

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 2000 14TH ST ARLINGTON VA 22201

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2008 through 04 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Electronically Filed by Jennifer Murphy Date 07 09 2008

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

Table with 8 columns and 1 row for Office Use Only.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		51869.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	58038.18									
(c) Total Receipts (from Line 19) .....	20961.92	124615.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	79000.10	176484.53								
7. Total Disbursements (from Line 31) .....	38711.23	136195.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40288.87	40288.87								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	8514.34	59323.68
(i) Itemized (use Schedule A) .....	12436.29	65247.32
(ii) Unitemized .....	20950.63	124571.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	20950.63	124571.00
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.) .....	11.29	44.34
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)) .....	20961.92	124615.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20961.92	124615.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	226.23	3125.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	226.23	3125.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	130000.00
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 .....	85.00	1670.00
(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)) .....	85.00	1670.00
29. Other Disbursements.....	400.00	1400.00
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))..	38711.23	136195.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38711.23	136195.66

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	20950.63	124571.00
34. Total Contribution Refunds (from Line 28(d)) .....	85.00	1670.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20865.63	122901.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	226.23	3125.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	226.23	3125.66

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

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

FOR LINE NUMBER: PAGE 6 / 52  
(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)  
Mary Kathryn Anderson-Haught

Mailing Address 512 Cambridge Rd

City State Zip Code  
Tyler TX 75703-5264

FEC ID number of contributing federal political committee. C

Name of Employer: Strategies In Employee Benefits, Inc. Occupation: agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7395-P7319

Amount of Each Receipt this Period 80.00

Payroll Deduction (\$80.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Ashmore

Mailing Address 6102 82nd St # 6

City State Zip Code  
Lubbock TX 79424-3690

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7395-P7344

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Bruce D. Benton

Mailing Address 20161 Delita Dr

City State Zip Code  
Woodland Hills CA 91364-3521

FEC ID number of contributing federal political committee. C

Name of Employer: Genesis SmithBenton Insurance & Finan Occupation: Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7395-P7365

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 265.00

**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 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David A Berman	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 8805 Sawleaf Rd	<b>Transaction ID:</b> 7395-P7217
	City State Zip Code Indianapolis IN 46260-1534	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$60.00 Monthly)
Name of Employer Neace Lukens Holding Company, Inc.	Occupation agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert J Bishop	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 2785 E Desert Inn Rd Ste 260	<b>Transaction ID:</b> 7397-P7686
	City State Zip Code Las Vegas NV 89121-3693	Amount of Each Receipt this Period 84.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$84.34 Monthly)
Name of Employer KIA Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) James C. Bosier	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 6410 N Butler Rd	<b>Transaction ID:</b> 7397-P7772
	City State Zip Code Cedar Falls IA 50613-9317	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$85.00 Monthly)
Name of Employer Net Worth Advisors	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>229.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Walter S Brown</p> <p>Mailing Address 56 Madison St</p> <p>City State Zip Code  <u>Gillette</u> <u>NJ</u> <u>07933-1802</u></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Self Employed Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">255.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 7397-P7549</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) D. Bailey Calvin</p> <p>Mailing Address PO Box 101422</p> <p>City State Zip Code  <u>Anchorage</u> <u>AK</u> <u>99510-1422</u></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Calco, Inc. Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">340.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 7395-P7226</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael E. Carmean</p> <p>Mailing Address 3075 Lee Road 248</p> <p>City State Zip Code  <u>Smiths</u> <u>AL</u> <u>36877-3125</u></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Paragon Marketing Vice President, Group Sales &amp; Marketi</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 7395-P7313</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Payroll Deduction                  (\$100.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">270.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lorelei G. Castellani		Date of Receipt
	Mailing Address PO Box 2100		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Branchville	NJ	07826-2100
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Benefit Guidance Systems		Occupation Agent	Transaction ID: 7397-P7867
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"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="85.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell B. Childers		Date of Receipt
	Mailing Address 402 Rawley Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Americus	GA	31719-2150
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Russ Childers, CLU		Occupation President	Transaction ID: 7395-P7274
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$40.00 Monthly)	<input type="text" value="40.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel E. Colacino		Date of Receipt
	Mailing Address 34 Carolanne Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Delmar	NY	12054-9710
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Rose and Kiernan, Inc		Occupation Vice President	Transaction ID: 7397-P7876
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"/>	
		Payroll Deduction	Amount of Each Receipt this Period
		(\$85.00 Monthly)	<input type="text" value="85.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="210.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Martha T. Collins		Date of Receipt
	Mailing Address 1430 Lemonwood Dr W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Upland	CA	91786-2539
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7397-P7575
Name of Employer Martin & Associates		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephanie Denz		Date of Receipt
	Mailing Address 1808 Hickory Trace Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Orange Park	FL	32003-8387
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7397-P7819
Name of Employer Gallagher Benefit Services, Inc.		Occupation Senior Benefit Consultant	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 ▼ 205.00	<input type="text"/> 30.00
			Payroll Deduction (\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve 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 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Monument	CO	80132-2069
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7395-P7401
Name of Employer Assurant Health		Occupation Regional Sales Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 60.00
			Payroll Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 52  
(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)  
Eugene Denny 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 ▼ 815.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7574**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

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

Mailing Address 26240 Wacker Dr

City New Baltimore State MI Zip Code 48051-3306

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

Name of Employer Comerica Insurance Services, Inc.  
Occupation VP - Group Benefits Division

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7740**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Linda M. Erlenbach

Mailing Address 151 Belcourt Ln

City Aurora State OH Zip Code 44202-8438

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7395-P7459**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52  
(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)  
David L. Fear

Mailing Address 8340 Conover Dr

City State Zip Code  
Citrus Heights CA 95610-0812

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

Name of Employer CIMS Strategic Distribution Division  
Occupation Director of Strategic Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7395-P7465

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
James S. Garbina

Mailing Address 16510 Summit Dr

City State Zip Code  
Omaha NE 68136-4038

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

Name of Employer Harry A. Koch Co.  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7395-P7194

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Bruce L. Gardner

Mailing Address 504 Bulian Ln

City State Zip Code  
Austin TX 78746-5423

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

Name of Employer Bruce Gardner Insurance & Investments  
Occupation Registered Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7395-P7278

Amount of Each Receipt this Period 80.00

Payroll Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 52  
(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)  
Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City Phoenix State AZ Zip Code 85021-7257

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

Name of Employer: Capitol Insurance Brokers, Inc. Occupation: agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7397-P7610  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Patrice Goldfarb

Mailing Address 442 Teaneck Rd

City Ridgefield Park State NJ Zip Code 07660-1516

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

Name of Employer: The Employee Benefits Advisors Group Occupation: Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7397-P7843  
Amount of Each Receipt this Period: 60.00  
Payroll Deduction: (\$60.00 Monthly)

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

Mailing Address 56294 Primrose Cir

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer: Page 1 Benefits, Inc. Occupation: Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7397-P7600  
Amount of Each Receipt this Period: 60.00  
Payroll Deduction: (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 205.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen A. Grim		Date of Receipt
	Mailing Address 2720 Mandolin Place		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Virginia Beach	VA	23451
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mid-Atlantic Agency, Inc.		Occupation President	<b>Transaction ID:</b> 7397-P7829
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert A Grundman		Date of Receipt
	Mailing Address 7412 Karl Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lincoln	NE	68516-4368
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Senior Benefit Strategies		Occupation Agent	<b>Transaction ID:</b> 7395-P7198
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Cristy Russell Gupton		Date of Receipt
	Mailing Address 2138 Goodman Lake Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Morganton	NC	28655-7075
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Colonial Supplemental Insurance		Occupation Agent	<b>Transaction ID:</b> 7397-P7667
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="560.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 52  
(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)  
Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City Fayetteville State NC Zip Code 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1640.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7397-P7572

Amount of Each Receipt this Period 410.00

Payroll Deduction (\$410.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7395-P7436

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

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

Mailing Address 4435 O St

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer UNICO Financial Services, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7395-P7327

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 570.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David S Johnson		Date of Receipt
	Mailing Address 1482 Baron Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Stone Mountain	GA	30087-3037
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7397-P7825
Name of Employer David S. Johnson Insurance		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Kaczmarek		Date of Receipt
	Mailing Address 6711 Berry Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ravenna	OH	44266-9161
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7395-P7329
Name of Employer Kaczmarek Insurance Services, 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="400.00"/>	<input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Thelma Darlene Kaczmarek		Date of Receipt
	Mailing Address 6711 Berry Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ravenna	OH	44266-9161
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7395-P7354
Name of Employer Kaczmarek Ins. Services Agency, Inc.		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52

(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)  
George R Keeling

Mailing Address 1875 N Highway 385

City State Zip Code  
Levelland TX 79336-9493

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

Name of Employer Occupation  
George R. Keeling Insurance Agency Agent

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7202

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

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

Mailing Address 6601 Glacier Ct

City State Zip Code  
Yakima WA 98908-2382

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

Name of Employer Occupation  
Conover Insurance, Inc. Agent

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7681

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ted Brian Knauer

Mailing Address 6204 Forrestal Dr

City State Zip Code  
Tampa FL 33625-1609

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

Name of Employer Occupation  
Florida Insurance Brokers, Inc. Agent

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7806

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kay Knutson		Date of Receipt
	Mailing Address 11209 Academy Ridge Rd NE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Albuquerque	NM	87111-6841
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Presbyterian Health Plan		Occupation VP Medicare Programs	Transaction ID: 7397-P7687
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="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott A. Leavitt		Date of Receipt
	Mailing Address 12988 W Paint Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Boise	ID	83713-1947
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Scott Leavitt Insurance & Financial S		Occupation Agent	Transaction ID: 7395-P7259
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="640.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			Payroll Deduction (\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian W. Liechty		Date of Receipt
	Mailing Address 120 E Washington St		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Plymouth	IN	46563-1744
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer KL Benefits		Occupation Benefits Spec	Transaction ID: 7397-P7800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Maurice Lyons	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 301 Madison Ave Fl 4	<b>Transaction ID:</b> 7397-P7805
	City State Zip Code New York NY 10017-8103	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)
	Name of Employer: The Medical Link, Inc. Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phyllis Martinsen	Date of Receipt MM / DD / YYYY 04 / 21 / 2008
	Mailing Address 8331 W Cory Ct	<b>Transaction ID:</b> 7360
	City State Zip Code Boise ID 83704-5725	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Byron Hyatt Erstad & Co Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Phyllis Martinsen	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 8331 W Cory Ct	<b>Transaction ID:</b> 7397-P7656
	City State Zip Code Boise ID 83704-5725	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: Byron Hyatt Erstad & Co Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3207 Cottingham Ct

City Greensboro State NC Zip Code 27410-8362

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

Name of Employer EbenConcepts Company Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7834**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Chris McConathy

Mailing Address 37 Azusa Ave

City Ventura State CA Zip Code 93004-3800

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

Name of Employer wellpoint Occupation Director, Dental Sales

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7661**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 1044 Park Palisade Dr

City South Jordan State UT Zip Code 84095-2229

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

Name of Employer McDermott Company & Associates Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7732**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 52  
(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)  
Travis S. Middleton

Mailing Address 20610 Castle Bend Dr

City State Zip Code  
Katy TX 77450-4909

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

Name of Employer TradeMark Insurance Agency LLC      Occupation President

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7857**

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Bradley V. Miles

Mailing Address 11417 E 44th Ave

City State Zip Code  
Spokane Valley WA 99206-9403

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

Name of Employer Brad Miles Insurance      Occupation Agent

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7556**

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 736 Amoroso Pl

City State Zip Code  
Venice CA 90291-3802

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

Name of Employer The Miles Organization, Inc.      Occupation Agent

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID: 7397-P7795**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 605 Truitt Dr

City State Zip Code  
Elon NC 27244-9262

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 30 / 2008  
**Transaction ID: 7395-P7462**  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction: (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Wesley P. Moore

Mailing Address PO Box 604

City State Zip Code  
Darlington SC 29540-0604

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

Name of Employer: W P Moore Agency  
Occupation: Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 04 / 30 / 2008  
**Transaction ID: 7395-P7406**  
 Amount of Each Receipt this Period: 110.00  
 Payroll Deduction: (\$110.00 Monthly)

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

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code  
Upland CA 91786-4701

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

Name of Employer: Ray M. Musser & Associates, Inc.  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 04 / 30 / 2008  
**Transaction ID: 7397-P7862**  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction: (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

**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 / 52

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

John C. Parker

Mailing Address 47 Laurel Hill Dr

City State Zip Code  
Niantic CT 06357-1536

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

Name of Employer Occupation  
Parker Agency Principal

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7490

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$90.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Jesse A. Patton

Mailing Address 701 Grand Ave

City State Zip Code  
West Des Moines IA 50265-3625

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7397-P7638

Amount of Each Receipt this Period

350.00

Payroll Deduction

(\$350.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

David R. Perry

Mailing Address 2003 Charvais Dr

City State Zip Code  
Lake Charles LA 70601-5605

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

Name of Employer Occupation  
The Perry Agency, Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 7395-P7512

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Monthly)

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

500.00

**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 / 52  
(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)  
Joe Phiifer  
Mailing Address 2323 N. Houston St.  
City Dallas State TX Zip Code 75219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SafeGuard Dental & Vision Occupation Sr. Account Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7395-P7474  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
John G. Prue  
Mailing Address 12713 S Edinburgh St  
City Olathe State KS Zip Code 66062-1300  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Humana, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7395-P7232  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Susan Maley Rash  
Mailing Address 2519 Kettlewell Ct  
City Midlothian State VA Zip Code 23113-6726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BB&T Benefit Consultants of Virginia Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7397-P7826  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 255.00  
**TOTAL** This Period (last page this line number only) ..... ▶



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

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

FOR LINE NUMBER: PAGE 25 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jon C Rauser

Mailing Address 949 Lamplighter Ln

City State Zip Code  
Grafton WI 53024-9314

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

Name of Employer Occupation  
The Rauser Agency, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7397-P7878

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

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

Mailing Address 3900 Halisport Dr NW

City State Zip Code  
Kennesaw GA 30152-4077

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7397-P7598

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code  
Houston TX 77092-4927

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

Name of Employer Occupation  
Northwest General Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7397-P7560

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 26 / 52

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph K. Roberts		Date of Receipt																					
	Mailing Address 4000 S 36th St		<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		3	0		2	0	0	8														
City	State	Zip Code		<b>Transaction ID:</b> 7395-P7358																				
Lincoln	NE	68506-4809		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C		100.00																				
Name of Employer Midlands Financial Benefits		Occupation Registered Representative		Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		(\$100.00 Monthly)																				
		500.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) William T. Robinson		Date of Receipt																					
	Mailing Address 401 S El Cielo Rd Apt 66		<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		3	0		2	0	0	8														
City	State	Zip Code		<b>Transaction ID:</b> 7395-P7351																				
Palm Springs	CA	92262-7922		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C		85.00																				
Name of Employer Palm Canyon Insurance Agency		Occupation Agent		Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		(\$85.00 Monthly)																				
		340.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis A. Ruggiero		Date of Receipt																					
	Mailing Address 15 Kennedy Dr		<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		3	0		2	0	0	8														
City	State	Zip Code		<b>Transaction ID:</b> 7397-P7592																				
Budd Lake	NJ	07828-1438		Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C		85.00																				
Name of Employer John J. Slattery Associates		Occupation Director of Broker Development		Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		(\$85.00 Monthly)																				
		340.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 52  
(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)  
Stephen J. Salamon  
Mailing Address PO Box 4252  
City Timonium State MD Zip Code 21094-4252  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heritage Financial Consultants, LLC Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7395-P7362  
Amount of Each Receipt this Period 95.00  
Payroll Deduction (\$10.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Alfonso C. Schiebel  
Mailing Address 561 Ripplewater Dr SW  
City Marietta State GA Zip Code 30064-2474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Schiebel & Associates, LLC dba Shopbe Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7397-P7573  
Amount of Each Receipt this Period 35.00  
Payroll Deduction (\$35.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mark A. Schlange  
Mailing Address 2604 Blackhawk Dr  
City Bellevue State NE Zip Code 68123-3704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NP Dodge Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7395-P7305  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 28 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1332 Hunters Hollow Ct

City Eureka State MO Zip Code 63025-1051

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

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

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

Date of Receipt 04 / 07 / 2008  
Transaction ID: 7297  
Amount of Each Receipt this Period 100.00

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

Mailing Address 1332 Hunters Hollow Ct

City Eureka State MO Zip Code 63025-1051

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

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

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

Date of Receipt 04 / 23 / 2008  
Transaction ID: 7380  
Amount of Each Receipt this Period 100.00

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

Mailing Address 3311 NE 115th St

City Vancouver State WA Zip Code 98686-3945

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

Name of Employer Biggs Insurance Services Occupation Agent

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

Date of Receipt 04 / 30 / 2008  
Transaction ID: 7397-P7634  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 52  
(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)  
Desmond X. Slattery

Mailing Address 1800 State Route 34

City Wall State NJ Zip Code 07719-9168

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

Name of Employer John J. Slattery Associates Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7397-P7774

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Deirdre Slattery Fallon

Mailing Address PO Box 256

City Spring Lake State NJ Zip Code 07762-0256

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

Name of Employer John J. Slattery Associates, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7397-P7631

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Kevin M. Smith

Mailing Address 605 Corporate Dr W

City Langhorne State PA Zip Code 19047-8013

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

Name of Employer AFLAC Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7397-P7605

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 52  
(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)  
Myron D. Smith

Mailing Address 7172 Hawthorn Ave Apt 211

City State Zip Code  
Los Angeles CA 90046-3284

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

Name of Employer Occupation  
GENESIS/Smith-Benton President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7397-P7557

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Paul E. Smith

Mailing Address 169 Hawthorne Dr

City State Zip Code  
Kensington CT 06037-4074

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

Name of Employer Occupation  
AmeriBen Alliance, LLC Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7397-P7654

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 7848 Nc Highway 68 N

City State Zip Code  
Stokesdale NC 27357-9326

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

Name of Employer Occupation  
Professional Benefits Associates, LLC Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 7397-P7705

Amount of Each Receipt this Period  
65.00

Payroll Deduction  
(\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 52  
(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)  
Peter J Stein

Mailing Address 1164 Silver Beech Rd

City Herndon State VA Zip Code 20170-2328

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

Name of Employer NAHU Occupation VP Congressional Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7397-P7768

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 77 Ridgeview Ln

City Mount Arlington State NJ Zip Code 07856-2321

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

Name of Employer NAS Financial Services Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7397-P7596

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

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

Mailing Address 77 Ridgeview Ln

City Mount Arlington State NJ Zip Code 07856-2321

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

Name of Employer Self Employed Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2008

**Transaction ID:** 7395-P7240

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 32 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael R. Stephens  
Mailing Address 11515 S 5th Pl

City State Zip Code  
Jenks OK 74037-3229

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

Name of Employer: Excelsior Benefits   Occupation: Agent

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

Date of Receipt: 04 / 09 / 2008  
Transaction ID: 7303  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Rodney Stuart  
Mailing Address 9755 Randall Dr

City State Zip Code  
Indianapolis IN 46280-2944

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

Name of Employer: Benefit Innovations LLP   Occupation: Agent

Receipt For:  Primary    General    Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7395-P7443  
Amount of Each Receipt this Period: 135.00  
Payroll Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
James F. Summers  
Mailing Address 15316 Pine St

City State Zip Code  
Omaha NE 68144-5117

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

Name of Employer: Senior Market Sales, Inc.   Occupation: Agent

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

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7395-P7277  
Amount of Each Receipt this Period: 125.00  
Payroll Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 510.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 52  
(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)  
Ryan P. Thorn

Mailing Address 10342 Springcrest Ln

City State Zip Code  
South Jordan UT 84095-4538

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7395-P7348  
Amount of Each Receipt this Period: 30.00  
Payroll Deduction: (\$30.00 Monthly)

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

Mailing Address 7212 Redlac Dr

City State Zip Code  
Clifton VA 20124-1948

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

Name of Employer NAHU Occupation CEO

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

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7395-P7361  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Hughes Waren

Mailing Address 1109 Princeton Dr

City State Zip Code  
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

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

Date of Receipt: 04 / 30 / 2008  
Transaction ID: 7395-P7402  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 52  
(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)  
John L. Warwick  
Mailing Address PO Box 272  
City Chico State CA Zip Code 95927-0272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer John Warwick Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7397-P7591  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Charles A Webb  
Mailing Address 15 S Jefferson St  
City Roanoke State VA Zip Code 24011-1303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefits Group, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 04 / 30 / 2008  
Transaction ID: 7397-P7764  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Dan Webb  
Mailing Address 2108 24th St Ste 2  
City Bakersfield State CA Zip Code 93301-3748  
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 04 / 30 / 2008  
Transaction ID: 7397-P7679  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Paula L Wilson	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Mailing Address 31930 Daniel Way	<b>Transaction ID:</b> 7395-P7494
	City State Zip Code Temecula CA 92591-2129	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 Occupation Paula Wilson, Inc. Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven L. Wilson	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Mailing Address 808 Penny Ln	<b>Transaction ID:</b> 7397-P7866
	City State Zip Code Lexington KY 40509-1964	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$60.00 Monthly)
	Name of Employer Occupation Benefit Insurance Marketing Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shelly K Winson	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Mailing Address 2491 W Binner Dr	<b>Transaction ID:</b> 7397-P7680
	City State Zip Code Chandler AZ 85224-4112	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 Occupation Principal Financial Group Business Development Director, Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis E. Wright		Date of Receipt
	Mailing Address 318 Calash Run		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fort Wayne	IN	46845-2104
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer IntraHealth Solutions, Inc.		Occupation President	<b>Transaction ID:</b> 7397-P7595
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="85.00"/>
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert A Ziff		Date of Receipt
	Mailing Address 568 Valleyview Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Langhorne	PA	19047-2221
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Avanti Benefits Corp		Occupation President	<b>Transaction ID:</b> 7397-P7812
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			Payroll Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="185.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8514.34"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 7409 Date of Disbursement
	Mailing Address 7810 Old Branch Avenue	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee Candidate Name	<input type="text" value="55.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 7408 Date of Disbursement
	Mailing Address 7810 Old Branch Avenue	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee Candidate Name	<input type="text" value="16.72"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: 7399 Date of Disbursement
	Mailing Address 6286 N College	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Indianapolis State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee Candidate Name	<input type="text" value="149.21"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="221.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 52

<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  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7398

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

4.50

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

4.50

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

226.23

# 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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALL AMERICA PAC</p> <p>Mailing Address P.O. Box 2888</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 4/9 Health issues talk and lunch</p> <p>Candidate Name ALL AMERICA PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7309 <b>Date of Disbursement</b> 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement 4/17 healthcare breakfast - Peter Stein</p> <p>Candidate Name ALLYSON Y SCHWARTZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7321 <b>Date of Disbursement</b> 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Dinner reception - Peter Stein</p> <p>Candidate Name XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7272 <b>Date of Disbursement</b> 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08</p> <p>Mailing Address 680 TRANSFER ROAD, SUITE A</p> <p>City SAINT PAUL State MN Zip Code 55114</p> <p>Purpose of Disbursement In-District (Greg Sailer)</p> <p>Candidate Name NORM COLEMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7386 <b>Date of Disbursement</b> 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT VITO FOSSELLA</p> <p>Mailing Address 34 DUMONT AVENUE</p> <p>City STATEN ISLAND State NY Zip Code 10305</p> <p>Purpose of Disbursement 4/23 ROMP Event - John Greene</p> <p>Candidate Name VITO FOSSELLA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7367 <b>Date of Disbursement</b> 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID DAVIS VICTORY FUND</p> <p>Mailing Address PO Box 781</p> <p>City Johnson City State TN Zip Code 37605</p> <p>Purpose of Disbursement 4/30 Luncheon - John Greene</p> <p>Candidate Name DAVID DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7349 <b>Date of Disbursement</b> 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEMINT FOR SENATE COMMITTEE INC	Transaction ID: 7383 Date of Disbursement
	Mailing Address PO BOX 12425	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City COLUMBIA State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement 6/5 Healthcare Lunch w/Mike Leavitt - Pe	<input type="text" value="3000.00"/>
	Candidate Name JAMES W DEMINT	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: 7310 Date of Disbursement
	Mailing Address PO BOX 441749	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City INDIANAPOLIS State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Void Check	<input type="text" value="-1000.00"/>
	Candidate Name EVAN BAYH	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: 7273 Date of Disbursement
	Mailing Address PO BOX 441749	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City INDIANAPOLIS State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Health care issues discussion and lunch	<input type="text" value="1000.00"/>
	Candidate Name EVAN BAYH	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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: 7277 Date of Disbursement
	Mailing Address 7908-I2 Cincinnati Dayton Road	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Boehner Birdie Hunt - John McConnaughey	<input type="text" value="2500.00"/>
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: 7368 Date of Disbursement
	Mailing Address 2345 Grand Suite 2400	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period
	Purpose of Disbursement 4/23 ROMP Event - John Greene	<input type="text" value="1000.00"/>
	Candidate Name SAMUEL B GRAVES	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GREG DAVIS FOR CONGRESS	Transaction ID: 7306 Date of Disbursement
	Mailing Address 5779 GETWELL RD BLDG D1	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City SOUTHAVEN State MS Zip Code 38672	Amount of Each Disbursement this Period
	Purpose of Disbursement 4/10 Breakfast with Mayor Davis and Gov.	<input type="text" value="1000.00"/>
	Candidate Name CHARLES GREGORY DAVIS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<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)  
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement  
Congressman Hall's 85th Birthday Party -

Candidate Name  
RALPH MOODY HALL

Office Sought:  House  Senate  President  
State: TX District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 7318  
**Date of Disbursement**  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement  
Luncheon - John Greene

Candidate Name  
STEVE CONGRESSMAN BUYER

Office Sought:  House  Senate  President  
State: IN District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 7274  
**Date of Disbursement**  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement  
4/10 Breakfast - John Greene

Candidate Name  
JOHN B. SHADEGG

Office Sought:  House  Senate  President  
State: AZ District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 7299  
**Date of Disbursement**  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**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) JOHN SHADEGGS FRIENDS	Transaction ID: 7296 Date of Disbursement 04 / 08 / 2008
	Mailing Address PO BOX 45444	
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 4/10 Breakfast - John Greene	011 Category/ Type
	Candidate Name JOHN B. SHADEGG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: 7316 Date of Disbursement 04 / 10 / 2008
	Mailing Address PO BOX 45444	
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void Ck 1373 4/8	012 Category/ Type
	Candidate Name JOHN B. SHADEGG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC	Transaction ID: 7322 Date of Disbursement 04 / 11 / 2008
	Mailing Address Post Office Box 470840	
	City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 5/1 Luncheon - John Greene	011 Category/ Type
	Candidate Name JOHN SULLIVAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

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

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement  
Nationals vs. Marlins fundraiser - John

Candidate Name  
RICHARD A KELLER

Office Sought:  House  
 Senate  
 President

State: FL District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7275

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

B.

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

Mailing Address 101 W Burnsville Pkwy Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
breakfast May 9 -- John Greene

Candidate Name  
JOHN P. KLINE

Office Sought:  House  
 Senate  
 President

State: MN District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7384

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
MCCOTTER CONGRESSIONAL COMMITTEE

Mailing Address P.O. Box 530788

City LIVONIA State MI Zip Code 48153

Purpose of Disbursement  
Luncheon - John Greene

Candidate Name  
THADDEUS G MR. MCCOTTER

Office Sought:  House  
 Senate  
 President

State: MI District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 7276

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS	Transaction ID: 7364 Date of Disbursement 04 / 21 / 2008
	Mailing Address 213 Lisbon Street	Amount of Each Disbursement this Period 1000.00
	City Lewiston State ME Zip Code 04240	
	Purpose of Disbursement May 15 Lobster Bake - John Greene Candidate Name MICHAEL H MICHAUD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS	Transaction ID: 7369 Date of Disbursement 04 / 22 / 2008
	Mailing Address 608 Montgomery Ave.	Amount of Each Disbursement this Period 1000.00
	City Elizabethtown State KY Zip Code 42701	
	Purpose of Disbursement 4/23 ROMP Event - John Greene Candidate Name ANNE M NORTHUP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: 7387 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO BOX 1940	Amount of Each Disbursement this Period 1500.00
	City ERIE State PA Zip Code 16507	
	Purpose of Disbursement 5/22 Lunch - Pete Stein Candidate Name PHILIP S. ENGLISH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3500.00

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) PHILLIPS FOR CONGRESS	Transaction ID: 7374 Date of Disbursement 04 / 23 / 2008
	Mailing Address 3523 PHYLLIS STREET	Amount of Each Disbursement this Period 500.00
	City ENDWELL State NY Zip Code 13760	
	Purpose of Disbursement 4/24 Luncheon - Pete Stein Candidate Name GEORGE K PHILLIPS	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS	Transaction ID: 7363 Date of Disbursement 04 / 21 / 2008
	Mailing Address 7840 Red Leaf Drive	Amount of Each Disbursement this Period 2000.00
	City Las Vegas State NV Zip Code 89131	
	Purpose of Disbursement May 1 Luncheon - Pete Stein Candidate Name JON SR PORTER	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RELY ON YOUR BELIEFS FUND	Transaction ID: 7320 Date of Disbursement 04 / 11 / 2008
	Mailing Address 209 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement 5/14 Dinner - John Greene Candidate Name RELY ON YOUR BELIEFS FUND	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SALI FOR CONGRESS	Transaction ID: 7370 Date of Disbursement 04 / 22 / 2008
	Mailing Address PO Box 71	Amount of Each Disbursement this Period 1000.00
	City KUNA State ID Zip Code 83634	
	Purpose of Disbursement 4/23 ROMP Event - John Greene Candidate Name WILLIAM T. T SALI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS	Transaction ID: 7366 Date of Disbursement 04 / 22 / 2008
	Mailing Address P.O. Box 11519	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement 4/26 WV Event - Dave Dixon Candidate Name SHELLEY MOORE CAPITO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND	Transaction ID: 7351 Date of Disbursement 04 / 17 / 2008
	Mailing Address 104 East Hume Avenue	Amount of Each Disbursement this Period 2000.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement 4/23 Dinner - John Greene Candidate Name TEXAS FREEDOM FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
THELMA DRAKE FOR CONGRESS

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement  
4/15 Lunch with Drake and Rogers - John

Candidate Name  
THELMA D. DRAKE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District: 02

Transaction ID: 7319

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
4/16 Healthcare Coffee - John Greene

Candidate Name  
TIM JOHNSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Transaction ID: 7317

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 123 West High Avenue

City New Philadelphia State OH Zip Code 44663

Purpose of Disbursement  
Luncheon - Megan Mamarella

Candidate Name  
ZACHARY T SPACE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Transaction ID: 7270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE <hr/> Mailing Address 123 West High Avenue <hr/> City New Philadelphia State OH Zip Code 44663 <hr/> Purpose of Disbursement Luncheon - Megan Mamarella Candidate Name ZACHARY T SPACE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7280 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE <hr/> Mailing Address 123 West High Avenue <hr/> City New Philadelphia State OH Zip Code 44663 <hr/> Purpose of Disbursement Voided CK 1372 Candidate Name ZACHARY T SPACE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7315 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period -1000.00 Category/Type 012

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	38000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jessica F Waltman	Transaction ID: 7407 Date of Disbursement
	Mailing Address 2000 14th St N Ste 450	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Arlington State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution refunded	<input type="text" value="85.00"/>
	Candidate Name Jessica F Waltman	<input type="text" value="010"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT MICHAEL BURDO FOR STATE HOUSE OF REPRESENTATIVES</b>		Transaction ID: 7385	
	Mailing Address PO BOX 230402		Date of Disbursement MM / DD / YYYY 04 / 30 / 2008	
City Grand Rapids		State MI	Zip Code 49523	
Purpose of Disbursement Mike Embry - In-district Event		Amount of Each Disbursement this Period 400.00		
Candidate Name Michael Burdo		011 Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 07				

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

400.00

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

400.00