Name (Last, First, Middle Initial)
Sher Sparano

Mailing Address 7020 108th St # 5-0

City State Zip Code
Forest Hills NY 11375-4449

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

Name of Employer Occupation
Benefits Advisory Service President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43726

Amount of Each Receipt this Period
30.00

Payroll Deduction
(\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **455.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 70
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Anne P. Sperling

Mailing Address 25 Antigua Rd

City State Zip Code
Santa Fe NM 87508-2201

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

Name of Employer Daniels Insurance, Inc. Occupation Employee Benefits Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2011

Transaction ID: 10963-P43926

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40.00 Monthly)

B.

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

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 07936-

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

Name of Employer BenefitMall Occupation Director of Business Developme

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt MM / DD / YYYY
02 / 02 / 2011

Transaction ID: 10789

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 07936-

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

Name of Employer BenefitMall Occupation Director of Business Developme

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 795.00

Date of Receipt MM / DD / YYYY
02 / 02 / 2011

Transaction ID: 10793

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► **665.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James R Stenger
Mailing Address 381 Victoria Drive
City Bridgewater State NJ Zip Code 07936
FEC ID number of contributing federal political committee. **C**
Name of Employer BenefitMall Occupation Director of Business Developme
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 965.00
Date of Receipt 02 / 23 / 2011
Transaction ID: 10961-P43420
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Marilyn A. Stenger
Mailing Address 381 Victoria Drive
City Bridgewater State NJ Zip Code 08807-
FEC ID number of contributing federal political committee. **C**
Name of Employer MVS Consulting Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 02 / 2011
Transaction ID: 10794
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Marilyn A. Stenger
Mailing Address 381 Victoria Drive
City Bridgewater State NJ Zip Code 08807-
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 ▼ 1795.00
Date of Receipt 02 / 25 / 2011
Transaction ID: 10977
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1295.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 70

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 08807-

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

Name of Employer Occupation
MVS Consulting Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 795.00

Date of Receipt

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

Transaction ID: 10976

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Marilyn A. Stenger

Mailing Address 381 Victoria Drive

City State Zip Code
Bridgewater NJ 08807

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

Name of Employer Occupation
MVS Consulting Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.00

Date of Receipt

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

Transaction ID: 10961-P43240

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Kirk D. Stoddard

Mailing Address 5237 Barron Park Dr

City State Zip Code
San Jose CA 95136-2810

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

Name of Employer Occupation
Kirk Stoddard & Associates Agent/Broker

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

Date of Receipt

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

Transaction ID: 10908

Amount of Each Receipt this Period

575.00

SUBTOTAL of Receipts This Page (optional)

1160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 70
(check only one)

<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) Kirk D. Stoddard		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 5237 Barron Park Dr		Transaction ID: 10963-P43929
City San Jose	State CA	Zip Code 95136-2810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer Kirk Stoddard & Associates	Occupation Agent/Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	(\$10.00 Monthly)

B.

Full Name (Last, First, Middle Initial) James L. Sugden		Date of Receipt MM / DD / YYYY 02 / 03 / 2011
Mailing Address 544 Wild Ridge Lane		Transaction ID: 10808
City Lafayette	State CO	Zip Code 80026-2583
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Employee Benefit Solutions, Inc.	Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) James L. Sugden		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 544 Wild Ridge Lane		Transaction ID: 10961-P43422
City Lafayette	State CO	Zip Code 80026-2583
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00	
Name of Employer Employee Benefit Solutions, Inc.	Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	(\$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 43 / 70

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) James F. Summers		Date of Receipt
	Mailing Address 15316 Pine St		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Omaha	NE	68144-5117
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 10961-P43423
Name of Employer Senior Market Sales, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.00"/>
		<input type="text" value="250.00"/>	Payroll Deduction (\$125.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Michelle J. Sweeney		Date of Receipt
	Mailing Address 3404 Mechanicsburg Rd		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Springfield	OH	45502-8219
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 10980
Name of Employer Wallace & Turner Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Marsha Tellesbo		Date of Receipt
	Mailing Address 22887 NE 127th Way		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Redmond	WA	98053-5657
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 10963-P43895
Name of Employer Tellesbo & Company		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="85.00"/>
		<input type="text" value="295.00"/>	Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1210.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Janet Trautwein
Mailing Address 7212 Redlac Dr
City Clifton State VA Zip Code 20124-1948
FEC ID number of contributing federal political committee. **C**
Name of Employer NAHU Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 02 / 23 / 2011
Transaction ID: 10961-P43424
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Dan Webb
Mailing Address 5251 Office Park Dr
City Bakersfield State CA Zip Code 93309-0404
FEC ID number of contributing federal political committee. **C**
Name of Employer The Webb Insurance Group Occupation Marketing Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 02 / 23 / 2011
Transaction ID: 10961-P43265
Amount of Each Receipt this Period 170.00
Payroll Deduction (\$170.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Lisa Wetherton
Mailing Address 2150 Imperial Dr
City Gainesville State GA Zip Code 30501-1306
FEC ID number of contributing federal political committee. **C**
Name of Employer Benefit Design Strategies Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 23 / 2011
Transaction ID: 10963-P43788
Amount of Each Receipt this Period 85.00
Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 425.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 70

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Paul S. White

Mailing Address 340 Maccorkle Ave SE Ste 200

City State Zip Code
Charleston WV 25314-1100

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

Name of Employer Occupation
Commercial Insurance Services Agent

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

Date of Receipt

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

Transaction ID: 10957

Amount of Each Receipt this Period

365.00

B.

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

Mailing Address 5318 Westhaven Dr.

City State Zip Code
Evansville IN 47720-

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

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

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

Date of Receipt

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

Transaction ID: 10963-P43900

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
335.00

Date of Receipt

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

Transaction ID: 10913

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

645.00

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 46 / 70	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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) Dennis E. Wright		Date of Receipt																					
	Mailing Address 318 Calash Run		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	3		2	0	1	1														
	City	State	Zip Code		Transaction ID: 10963-P43792																			
	Fort Wayne	IN	46845-2104																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer IntraHealth Solutions, In- c.		Occupation President		<input type="text" value="85.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>		Payroll Deduction (\$85.00 Monthly)																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="36876.70"/>

**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 Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11113 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 204.90 Category/Type 001

B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Way City Knoxville State TN Zip Code 37920 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11112 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1222.99 Category/Type 001

C. Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 6286 N College City Indianapolis State IN Zip Code 46220 Purpose of Disbursement Banking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11114 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 1
	Amount of Each Disbursement this Period 302.33 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1730.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 70

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 11115

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

1225.00

SUBTOTAL of Disbursements This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

2955.22

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement NAHU Capitol Conference</p> <p>Candidate Name ANDREW P HARRIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10887 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) AUSTIN SCOTT FOR CONGRESS INC</p> <p>Mailing Address PO Box 27750</p> <p>City Macon State GA Zip Code 31221</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name JAMES AUSTIN SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10939 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) AUSTIN SCOTT FOR CONGRESS INC</p> <p>Mailing Address PO Box 27750</p> <p>City Macon State GA Zip Code 31221</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name JAMES AUSTIN SCOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10850 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS	Transaction ID: 10875 Date of Disbursement
	Mailing Address 802 Pentoga Trail	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Crystal Falls State MI Zip Code 49920	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name DANIEL J BENISHER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Transaction ID: 10858 Date of Disbursement
	Mailing Address 8550 United Plaza Blvd.	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name WILLIAM CASSIDY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS	Transaction ID: 10896 Date of Disbursement
	Mailing Address PO Box 1924	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="2000.00"/>
	Candidate Name DAVID DANIEL BOREN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name DAVID DANIEL BOREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 02</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10897</p> <p>Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name LARRY D BUCSHON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10853</p> <p>Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Campaign Breakfast 2.18</p> <p>Candidate Name ERIC CANTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10924</p> <p>Date of Disbursement 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONGRESS	Transaction ID: 10937 Date of Disbursement
	Mailing Address 3400 Old Winter Garden Road	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Orlando State FL Zip Code 32805	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="-3000.00"/>
	Candidate Name DANIEL WEBSTER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONGRESS	Transaction ID: 10874 Date of Disbursement
	Mailing Address 3400 Old Winter Garden Road	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Orlando State FL Zip Code 32805	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name DANIEL WEBSTER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DUNCAN D. HUNTER FOR CONGRESS	Transaction ID: 10848 Date of Disbursement
	Mailing Address 9340 Fuerte Drive Suite 302	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City La Mesa State CA Zip Code 91941	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name DUNCAN D. HUNTER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ENSIGN FOR SENATE	Transaction ID: 10845 Date of Disbursement
	Mailing Address PO BOX 370667	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City LAS VEGAS State NV Zip Code 89137	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name JOHN E ENSIGN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: 10931 Date of Disbursement
	Mailing Address 631-B PENNSYLVANIA AVE., SE	<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Winter Event	<input type="text" value="5000.00"/>
	Candidate Name FREEDOM PROJECT; THE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK	Transaction ID: 10861 Date of Disbursement
	Mailing Address PO Box 750114	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Las Vegas State NV Zip Code 89136	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name JOE HECK	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: 10930 Date of Disbursement
	Mailing Address 7908 Cincinnati Dayton Road	<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Winter Event	<input type="text" value="5000.00"/>
	Candidate Name JOHN A BOEHNER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS	Transaction ID: 10849 Date of Disbursement
	Mailing Address PO Box 2408	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Loveland State CO Zip Code 80539	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name CORY SCOTT REP. GARDNER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: 10929 Date of Disbursement
	Mailing Address PO Box U	<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception 2.15	<input type="text" value="3000.00"/>
	Candidate Name J. PHILLIP GINGREY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name SAMUEL B JR 'SAM' GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10933 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name SAMUEL B JR 'SAM' GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10860 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name S. BRETT GUTHRIE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10856 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) HOOSIERS FOR ROKITA, INC. <hr/> Mailing Address 7643 East U.S. 36 <hr/> City Avon State IN Zip Code 46123 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name THEODORE EDWARD ROKITA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10854 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KAY GRANGER CAMPAIGN FUND <hr/> Mailing Address 715 Jones Street, Suite 101 <hr/> City Fort Worth State TX Zip Code 76102 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name KAY GRANGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10866 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS <hr/> Mailing Address PO Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement NAHU Capitol Conference Candidate Name KEVIN MCCARTHY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10888 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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) KINZINGER FOR CONGRESS	Transaction ID: 10852
	Mailing Address PO Box 1050	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City Bourbonnais State IL Zip Code 60914	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement HUPAC Reception	011 Category/Type
	Candidate Name ADAM KINZINGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	

B.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS	Transaction ID: 10945
	Mailing Address PO Box 1050	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City Bourbonnais State IL Zip Code 60914	Amount of Each Disbursement this Period -3000.00
	Purpose of Disbursement HUPAC Reception	011 Category/Type
	Candidate Name ADAM KINZINGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	

C.	Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS	Transaction ID: 10944
	Mailing Address P.O. Box 1530	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period -3000.00
	Purpose of Disbursement HUPAC Reception	011 Category/Type
	Candidate Name LARRY KISSELL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 08	

SUBTOTAL of Disbursements This Page (optional)	-3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS	Transaction ID: 10862 Date of Disbursement
	Mailing Address P.O. Box 1530	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name LARRY KISSELL	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: 10871 Date of Disbursement
	Mailing Address 7315 Wisconsin Avenue	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name LONE STAR LEADERSHIP PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LUNGREN FOR CONGRESS	Transaction ID: 10847 Date of Disbursement
	Mailing Address 9321 Silverbend Lane	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Elk Grove State CA Zip Code 95624	Amount of Each Disbursement this Period
	Purpose of Disbursement HUPAC Reception	<input type="text" value="3000.00"/>
	Candidate Name DANIEL E. LUNGREN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LUNGREN FOR CONGRESS</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name DANIEL E. LUNGREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10943 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name LYNN JENKINS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10855 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE</p> <p>Mailing Address PO BOX 3241</p> <p>City CHEYENNE State WY Zip Code 82003</p> <p>Purpose of Disbursement NAHU Capitol Conference</p> <p>Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10892 Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10934 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10865 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MCKINLEY FOR CONGRESS</p> <p>Mailing Address 32 20TH STREET</p> <p>City WHEELING State WV Zip Code 26003</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name DAVID B MCKINLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10870 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City State Zip Code
WHEELING WV 26003

Purpose of Disbursement
HUPAC Reception

Candidate Name
DAVID B MCKINLEY

Office Sought: House
 Senate
 President

State: WV District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10941
Date of Disbursement

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

Amount of Each Disbursement this Period

-3000.00

B.

Full Name (Last, First, Middle Initial)
MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. Box 1

City State Zip Code
Lumberton NC 28359

Purpose of Disbursement
HUPAC Reception

Candidate Name
MIKE REP. MCINTYRE

Office Sought: House
 Senate
 President

State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10942
Date of Disbursement

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

Amount of Each Disbursement this Period

-3000.00

C.

Full Name (Last, First, Middle Initial)
MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. Box 1

City State Zip Code
Lumberton NC 28359

Purpose of Disbursement
HUPAC Reception

Candidate Name
MIKE REP. MCINTYRE

Office Sought: House
 Senate
 President

State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10885
Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement NAHU Capitol Conference</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 04</p>	<p>Transaction ID: 10890 Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MORGAN GRIFFITH FOR CONGRESS</p> <p>Mailing Address PO BOX 361</p> <p>City CHRISTIANSBURG State VA Zip Code 24068</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name H MORGAN GRIFFITH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 09</p>	<p>Transaction ID: 10867 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement NAHU Capitol Conference</p> <p>Candidate Name THOMAS EDMUNDS PRICE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 06</p>	<p>Transaction ID: 10891 Date of Disbursement 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

11000.00

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) ROBERT HURT FOR CONGRESS	Transaction ID: 10872 Date of Disbursement																			
	Mailing Address PO Box 2	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
	City Chatham State VA Zip Code 24531	Amount of Each Disbursement this Period																			
	Purpose of Disbursement HUPAC Reception	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name ROBERT HURT	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: 10886 Date of Disbursement																			
	Mailing Address PO Box 581	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement NAHU Capitol Conference	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name MICHAEL J ROGERS	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: 10889 Date of Disbursement																			
	Mailing Address P. O. Box 713	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																			
	Purpose of Disbursement NAHU Capitol Conference	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name PETER ROSKAM	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>11000.00</td></tr></table>	11000.00
11000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10940 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period -3000.00
	Category/Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10869 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS <hr/> Mailing Address 2931 E Dublin Granville Road <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name PATRICK J. TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10863 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 70

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

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

<p>A. Full Name (Last, First, Middle Initial) TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)</p> <p>Mailing Address 228 S WASHINGTON ST STE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement NAHU Capitol Conference</p> <p>Candidate Name TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 10893</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>B. Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS</p> <p>Mailing Address P.O. Box 1100</p> <p>City Clemmons State NC Zip Code 27012</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name VIRGINIA FOXX</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 05</p>	<p>Transaction ID: 10873</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>C. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address P.O. BOX 661</p> <p>City COLLINSVILLE State IL Zip Code 62234</p> <p>Purpose of Disbursement HUPAC Reception</p> <p>Candidate Name JOHN M SHIMKUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 19</p>	<p>Transaction ID: 10851</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: 10938
	Mailing Address P.O. BOX 661	Date of Disbursement 02 / 15 / 2011
	City COLLINSVILLE State IL Zip Code 62234	Amount of Each Disbursement this Period -3000.00
	Purpose of Disbursement HUPAC Reception	011 Category/Type
	Candidate Name JOHN M SHIMKUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS	Transaction ID: 10935
	Mailing Address 6769 Teachout Rd.	Date of Disbursement 02 / 15 / 2011
	City Tipton State MI Zip Code 49287	Amount of Each Disbursement this Period -3000.00
	Purpose of Disbursement HUPAC Reception	011 Category/Type
	Candidate Name TIMOTHY L. WALBERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS	Transaction ID: 10859
	Mailing Address 6769 Teachout Rd.	Date of Disbursement 02 / 15 / 2011
	City Tipton State MI Zip Code 49287	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement HUPAC Reception	011 Category/Type
	Candidate Name TIMOTHY L. WALBERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name GREGORY P MR. WALDEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10864 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 1007 <hr/> City Willows State CA Zip Code 95988 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name WALLY HERGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10846 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 1007 <hr/> City Willows State CA Zip Code 95988 <hr/> Purpose of Disbursement HUPAC Reception Candidate Name WALLY HERGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10946 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period -3000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
HUPAC Reception

Candidate Name
ED WHITFIELD

011
Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10936

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

-3000.00

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

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
HUPAC Reception

Candidate Name
ED WHITFIELD

011
Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10857

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

107000.00

**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 70 / 70

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

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

A.

Full Name (Last, First, Middle Initial)
Hedy S Hebert

Transaction ID: 10840

Date of Disbursement

Mailing Address 4816 Woodberry Ln

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

City State Zip Code
Benton LA 71006

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement
contribution refunded

010
Category/ Type

Candidate Name
Hedy S Hebert

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

175.00

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

175.00
