

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 2000 14TH ST  
 Check if different than previously reported. (ACC) ARLINGTON VA 22201

2. FEC IDENTIFICATION NUMBER C00283135  
 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
 Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Electronically Filed by Jennifer Murphy Date 04 15 2010

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

Office Use Only								<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	233112.91									
(c) Total Receipts (from Line 19) .....	75782.07	175710.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	308894.98	364676.73								
7. Total Disbursements (from Line 31) .....	94528.08	150309.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	214366.90	214366.90								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	52006.70	93751.70
(ii) Unitemized .....	23772.17	81948.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	75778.87	175700.21
(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) .....	75778.87	175700.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.20	9.88
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)) .....	75782.07	175710.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	75782.07	175710.09

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1468.08	4504.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1468.08	4504.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	143800.00
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 .....	60.00	2005.00
(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)) .....	60.00	2005.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	94528.08	150309.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94528.08	150309.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	75778.87	175700.21
34. Total Contribution Refunds (from Line 28(d)) .....	60.00	2005.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75718.87	173695.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1468.08	4504.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1468.08	4504.83

**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 6 / 99
	<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) Jerry Abels		Date of Receipt
	Mailing Address PO Box 3052		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Palm Desert	CA	92261-3052
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9874
Name of Employer J. Abels & 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 ▼	<input type="text" value="200.00"/>
		<input type="text" value="400.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sergio Acuna		Date of Receipt
	Mailing Address 1656 Bob Murphy Dr		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	El Paso	TX	79936-5206
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9894-P32522
Name of Employer Sergio Acuna 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="85.00"/>
		<input type="text" value="255.00"/>	Payroll Deduction
			(\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Arlene A. Amis		Date of Receipt
	Mailing Address 204 S 86th Pl		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Yakima	WA	98908-1441
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9830-P31458
Name of Employer Regence BlueShield		Occupation Sales Executive	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="300.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction
			(\$300.00 Annually)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="585.00"/>
<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 7 / 99
	<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) Kirk Andonian	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 4423 Point Fosdick Dr NW Ste 306	Transaction ID: 9894-P32043
	City State Zip Code Gig Harbor WA 98335-1794	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$150.00 Monthly)
Name of Employer Berg Andonian	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth Ashmore	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 6102 82nd St Ste 6	Transaction ID: 9839
	City State Zip Code Lubbock TX 79424-0803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ashmore & Associates Insurance Agency	Occupation agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elizabeth Ashmore	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 6102 82nd St Ste 6	Transaction ID: 9893-P31633
	City State Zip Code Lubbock TX 79424-0803	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$100.00 Monthly)
Name of Employer Ashmore & Associates Insurance Agency	Occupation agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 99
	<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) Kathryn A. Beals		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 5151 W River Rd		<b>Transaction ID:</b> 9849		
	City Waunakee	State WI	Zip Code 53597-9523	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dean Health Plan	Occupation Agent	Aggregate Year-to-Date 545.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathryn A. Beals		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 5151 W River Rd		<b>Transaction ID:</b> 9893-P31905		
	City Waunakee	State WI	Zip Code 53597-9523	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dean Health Plan	Occupation Agent	Aggregate Year-to-Date 630.00		

Payroll Deduction  
(\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Bruce D. Benton		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 20161 Delita Dr		<b>Transaction ID:</b> 9821		
	City Woodland Hills	State CA	Zip Code 91364-3521	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Genesis SmithBenton Insurance & Finan	Occupation Agent	Aggregate Year-to-Date 295.00		

Cap Conference 2010

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	460.00
<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 9 / 99  
(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) Bruce D. Benton</p> <p>Mailing Address 20161 Delita Dr</p> <p>City State Zip Code <b>Woodland Hills CA 91364-3521</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Genesis SmithBenton Insurance &amp; Finan</p> <p>Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">465.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 22 / 2010</span></p> <p><b>Transaction ID: 9893-P31766</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">170.00</span></p> <p>Payroll Deduction                  (\$170.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David A Berman</p> <p>Mailing Address 8805 Sawleaf Rd</p> <p>City State Zip Code <b>Indianapolis IN 46260-1534</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Neace Lukens Holding Company, Inc.</p> <p>Occupation agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">255.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 22 / 2010</span></p> <p><b>Transaction ID: 9893-P31906</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p> <p>Payroll Deduction                  (\$85.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Besselman</p> <p>Mailing Address 6421 Perkins Rd Bldg A # 2B</p> <p>City State Zip Code <b>Baton Rouge LA 70808-6200</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Besselman &amp; Little Agency</p> <p>Occupation Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 22 / 2010</span></p> <p><b>Transaction ID: 9894-P32011</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Payroll Deduction                  (\$250.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">505.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 10 / 99  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert J Bishop  
Mailing Address 2785 E Desert Inn Rd Ste 260  
City Las Vegas State NV Zip Code 89121-3693  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KIA Insurance Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32042  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Brian S. Bodner  
Mailing Address 3 Leeland Ct  
City New City State NY Zip Code 10956-4906  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First National Administrators Occupation Director of Ancillary Operatio  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1125.00  
Date of Receipt 03 / 16 / 2010  
Transaction ID: 9844-P31480  
Amount of Each Receipt this Period 1000.00  
Payroll Deduction (\$1000.00 Annually)

**C.** Full Name (Last, First, Middle Initial)  
Jonathon F. Bone  
Mailing Address 1350 Treat Blvd Ste 470  
City Walnut Creek State CA Zip Code 94597-2153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Beere & Purves, Inc. Occupation Principal  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 16 / 2010  
Transaction ID: 9844-P31471  
Amount of Each Receipt this Period 1000.00  
Payroll Deduction (\$1000.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00  
**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 11 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James C. Bosier

Mailing Address 6410 N Butler Rd

City State Zip Code  
Cedar Falls IA 50613-9317

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

Name of Employer Net Worth Advisors Occupation Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 9894-P32246

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Dee Richard Broadbent

Mailing Address 40 W Cache Valley Blvd Ste 3A

City State Zip Code  
Logan UT 84341-8450

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

Name of Employer Broadbent Financial Services Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2010

**Transaction ID:** 9844-P31475

Amount of Each Receipt this Period  
1000.00

Payroll Deduction  
(\$1000.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Burns

Mailing Address 5653 Maxwellton Rd

City State Zip Code  
Oakland CA 94618-2654

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

Name of Employer Burns Employee Benefits Insurance Ser Occupation Managing Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 9894-P32504

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1170.00**

**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 / 99  
(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)  
Joseph W. Buyalos

Mailing Address 9051 Major Smith Ln

City State Zip Code  
Frederick MD 21704-7831

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

Name of Employer Occupation  
The Insurance Exchange, Inc. Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P31944

Amount of Each Receipt this Period  
1085.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Kareim R. Cade

Mailing Address 1544 Pebble Beach Dr

City State Zip Code  
Pontiac MI 48340-1367

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

Name of Employer Occupation  
Great Lakes Benefit Group CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31895

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Colleen Callahan

Mailing Address 257 Blue Ridge Dr

City State Zip Code  
Martinez CA 94553-6001

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

Name of Employer Occupation  
Colleen Callahan Insurance Services Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** 9785

Amount of Each Receipt this Period  
125.00

Cap Conference 2010

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1295.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 99  
(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)  
Colleen Callahan

Mailing Address 257 Blue Ridge Dr

City State Zip Code  
Martinez CA 94553-6001

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

Name of Employer Colleen Callahan Insurance Services  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 9877-P31487

Amount of Each Receipt this Period  
365.00

Payroll Deduction  
(\$365.00 Annually)

**B.**

Full Name (Last, First, Middle Initial)  
Lorelei G. Castellani

Mailing Address PO Box 2100

City State Zip Code  
Branchville NJ 07826-2100

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

Name of Employer Benefit Guidance Systems  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32508

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Alison M. Challacombe

Mailing Address 20575 Woodside Ct

City State Zip Code  
Bend OR 97702-9528

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

Name of Employer LifeWise Health Plan of Oregon  
Occupation Marketing Coordinator Large Gr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32249

Amount of Each Receipt this Period  
115.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **565.00**

**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 / 99
	<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) Russell B. Childers		Date of Receipt
	Mailing Address 402 Rawley Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 22 / 2010
	City	State	Zip Code
	Americus	GA	31719-2150
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9893-P31896
Name of Employer Russ Childers, CLU		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Dorothy M. Cociu		Date of Receipt
	Mailing Address PO Box 1941		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 22 / 2010
	City	State	Zip Code
	Big Bear Lake	CA	92315-1941
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9894-P32476
Name of Employer Advanced Benefit Consulting & 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 ▼ 255.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa Conto		Date of Receipt
	Mailing Address 145 Polaris Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 22 / 2010
	City	State	Zip Code
	Walkersville	MD	21793-9123
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9893-P31608
Name of Employer Independent Benefit		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 ▼ 255.00	<input type="text"/> 85.00
			Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 255.00
<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 / 99  
(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)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kimberly Cooke</p> <p>Mailing Address 1173 Brittmoore Rd</p> <hr/> <p>City State Zip Code Houston TX 77043-5003</p> <hr/> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Employer Benefit Concepts</td> <td>Occupation Agent</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span></td> </tr> </table>	Name of Employer Benefit Concepts	Occupation Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2010</span></p> <p><b>Transaction ID:</b> 9877-P31490</p> <hr/> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">365.00</span></p> <hr/> <p>Payroll Deduction (\$365.00 Annually)</p>
Name of Employer Benefit Concepts	Occupation Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span>				

<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Copeland</p> <p>Mailing Address 700 Larkspur Landing Circle, Suite</p> <hr/> <p>City State Zip Code Larkspur CA 94939</p> <hr/> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Employer Copeland Insurance Services</td> <td>Occupation Agent</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">340.00</span></td> </tr> </table>	Name of Employer Copeland Insurance Services	Occupation Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">340.00</span>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 22 / 2010</span></p> <p><b>Transaction ID:</b> 9894-P32037</p> <hr/> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">170.00</span></p> <hr/> <p>Payroll Deduction (\$170.00 Monthly)</p>
Name of Employer Copeland Insurance Services	Occupation Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">340.00</span>				

<p><b>C.</b> Full Name (Last, First, Middle Initial) Lori Crandall</p> <p>Mailing Address 4328 E Clarendon Ave</p> <hr/> <p>City State Zip Code Phoenix AZ 85018-5952</p> <hr/> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Employer Wick Pilcher Insurance</td> <td>Occupation Vice President</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span></td> </tr> </table>	Name of Employer Wick Pilcher Insurance	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 08 / 2010</span></p> <p><b>Transaction ID:</b> 9789</p> <hr/> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">365.00</span></p>
Name of Employer Wick Pilcher Insurance	Occupation Vice President				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">365.00</span>				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 16 / 99  
(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)  
Reed Damron  
Mailing Address 4642 Riveredge Dr  
City Duluth State GA Zip Code 30096-2987  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HIRE Benefits, Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P31971  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Sandra H. Davis  
Mailing Address PO Box 243  
City Watson State LA Zip Code 70786-0243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Office Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 03 / 04 / 2010  
Transaction ID: 9747  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Sandra H. Davis  
Mailing Address PO Box 243  
City Watson State LA Zip Code 70786-0243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Office Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31885  
Amount of Each Receipt this Period 30.00  
Payroll Deduction (\$30.00 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: PAGE 17 / 99  
(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)  
Johnny Lee Dawkins

Mailing Address PO Box 53809

City Fayetteville State NC Zip Code 28305-3809

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

Name of Employer Ebenconcepts Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010

Transaction ID: 9894-P31989

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Jill Walker Denton

Mailing Address 3500 Westgate Dr

City Durham State NC Zip Code 27707-2567

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 ▼ 365.00

Date of Receipt 03 / 17 / 2010

Transaction ID: 9871

Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Tim DeRosa

Mailing Address 9900 Covington Cross Dr Ste 210

City Las Vegas State NV Zip Code 89144-7053

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

Name of Employer Business Benefits, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt 03 / 02 / 2010

Transaction ID: 9739

Amount of Each Receipt this Period 125.00

Cap Conference 2010

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 575.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 99  
(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)  
Tim DeRosa

Mailing Address 9900 Covington Cross Dr Ste 210

City State Zip Code  
Las Vegas NV 89144-7053

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

Name of Employer Business Benefits, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID: 9740**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Rush David Dixon

Mailing Address 1375 Piccard Dr

City State Zip Code  
Rockville MD 20850-4311

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

Name of Employer Early Cassidy and Schilling Occupation VP of Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID: 9824**

Amount of Each Receipt this Period  
125.00

Cap Conference 2010

**C.** Full Name (Last, First, Middle Initial)  
Rush David Dixon

Mailing Address 1375 Piccard Dr

City State Zip Code  
Rockville MD 20850-4311

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

Name of Employer Early Cassidy and Schilling Occupation VP of Employee Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID: 9894-P32088**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1295.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 99  
(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)  
Steve H. Dodder

Mailing Address PO Box 2069

City Monument State CO Zip Code 80132-2069

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

Name of Employer Assurant Health Occupation Regional Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010

Transaction ID: 9893-P31660

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Bill Eastin

Mailing Address 1504 Hackberry Ave

City Metairie State LA Zip Code 70001-3318

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

Name of Employer Arthur J. Gallagher Risk Management S Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2010

Transaction ID: 9825

Amount of Each Receipt this Period 150.00

Cap Conference 2010

**C.**

Full Name (Last, First, Middle Initial)  
Bill Eastin

Mailing Address 1504 Hackberry Ave

City Metairie State LA Zip Code 70001-3318

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

Name of Employer Arthur J. Gallagher Risk Management S Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt 03 / 17 / 2010

Transaction ID: 9872

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 99  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Eugene Ebersole

Mailing Address 201 Evans Rd Bldg 3 Ste 103A

City Harahan State LA Zip Code 70123-5230

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

Name of Employer Ebersole & Associates, Inc.  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID: 9894-P31963**

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 ▼ 380.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID: 9894-P32426**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 2710 Redding Rd NE

City Atlanta State GA Zip Code 30319-2908

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

Name of Employer Essential Benefit Solutions, LLC.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 03 / 16 / 2010  
**Transaction ID: 9844-P31479**

Amount of Each Receipt this Period 500.00

Payroll Deduction (\$500.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 755.00

**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 21 / 99
	<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) John G. Fagen		Date of Receipt
	Mailing Address PO Box 19		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Demotte	IN	46310-0019
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Financial Arts Inc.		Occupation Agent	<b>Transaction ID:</b> 9894-P32153
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction
			(\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Blair Farwell		Date of Receipt
	Mailing Address 1388 Branden Ln		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bartlett	IL	60103-8923
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Resource Brokerage LLC		Occupation Vice President	<b>Transaction ID:</b> 9877-P31504
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
			Payroll Deduction
			(\$500.00 Annually)

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy Flem		Date of Receipt
	Mailing Address 18016 W Spring Lake Dr SE		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Renton	WA	98058-0608
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Underwriters Corp.		Occupation Agent	<b>Transaction ID:</b> 9877-P31492
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="515.00"/>	<input type="text" value="365.00"/>
			Payroll Deduction
			(\$365.00 Annually)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="950.00"/>
<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 22 / 99  
(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)  
Eva Jean Fomalont

Mailing Address 8109 Rancho Largo Ct NW

City State Zip Code  
Albuquerque NM 87120-

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

Name of Employer Lovelace Health Plan Occupation Mgr., Sales/Retention Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 16 / 2010  
Transaction ID: 9841  
Amount of Each Receipt this Period: 500.00

**B.**

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

Mailing Address 1528 Wyndham Cv

City State Zip Code  
Memphis TN 38120-1426

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

Name of Employer Zalowitz Frisch Benefits Group Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 18 / 2010  
Transaction ID: 9878-P31508  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction (\$100.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Don Fristoe

Mailing Address 807 8th St Ste 300

City State Zip Code  
Wichita Falls TX 76301-3317

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

Name of Employer Financial Partners Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9893-P31590  
Amount of Each Receipt this Period: 30.00  
Payroll Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **630.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William S. Gall

Mailing Address 26 Briarwood Ln

City State Zip Code  
New Hartford NY 13413-2451

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

Name of Employer Northwestern Mutual Financial Network  
Occupation Financial Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 9893-P31902

Amount of Each Receipt this Period  
75.00

Payroll Deduction  
(\$75.00 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 9893-P31917

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Charles T. Gartlan

Mailing Address 19 Tarworth Ter

City State Zip Code  
Manchester NJ 08759-6671

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

Name of Employer Emerson, Reid & Co.  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 9894-P32226

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 99

(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)

Michele Gasparre

Mailing Address 8 Hanks Lane

City State Zip Code  
Brenster NY 10509

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

Name of Employer Occupation  
Michaels & Associates EVP

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

Date of Receipt

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

Transaction ID: 9894-P32147

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mark Gaunya

Mailing Address 1 Griffin Brook Dr

City State Zip Code  
Methuen MA 01844-1865

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

Name of Employer Occupation  
Borislow Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 9844-P31473

Amount of Each Receipt this Period

1000.00

Payroll Deduction

(\$1000.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Wm. Gennaro

Mailing Address 523 W Vista Ave

City State Zip Code  
Phoenix AZ 85021-7257

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

Name of Employer Occupation  
Capitol Insurance Brokers, Inc. agent

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

Date of Receipt

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

Transaction ID: 9894-P32395

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

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

1170.00

**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 / 99  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Julie Reno George

Mailing Address 1691 Westbrook Plaza Dr

City State Zip Code  
Winston Salem NC 27103-2993

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

Name of Employer Occupation  
JBA Benefits, LLC Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9894-P32020  
Amount of Each Receipt this Period: 35.00  
Payroll Deduction: (\$35.00 Monthly)

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

Mailing Address 308 Beulah Ln

City State Zip Code  
Irmo SC 29063-9573

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

Name of Employer Occupation  
Gibson & Associates Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9894-P32431  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Willis H. Glaros

Mailing Address 9772 Rosewood Dr

City State Zip Code  
Saint John IN 46373-9035

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

Name of Employer Occupation  
Employer Benefit Systems Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9894-P32091  
Amount of Each Receipt this Period: 170.00  
Payroll Deduction: (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 99  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Donald W. Goldmann  
 Mailing Address 6615 E Kings Crown Rd  
 City State Zip Code  
 Orange CA 92869-4385  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2010  
**Transaction ID: 9896**  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Word & Brown VP of National Sales  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2125.00

**B.** Full Name (Last, First, Middle Initial)  
 Michael D. Gray  
 Mailing Address 7305 Pioneers Blvd  
 City State Zip Code  
 Lincoln NE 68506-7519  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2010  
**Transaction ID: 9893-P31894**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction  
 (\$100.00 Monthly)  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Harry A. Koch Company Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

**C.** Full Name (Last, First, Middle Initial)  
 Patricia A Griffey  
 Mailing Address 56294 Primrose Cir  
 City State Zip Code  
 Elkhart IN 46516-1509  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2010  
**Transaction ID: 9894-P32228**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Page 1 Benefits, Inc. Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 255.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1185.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 99  
(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)  
Erica H. Grimm  
 Mailing Address HC 1 Box 586  
 City Blakeslee State PA Zip Code 18610-9310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Keystone Insurers group Occupation Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00  
 Date of Receipt 03 / 17 / 2010  
**Transaction ID:** 9877-P31505  
 Amount of Each Receipt this Period 365.00  
 Payroll Deduction (\$365.00 Annually)

**B.** Full Name (Last, First, Middle Initial)  
Robert A Grundman  
 Mailing Address 7412 Karl Dr  
 City Lincoln State NE Zip Code 68516-4368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Senior Benefit Strategies Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00  
 Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9893-P31863  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Cristy Russell Gupton  
 Mailing Address 2138 Goodman Lake Rd  
 City Morganton State NC Zip Code 28655-7075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina First Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32437  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 490.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Antonio Gutierrez

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 05 / 2010  
**Transaction ID: 9783**  
 Amount of Each Receipt this Period: 150.00  
 Cap Conference 2010

**B.**

Full Name (Last, First, Middle Initial)  
Antonio Gutierrez

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer Integrated Benefit Solutions, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 22 / 2010  
**Transaction ID: 9894-P32438**  
 Amount of Each Receipt this Period: 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Teresa Gutierrez

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer IBS/White Bear Group Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 05 / 2010  
**Transaction ID: 9782**  
 Amount of Each Receipt this Period: 150.00  
 Cap Conference 2010

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

**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 / 99

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Teresa Gutierrez

Mailing Address 12833 Riverdance Dr

City Raleigh State NC Zip Code 27613-7093

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

Name of Employer IBS/White Bear Group Occupation Agent

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

Date of Receipt

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

Transaction ID: 9894-P32440

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Anthony W. Halby

Mailing Address 202 Providence Mine Rd Ste 107

City Nevada City State CA Zip Code 95959-2945

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

Name of Employer Halby Insurance Agency Occupation Agent

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

Date of Receipt

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

Transaction ID: 9894-P32086

Amount of Each Receipt this Period

235.00

Payroll Deduction

(\$85.00 Monthly)

**C.**

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 ▼ 1230.00

Date of Receipt

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

Transaction ID: 9894-P32233

Amount of Each Receipt this Period

410.00

Payroll Deduction

(\$410.00 Monthly)

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

675.00

**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 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas M. Harte

Mailing Address 11 Hills Faron Rd.

City State Zip Code  
Chester NH 03036-

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

Name of Employer Landmark Benefits, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 9846

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Hendricks

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code  
Broken Arrow OK 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31675

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Joseph E. Henehan

Mailing Address 685 Carnegie Dr Ste 205

City State Zip Code  
San Bernardino CA 92408-3550

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

Name of Employer The Henehan Company Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9884-P31524

Amount of Each Receipt this Period  
150.00

Payroll Deduction  
(\$85.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 / 99  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 19310 Sonoma Hwy Ste A

City State Zip Code  
Sonoma CA 95476-5454

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

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

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

Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P31999  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 4435 O St

City State Zip Code  
Lincoln NE 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 ▼ 295.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31629  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 1155 Greenridge Ter

City State Zip Code  
Brookfield WI 53045-4558

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

Name of Employer National CooperativeRx Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32455  
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 32 / 99  
(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)  
Al Hombroek

Mailing Address 30 Lumpkin St Ste D

City State Zip Code  
Lawrenceville GA 30045-8410

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

Name of Employer Multiple Benefits Corporation      Occupation Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 22 / 2010

**Transaction ID:** 9894-P32022

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

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

Mailing Address 2850 W Grand Blvd

City State Zip Code  
Detroit MI 48202-2643

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

Name of Employer Health Alliance Plan      Occupation Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 22 / 2010

**Transaction ID:** 9894-P31951

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Todd D. Hudson

Mailing Address 17 Hunstman Drive

City State Zip Code  
Wilmington PA 19060

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

Name of Employer Hudson Insurance Group      Occupation President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 17 / 2010

**Transaction ID:** 9877-P31500

Amount of Each Receipt this Period 365.00

Payroll Deduction (\$365.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **445.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 99
	<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	

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) Robert S. Hurley	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 9200 Purdy Ln	<b>Transaction ID:</b> 9877-P31499
	City State Zip Code Granite Bay CA 95746-9653	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$500.00 Annually)
	Name of Employer Occupation EHealth Inc. Vice President	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joel K Jasper	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 360 Avalon Way	<b>Transaction ID:</b> 9877-P31495
	City State Zip Code Brandon MS 39047-7565	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$365.00 Annually)
	Name of Employer Occupation MWG Benefits, Inc. Agent	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julia A. Jennings	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 2 Lady Slipper Ln	<b>Transaction ID:</b> 9894-P32253
	City State Zip Code Marion MA 02738-1294	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 Occupation Sylvia & Co. Ins. Agency, Inc. Vice President, Employee Benef	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<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 34 / 99  
(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)  
Arthur C. Jetter

Mailing Address 13624 Parker Cir

City State Zip Code  
Omaha NE 68154-3829

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

Name of Employer Occupation  
Art Jetter & Company FLMI, LTCP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID: 9784**

Amount of Each Receipt this Period  
5000.00

**B.**

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

Mailing Address 1482 Baron Ct

City State Zip Code  
Stone Mountain GA 30087-3037

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

Name of Employer Occupation  
David S. Johnson Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID: 9894-P32411**

Amount of Each Receipt this Period  
10.00

Payroll Deduction  
(\$10.00 Monthly)

**C.**

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

Mailing Address 8220 Commonwealth Dr Ste 204

City State Zip Code  
Eden Prairie MN 55344-5387

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

Name of Employer Occupation  
Alliance Benefit Group Vice President, Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID: 9894-P32231**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5095.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alan M. Kalish

Mailing Address 7703 Dorcas St

City Philadelphia State PA Zip Code 19111-2824

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

Name of Employer Kalish Financial Services, LLC Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 17 / 2010

Transaction ID: 9877-P31488

Amount of Each Receipt this Period 365.00

Payroll Deduction (\$365.00 Annually)

**B.**

Full Name (Last, First, Middle Initial)  
Jack A. Kalosy

Mailing Address 11 Hollyhock Way

City Newton State NJ Zip Code 07860-5370

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

Name of Employer BenefitMall Occupation New Business Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 17 / 2010

Transaction ID: 9877-P31501

Amount of Each Receipt this Period 365.00

Payroll Deduction (\$365.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)  
Alan S Katz

Mailing Address 8033 W Sunset Blvd # 982

City Los Angeles State CA Zip Code 90046-2401

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

Name of Employer Insurance Neighborhood Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 03 / 15 / 2010

Transaction ID: 9830-P31467

Amount of Each Receipt this Period 125.00

Payroll Deduction (\$125.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 855.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 99  
(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  
George R. Keeling Insurance Agency

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31871

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
D. Keith Kennedy

Mailing Address 359 Wisconsin Ave

City State Zip Code  
Long Beach CA 90814-2237

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

Name of Employer  
Beaumarck Insurance Services

Occupation  
CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 9855

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 9414 E Sera Brisa

City State Zip Code  
Scottsdale AZ 85255-6054

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

Name of Employer  
Rogers Benefit Group, Inc.

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32030

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

**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 37 / 99

(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) John Kiebler	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 4168 Clearwater Way	<b>Transaction ID:</b> 9877-P31506
	City Lexington State KY Zip Code 40515-6021	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$365.00 Annually)
Name of Employer Humana Occupation CHC	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurie J Kirkland	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 6601 Glacier Ct	<b>Transaction ID:</b> 9894-P32208
	City Yakima State WA Zip Code 98908-2382	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 Conover Insurance, Inc. Occupation Agent	Aggregate Year-to-Date 295.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) William Kite	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 1414 Franklin Rd SW	<b>Transaction ID:</b> 9820
	City Roanoke State VA Zip Code 24016-5227	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer D & S Life Agency, Inc. Occupation Agent	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 99  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Linda Rose Koehler

Mailing Address 516 Shelley St

City State Zip Code  
Livermore CA 94550-2368

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

Name of Employer Herzog Insurance Agency Occupation Health Insurance Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9893-P31854  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Daniel C LaBroad

Mailing Address 710 Farmers Market Way

City State Zip Code  
Dallas TX 75201-8451

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

Name of Employer Ovation Health & Life Services, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32367  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
David Lansing

Mailing Address 425 2nd St SE Ste 1150

City State Zip Code  
Cedar Rapids IA 52401-1818

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

Name of Employer Benefit Solutions, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P31993  
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 39 / 99

(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) Karen B. Leonard Mailing Address 8 Shakespeare Rd City State Zip Code Hackettstown NJ 07840-4707 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Leonard Financial Group, LLC Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2010 <b>Transaction ID:</b> 9894-P32515 Amount of Each Receipt this Period 85.00 Payroll Deduction (\$85.00 Monthly)
<b>B.</b>	Full Name (Last, First, Middle Initial) David Levitz Mailing Address 3000 Lakeside Drive, Suite 200 So City State Zip Code Bannockburn IL 60015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation The Greater Chicago Group Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2010 <b>Transaction ID:</b> 9877-P31494 Amount of Each Receipt this Period 365.00 Payroll Deduction (\$365.00 Annually)
<b>C.</b>	Full Name (Last, First, Middle Initial) Brian W. Liechty Mailing Address 120 E Washington St City State Zip Code Plymouth IN 46563-1744 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation KL Benefits Benefits Spec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2010 <b>Transaction ID:</b> 9894-P32115 Amount of Each Receipt this Period 85.00 Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>535.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 99

(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)

Juan R. Lopez

Mailing Address 27 Banstead

City State Zip Code  
Trabuco Canyon CA 92679-3740

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

Name of Employer Occupation  
Kaiser Permanente Manager

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

Date of Receipt

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

Transaction ID: 9894-P32371

Amount of Each Receipt this Period  
85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Greg Loudon

Mailing Address PO Box 196530

City State Zip Code  
Anchorage AK 99519-6530

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

Name of Employer Occupation  
Alaska USA Insurance Brokers Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 9780

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Loudon

Mailing Address PO Box 196530

City State Zip Code  
Anchorage AK 99519-6530

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

Name of Employer Occupation  
Alaska USA Insurance Brokers Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 9781

Amount of Each Receipt this Period  
125.00

Cap Conference 2010

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

1210.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 99  
(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)  
Douglas Lubenow

Mailing Address 3 Fulton Dr

City State Zip Code  
Mount Laurel NJ 08054-4510

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

Name of Employer Lubenow Agency Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31677

Amount of Each Receipt this Period 180.00

Payroll Deduction (\$30.00 Monthly)

**B.**

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

Mailing Address 301 Madison Ave Fl 4

City State Zip Code  
New York NY 10017-8103

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

Name of Employer The Medical Link, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32117

Amount of Each Receipt this Period 250.00

Payroll Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
David George Maddock

Mailing Address 286 3rd Avenue Fi

City State Zip Code  
Fox Island WA 98333-9703

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

Name of Employer Maddock & Associates Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 9877-P31497

Amount of Each Receipt this Period 365.00

Payroll Deduction (\$365.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 795.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 99  
(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)  
Jim Malone  
Mailing Address 124 Main Ave N  
City Fayetteville State TN Zip Code 37334-3056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Malone Company Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 03 / 17 / 2010  
Transaction ID: 9873  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Marx  
Mailing Address 9083 Laurel Ridge Dr  
City Mount Dora State FL Zip Code 32757-9108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AXA Advisors Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 03 / 17 / 2010  
Transaction ID: 9877-P31491  
Amount of Each Receipt this Period 365.00  
Payroll Deduction (\$365.00 Annually)

**C.** Full Name (Last, First, Middle Initial)  
Matthew L. Masone  
Mailing Address 367 Sheffield Rd  
City Severna Park State MD Zip Code 21146-1647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lincoln Financial Group Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 595.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32356  
Amount of Each Receipt this Period 505.00  
Payroll Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1235.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 99

(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)

Michael E. Matznick

Mailing Address 3207 Cottingham Ct

City State Zip Code  
Greensboro NC 27410-8362

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

Name of Employer Occupation  
EbenConcepts Company Agent

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

Date of Receipt

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

Transaction ID: 9894-P32373

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Daniel W. McMahon

Mailing Address 123 E 2nd Ave

City State Zip Code  
Spokane WA 99202-1525

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

Name of Employer Occupation  
Western States Jones & Mitchell Benefits Manager

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

Date of Receipt

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

Transaction ID: 9894-P31984

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$50.00 Monthly)

**C.**

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 Occupation  
TradeMark Insurance Agency LLC President

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

Date of Receipt

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

Transaction ID: 9894-P32365

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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

235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 99  
(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 R. Miles

Mailing Address 578 Washington Blvd # 801

City Marina del Rey State CA Zip Code 90292-5442

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

Name of Employer The Miles Organization, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 03 / 22 / 2010

Transaction ID: 9894-P32109

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Alan R Mitchell

Mailing Address 3205 Cuba Blvd

City Monroe State LA Zip Code 71201-2048

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

Name of Employer Associated Resources Management, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2010

Transaction ID: 9876

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Monteith

Mailing Address 736 Johnson Ferry Rd

City Marietta State GA Zip Code 30068-4379

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt 03 / 22 / 2010

Transaction ID: 9894-P32123

Amount of Each Receipt this Period 375.00

Payroll Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1045.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼  
255.00

Date of Receipt: 03 / 22 / 2010  
**Transaction ID: 9893-P31851**

Amount of Each Receipt this Period: 85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

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

Mailing Address 26 Kennedy Ct

City State Zip Code  
Middletown NJ 07748-3532

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

Name of Employer: Walsh Benefits  
Occupation: Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 03 / 15 / 2010  
**Transaction ID: 9830-P31454**

Amount of Each Receipt this Period: 150.00

Payroll Deduction  
(\$150.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)  
Glen W. Mulready

Mailing Address 2708 W 66th Pl

City State Zip Code  
Tulsa OK 74132-1301

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

Name of Employer: Benefit Plan Strategies  
Occupation: Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt: 03 / 15 / 2010  
**Transaction ID: 9823**

Amount of Each Receipt this Period: 150.00

Cap Conference 2010

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 99  
(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)  
Glen W. Mulready

Mailing Address 2708 W 66th Pl

City State Zip Code  
Tulsa OK 74132-1301

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

Name of Employer Benefit Plan Strategies      Occupation Agent

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

Date of Receipt  

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

**Transaction ID:** 9894-P32023

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

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

Mailing Address 404 N 2nd Ave Ste B

City State Zip Code  
Upland CA 91786-4793

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

Name of Employer Ray Musser & Assoc. Insurance Services      Occupation 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	3	/	2	2	/	2	0	1	0

**Transaction ID:** 9894-P32149

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 32110 Agoura Rd

City State Zip Code  
Westlake Village CA 91361-4026

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

Name of Employer Warner Pacific Insurance Services      Occupation Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      416.70

Date of Receipt  

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

**Transaction ID:** 9894-P32084

Amount of Each Receipt this Period  
416.70

Payroll Deduction  
(\$416.70 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 531.70

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 99  
(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)  
Ron J. Nezat

Mailing Address 2632 Ducharme Rd

City State Zip Code  
Opelousas LA 70570-8630

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

Name of Employer  
Global Financial Resource-  
s, Inc.

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32125

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
B. Ronnell Nolan

Mailing Address 364 Steele Blvd

City State Zip Code  
Baton Rouge LA 70806-5131

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

Name of Employer  
The Nolan Group

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31859

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Lindsay V. Norvell

Mailing Address 1524 Biltmore Dr

City State Zip Code  
Charlotte NC 28207-2610

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

Name of Employer  
BB&T

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 9877-P31507

Amount of Each Receipt this Period  
365.00

Payroll Deduction  
(\$365.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **480.00**

**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 48 / 99  
(check only one)

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

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

**A.**

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

Mailing Address 47 Laurel Hill Dr

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 03 / 22 / 2010

**Transaction ID:** 9893-P31830

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

**B.**

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

Mailing Address 701 Grand Ave

City West Des Moines State IA Zip Code 50265-3625

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1175.00

Date of Receipt 03 / 22 / 2010

**Transaction ID:** 9894-P32181

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 Lake Charles State LA Zip Code 70601-5605

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

Name of Employer The Perry Agency, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 22 / 2010

**Transaction ID:** 9893-P31831

Amount of Each Receipt this Period 210.00

Payroll Deduction (\$30.00 Monthly)

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 99  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Hinckley Perry

Mailing Address 1227 Meadow Ridge Rd

City State Zip Code  
Sandy UT 84094-5713

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

Name of Employer Occupation  
Perry Financial Group, Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 9877-P31503

Amount of Each Receipt this Period  
500.00

Payroll Deduction  
(\$500.00 Annually)

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

Mailing Address 12713 S Edinburgh St

City State Zip Code  
Olathe KS 66062-1300

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

Name of Employer Occupation  
Humana, Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31731

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Connie Puett

Mailing Address 5160 N Eyrie Way

City State Zip Code  
Boise ID 83703-4287

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

Name of Employer Occupation  
PacificSource Health Plans Marketing & Sales

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

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID:** 9741

Amount of Each Receipt this Period  
150.00

Cap Conference 2010

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **735.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 99

(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)  
Connie Puett

Mailing Address 5160 N Eyrie Way

City State Zip Code  
Boise ID 83703-4287

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

Name of Employer Occupation  
PacificSource Health Plans Marketing & Sales

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

Date of Receipt

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

Transaction ID: 9894-P32185

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$30.00 Monthly)

B.

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

Mailing Address 3809 Silverwood Dr

City State Zip Code  
Tyler TX 75701-9336

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

Name of Employer Occupation  
Threlkeld & Company Insurance Executive Vice President

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

Date of Receipt

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

Transaction ID: 9893-P31837

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 State Zip Code  
Midlothian VA 23113-6726

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

Name of Employer Occupation  
BB&T Benefit Consultants of Virginia Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

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

Transaction ID: 9894-P32186

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 51 / 99  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Jon C Rauser		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
Mailing Address 949 Lamplighter Ln		<b>Transaction ID:</b> 9894-P32187
City Grafton	State WI	Zip Code 53024-9314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The Rauser Agency, Inc.	Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	(\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial) Jordan R Redman		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
Mailing Address 43 Daning Lights Lane		<b>Transaction ID:</b> 9893-P31598
City Athol	State ID	Zip Code 83801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 310.00
Name of Employer Redman Insurance	Occupation Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	(\$10.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial) Joni Robin Reents		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
Mailing Address 12433 Bellaire Dr		<b>Transaction ID:</b> 9894-P32342
City Thornton	State CO	Zip Code 80241-2925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Romer, Reents & Associates, Inc.	Occupation Producer	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	590.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 1 N Charles St

City Baltimore State MD Zip Code 21201-3740

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

Name of Employer FranklinMorris Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010

Transaction ID: 9894-P32544

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B.**

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

Mailing Address 560 Village Rd W

City West Windsor State NJ Zip Code 08550-2012

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

Name of Employer Creative Benefit Plans Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 01 / 2010

Transaction ID: 9718

Amount of Each Receipt this Period 200.00

**C.**

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

Mailing Address 3900 Halisport Dr NW

City Kennesaw State GA Zip Code 30152-4077

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 22 / 2010

Transaction ID: 9894-P32280

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **370.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 99  
(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)  
Michael A. Rivera

Mailing Address 12200 Northwest Fwy Ste 662

City State Zip Code  
Houston TX 77092-4927

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

Name of Employer Northwest General Insurance  
Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

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

**Transaction ID:** 9894-P31954

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 4000 S 36th St

City State Zip Code  
Lincoln NE 68506-4809

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

Name of Employer Midlands Financial Benefits  
Occupation Registered Representative

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

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

**Transaction ID:** 9893-P31821

Amount of Each Receipt this Period  
150.00

Payroll Deduction  
(\$150.00 Monthly)

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

Mailing Address 401 S El Cielo Rd Apt 66

City State Zip Code  
Palm Springs CA 92262-7922

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

Name of Employer Palm Canyon Insurance Agency  
Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

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

**Transaction ID:** 9893-P31841

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 99  
(check only one)

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

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

**A.**

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

Mailing Address 1545 NE 76th St

City State Zip Code  
Seattle WA 98115-4373

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

Name of Employer Occupation  
Baldwin Resource Group Vice President Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32346

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen D Rowe

Mailing Address 455 S Arlington Ave

City State Zip Code  
Elmhurst IL 60126-3916

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

Name of Employer Occupation  
Doyle Rowe LTD Broker/Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID:** 9742

Amount of Each Receipt this Period  
150.00

Cap Conference 2010

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen D Rowe

Mailing Address 455 S Arlington Ave

City State Zip Code  
Elmhurst IL 60126-3916

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

Name of Employer Occupation  
Doyle Rowe LTD Broker/Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID:** 9743

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 99  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Francis A. Ruggiero

Mailing Address 15 Kennedy Dr

City Budd Lake State NJ Zip Code 07828-1438

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

Name of Employer John J. Slattery Associates Occupation Director of Broker Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32191  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B.**

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

Mailing Address 9721 Wellington Rdg

City Woodbury State MN Zip Code 55125-9592

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

Name of Employer Sailer Benefit Services, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32198  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C.**

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 Landmark Insurance & Financial Group Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 755.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32065  
 Amount of Each Receipt this Period 585.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **755.00**

**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 56 / 99
	<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) Raymer M. Sale	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 2135 Enclave Mill Dr	<b>Transaction ID:</b> 9894-P32199
	City State Zip Code Dacula GA 30019-3290	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$150.00 Monthly)
Name of Employer E2E Benefits Services, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard C. Scarboro	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 79 Woodfin Pl	<b>Transaction ID:</b> 9869
	City State Zip Code Asheville NC 28801-2492	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Ridge Benefit Solutions, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alfonso C. Schiebel	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 561 Ripplewater Dr SW	<b>Transaction ID:</b> 9847
	City State Zip Code Marietta GA 30064-2474	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Schiebel & Associates, LLC dba Shopbe	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	Cap Conference 2010

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	665.00
<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 57 / 99  
(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)  
Alfonso C. Schiebel

Mailing Address 561 Ripplewater Dr SW

City State Zip Code  
Marietta GA 30064-2474

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

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

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32201

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

**B.**

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

Mailing Address 380 Luzelle Dr

City State Zip Code  
Winston Salem NC 27103-6470

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

Name of Employer Occupation  
Plans For Health, Inc. Agent

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32296

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**C.**

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

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code  
Eureka MO 63025-1051

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 465.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** 9895

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

**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 58 / 99  
(check only one)

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

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

**A.**

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

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code  
Eureka MO 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: 03 / 31 / 2010  
Transaction ID: 9905  
Amount of Each Receipt this Period: 35.00

**B.**

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

Mailing Address 1332 Hunters Hollow Ct

City State Zip Code  
Eureka MO 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 ▼  
365.00

Date of Receipt: 03 / 18 / 2010  
Transaction ID: 9878-P31517  
Amount of Each Receipt this Period: 240.00  
Payroll Deduction (\$65.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)  
Alan R. Schulman

Mailing Address 10010 Colesville Rd Ste A

City State Zip Code  
Silver Spring MD 20901-2348

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

Name of Employer: Insurance Benefits & Advisors  
Occupation: Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.00

Date of Receipt: 03 / 16 / 2010  
Transaction ID: 9845  
Amount of Each Receipt this Period: 125.00  
Cap Conference 2010

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 59 / 99  
(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)  
Alan R. Schulman  
 Mailing Address 10010 Colesville Rd Ste A  
 City State Zip Code  
Silver Spring MD 20901-2348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Benefits & Advisors Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00  
 Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9893-P31638  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
James D. Schulz  
 Mailing Address 7101 S 82nd St  
 City State Zip Code  
Lincoln NE 68516-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Financial Benefits Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32092  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Gregory J. Seifert  
 Mailing Address 3311 NE 115th St  
 City State Zip Code  
Vancouver WA 98686-3945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Biggs Insurance Services Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt 03 / 22 / 2010  
**Transaction ID:** 9894-P32299  
 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 60 / 99  
(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)  
Steven Selinsky  
Mailing Address 28638 Oak Point Dr  
City Farmington Hills State MI Zip Code 48331-2706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Warner Pacific Insurance Services Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 610.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32300  
Amount of Each Receipt this Period 335.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Bob G Shupe  
Mailing Address 5904 Hitching Post Ln  
City Nashville State TN Zip Code 37211-6934  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ESP, Inc Occupation President, CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32337  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** 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 ▼ 255.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32095  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 505.00  
**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 61 / 99
	<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) Deirdre Slattery Fallon	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address PO Box 256	<b>Transaction ID:</b> 9894-P32005
	City State Zip Code Spring Lake NJ 07762-0256	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: John J. Slattery Associates, Inc. Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory S. Smith	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 4017 W Hollow Trace Dr	<b>Transaction ID:</b> 9786
	City State Zip Code Peoria IL 61615-2418	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Cap Conference 2010
	Name of Employer: Group Marketing Services Inc. Occupation: Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory S. Smith	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 4017 W Hollow Trace Dr	<b>Transaction ID:</b> 9894-P32304
	City State Zip Code Peoria IL 61615-2418	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction (\$30.00 Monthly)
	Name of Employer: Group Marketing Services 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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 99  
(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)  
MD Sam 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 ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32320

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 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 ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9894-P32322

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Sherry Soileau

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code  
Baton Rouge LA 70808-6200

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

Name of Employer Occupation  
Besselman & Little Agency Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 9893-P31695

Amount of Each Receipt this Period  
260.00

Payroll Deduction  
(\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **430.00**

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

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

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

FOR LINE NUMBER: PAGE 63 / 99  
(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)  
Jim Spahr  
Mailing Address 1457 Capri Ave  
City Petaluma State CA Zip Code 94954-1458  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jackie & Jim Spahr Insurance Services Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32306  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Richard Blake Spell  
Mailing Address 7873 Bufflehead Ct  
City Greensboro State NC Zip Code 27455-8376  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United Healthcare Occupation Account Executive  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32323  
Amount of Each Receipt this Period 20.00  
Payroll Deduction (\$20.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
James R Stenger  
Mailing Address 381 victoria drive  
City Bridgewater State NJ Zip Code 12909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAS Financial Services Occupation Principal  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31796  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00  
**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 64 / 99  
(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)  
Marilyn A. Stenger  
Mailing Address 77 Ridgeview Ln  
City Mount Arlington State NJ Zip Code 07856-2321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVS Consulting Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1295.00  
Date of Receipt 03 / 16 / 2010  
Transaction ID: 9843  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Marilyn A. Stenger  
Mailing Address 77 Ridgeview Ln  
City Mount Arlington State NJ Zip Code 07856-2321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVS Consulting Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1380.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31797  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Jaun Edward Stricklan  
Mailing Address 2267 N Mountain Ave  
City Claremont State CA Zip Code 91711-1586  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sawyer Cook Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 03 / 17 / 2010  
Transaction ID: 9868  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00  
**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 65 / 99
	<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) James L. Sugden	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 628 Wild Ridge Cir	<b>Transaction ID:</b> 9829
	City State Zip Code Lafayette CO 80026-2583	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Cap Conference 2010
Name of Employer Employee Benefit Solutions, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James L. Sugden	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 628 Wild Ridge Cir	<b>Transaction ID:</b> 9893-P31799
	City State Zip Code Lafayette CO 80026-2583	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer Employee Benefit Solutions, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	(\$85.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) James F. Summers	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 15316 Pine St	<b>Transaction ID:</b> 9893-P31800
	City State Zip Code Omaha NE 68144-5117	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer Senior Market Sales, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	(\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 99

(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) William L Sutherland		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 19126 Kristen Way		<b>Transaction ID:</b> 9894-P32243		
	City San Antonio	State TX	Zip Code 78258-3618	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$100.00 Monthly)		
Name of Employer Wortham Insurance & Risk Management		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michelle J. Sweeney		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 3404 Mechanicsburg Rd		<b>Transaction ID:</b> 9842		
	City Springfield	State OH	Zip Code 45502-8219	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction		
Name of Employer Wallace & Turner Inc.		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ryan R. Swinton		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 9931 N 151st St		<b>Transaction ID:</b> 9894-P32332		
	City Waverly	State NE	Zip Code 68462-1611	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 Midlands Financial Benefits		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1185.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 67 / 99  
(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)  
Ron F. Tagge  
Mailing Address 1466 W Highpoint Cir  
City Springfield State MO Zip Code 65810-2594  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tagge Insurance Agency Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 03 / 17 / 2010  
Transaction ID: 9877-P31489  
Amount of Each Receipt this Period 365.00  
Payroll Deduction (\$365.00 Annually)

**B.** Full Name (Last, First, Middle Initial)  
Joe Teeling  
Mailing Address 715 Southfork Dr  
City Waukee State IA Zip Code 50263-9581  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bearence Management Group Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 16 / 2010  
Transaction ID: 9844-P31476  
Amount of Each Receipt this Period 1000.00  
Payroll Deduction (\$1000.00 Annually)

**C.** Full Name (Last, First, Middle Initial)  
Marsha Tellesbo  
Mailing Address 22887 NE 127th Way  
City Redmond State WA Zip Code 98053-5657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tellesbo & Company Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32287  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 68 / 99  
(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 Anthony Thomas

Mailing Address 3140 Little Haven Rd

City State Zip Code  
Virginia Beach VA 23452-6146

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

Name of Employer: The Thomas Insurance Agency  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt: 03 / 17 / 2010  
Transaction ID: 9867  
Amount of Each Receipt this Period: 365.00

**B.** Full Name (Last, First, Middle Initial)  
Richard H. Todd

Mailing Address 54 Belle Meadow Ln

City State Zip Code  
Little Rock AR 72210-3714

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

Name of Employer: The Todd Agency, Inc.  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 03 / 17 / 2010  
Transaction ID: 9870  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Tim P. Tracy

Mailing Address 19 Compo Rd S

City State Zip Code  
Westport CT 06880-4319

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

Name of Employer: Gerard B. Tracy Associates  
Occupation: Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt: 03 / 17 / 2010  
Transaction ID: 9877-P31502  
Amount of Each Receipt this Period: 365.00  
Payroll Deduction: (\$365.00 Annually)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 99  
(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)  
Janet Trautwein  
Mailing Address 7212 Redlac Dr  
City Clifton State VA Zip Code 20124-1948  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAHU Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31801  
Amount of Each Receipt this Period 170.00  
Payroll Deduction (\$170.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Charles G. Wagner  
Mailing Address PO Box 9  
City Burwell State NE Zip Code 68823-0009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Town and Country Insurance Agency, Inc Occupation President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31709  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Rand R. Wall  
Mailing Address 1004 Sugardale Ct  
City Sugar Land State TX Zip Code 77498-2760  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lone Star Health Plans, Ltd. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: 9893-P31791  
Amount of Each Receipt this Period 100.00  
Payroll Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 355.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 70 / 99  
(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)  
Jessica F Waltman  
Mailing Address 2000 14th St N Ste 450

City State Zip Code  
Arlington VA 22201-2573

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

Name of Employer NAHU Occupation VP, Policy and State Affairs

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

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9893-P31684  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
M. Hughes Waren  
Mailing Address 1109 Princeton Dr

City State Zip Code  
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

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

Date of Receipt: 03 / 01 / 2010  
Transaction ID: 9717  
Amount of Each Receipt this Period: 125.00  
Cap Conference 2010

**C.** Full Name (Last, First, Middle Initial)  
M. Hughes Waren  
Mailing Address 1109 Princeton Dr

City State Zip Code  
Wilmington NC 28403-2528

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

Name of Employer Ebenconcepts, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9893-P31719  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction (\$85.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 99  
(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 L. Warwick

Mailing Address PO Box 272

City State Zip Code  
Chico CA 95927-0272

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

Name of Employer: John Warwick Insurance Services  
Occupation: Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9894-P32171  
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 State Zip Code  
Roanoke VA 24011-1303

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

Name of Employer: Benefits Group, Inc.  
Occupation: Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9894-P32089  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction: (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Dan Webb

Mailing Address 5251 Office Park Dr

City State Zip Code  
Bakersfield CA 93309-0404

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

Name of Employer: The Webb Insurance Group  
Occupation: Marketing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: 9893-P31626  
Amount of Each Receipt this Period: 170.00  
Payroll Deduction: (\$170.00 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 72 / 99  
(check only one)

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

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

**A.**

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

Mailing Address PO Box 37

City Milford State NH Zip Code 03055-0037

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 03 / 16 / 2010  
Transaction ID: 9844-P31470  
Amount of Each Receipt this Period 500.00  
Payroll Deduction (\$500.00 Annually)

**B.**

Full Name (Last, First, Middle Initial)  
Lisa Wetherton

Mailing Address 376 Overlook Point Drive

City Dahlonega State GA Zip Code 30533

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

Name of Employer Benefit Design Strategies Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt 03 / 16 / 2010  
Transaction ID: 9844-P31474  
Amount of Each Receipt this Period 635.00  
Payroll Deduction (\$635.00 Annually)

**C.**

Full Name (Last, First, Middle Initial)  
Trei Wild

Mailing Address 2745 Dallas Pkwy

City Plano State TX Zip Code 75093-8731

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

Name of Employer Assurant Employee Benefits Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 9894-P32134  
Amount of Each Receipt this Period 85.00  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1220.00

**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 73 / 99  
(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)  
Bruce T Williams

Mailing Address 5121 Quail Ln

City Columbia State SC Zip Code 29206-4628

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

Name of Employer BB&T Insurance Services Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt 03 / 15 / 2010

**Transaction ID: 9822**

Amount of Each Receipt this Period 150.00

Cap Conference 2010

**B.** Full Name (Last, First, Middle Initial)  
Michael R Williams

Mailing Address 302 S 36th St Ste 105

City Omaha State NE Zip Code 68131-3845

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

Name of Employer Williams Deras & Associates Occupation Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010

**Transaction ID: 9894-P31998**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Paula L Wilson

Mailing Address 31930 Daniel Way

City Temecula State CA Zip Code 92591-2129

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

Name of Employer Paula Wilson, Inc. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 22 / 2010

**Transaction ID: 9893-P31782**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **320.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 99

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dennis E. Wright

Mailing Address 318 Calash Run

City State Zip Code  
Fort Wayne IN 46845-2104

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

Name of Employer Occupation  
IntraHealth Solutions, In- President  
c.

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

Date of Receipt

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

Transaction ID: 9894-P32177

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Robert A Ziff

Mailing Address 568 Valleyview Rd

City State Zip Code  
Langhorne PA 19047-2221

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

Name of Employer Occupation  
Avanti Benefits Corp President

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

Date of Receipt

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

Transaction ID: 9894-P32139

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

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

185.00

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

52006.70

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9917 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX FEE	<input type="text" value="330.68"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9918 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement FEE	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9919 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement FEE	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="340.58"/>
<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 76 / 99

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Way City Knoxville State TN Zip Code 37920 Purpose of Disbursement MERCH FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9916 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1010.47 Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 6286 N College City Indianapolis State IN Zip Code 46220 Purpose of Disbursement Analysis Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9920 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 117.03 Category/Type 001

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

1127.50

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

1468.08

**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 77 / 99

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY</p> <p>Mailing Address P O Box 1322</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement reception 3.9</p> <p>Candidate Name DAVID R. OBEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9859</p> <p>Date of Disbursement</p> <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>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3000.00</td> </tr> </table> <p>011 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	1	0	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	7	/	2	0	1	0													
3000.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name JOHN H. ADLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9763</p> <p>Date of Disbursement</p> <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>3</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3000.00</td> </tr> </table> <p>011 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	9	/	2	0	1	0	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	0	9	/	2	0	1	0													
3000.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement VOID</p> <p>Candidate Name JOHN H. ADLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9805</p> <p>Date of Disbursement</p> <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>3</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">-3000.00</td> </tr> </table> <p>011 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	9	/	2	0	1	0	-3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	0	9	/	2	0	1	0													
-3000.00																						

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

3000.00
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: 9903 Date of Disbursement
	Mailing Address PO Box 1527	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period
	Purpose of Disbursement Event	<input type="text" value="1000.00"/>
	Candidate Name ANDREW P HARRIS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: 9760 Date of Disbursement
	Mailing Address PO Box 25950	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception	<input type="text" value="3000.00"/>
	Candidate Name MICHELE BACHMANN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Transaction ID: 9792 Date of Disbursement
	Mailing Address 8550 United Plaza Blvd.	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID	<input type="text" value="-3000.00"/>
	Candidate Name WILLIAM CASSIDY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <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="1000.00"/>
<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS</p> <p>Mailing Address 8550 United Plaza Blvd.</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name WILLIAM CASSIDY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</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> 9757</p> <p>Date of Disbursement 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS FOR CONGRESS</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name CATHY MCMORRIS RODGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</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> 9768</p> <p>Date of Disbursement 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Reception 3.9</p> <p>Candidate Name CHARLES DR. JR. BOUSTANY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9862</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

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

9000.00

**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)  
CHARLES BOUSTANY JR MD FOR CONGRESS, INC

**Transaction ID:** 9890

Date of Disbursement

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

Mailing Address PO Box 80126

Amount of Each Disbursement this Period

1000.00
---------

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Lunch 3.23

011  
Category/  
Type

Candidate Name  
CHARLES DR. JR. BOUSTANY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

**B.** Full Name (Last, First, Middle Initial)  
CHET EDWARDS FOR CONGRESS

**Transaction ID:** 9793

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Mailing Address PO Box 23273

Amount of Each Disbursement this Period

-3000.00
----------

City WACO State TX Zip Code 76702

Purpose of Disbursement  
VOID

011  
Category/  
Type

Candidate Name  
CHET EDWARDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

**C.** Full Name (Last, First, Middle Initial)  
CHET EDWARDS FOR CONGRESS

**Transaction ID:** 9766

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Mailing Address PO Box 23273

Amount of Each Disbursement this Period

3000.00
---------

City WACO State TX Zip Code 76702

Purpose of Disbursement  
Reception

011  
Category/  
Type

Candidate Name  
CHET EDWARDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

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

1000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS	Transaction ID: 9888 Date of Disbursement
	Mailing Address PO BOX 177	<input type="text" value="03"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BOONEVILLE State MS Zip Code 38829	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 3.25	<input type="text" value="1500.00"/>
	Candidate Name TRAVIS W CHILDERS	<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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: 9748 Date of Disbursement
	Mailing Address POST OFFICE BOX 977	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement NAHU 3.9	<input type="text" value="3000.00"/>
	Candidate Name THOMAS A COBURN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: 9794 Date of Disbursement
	Mailing Address POST OFFICE BOX 977	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID	<input type="text" value="-3000.00"/>
	Candidate Name THOMAS A COBURN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010  Mailing Address POST OFFICE BOX 977  City MUSKOGEE State OK Zip Code 74402  Purpose of Disbursement  Candidate Name THOMAS A COBURN  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period  3000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COMMITTEE  Mailing Address P.O. BOX 505  City UPLAND State CA Zip Code 91785  Purpose of Disbursement Reception 3.9  Candidate Name DAVID DREIER  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9861 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period  3000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS  Mailing Address 22 West Padonia Road Suite C-141  City Timonium State MD Zip Code 21093  Purpose of Disbursement Reception  Candidate Name DUTCH RUPPERSBERGER  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9758 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period  3000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>9000.00</b>	
<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) FRIENDS OF DOC HASTINGS	Transaction ID: 9769 Date of Disbursement 03 / 09 / 2010
	Mailing Address PO Box 2926	Amount of Each Disbursement this Period 3000.00
	City Pasco State WA Zip Code 99302	
	Purpose of Disbursement Reception Candidate Name DOC HASTINGS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: 9761 Date of Disbursement 03 / 09 / 2010
	Mailing Address P.O. Box 44369	Amount of Each Disbursement this Period 3000.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement Reception Candidate Name ERIK P REP. PAULSEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: 9795 Date of Disbursement 03 / 09 / 2010
	Mailing Address P.O. Box 44369	Amount of Each Disbursement this Period -3000.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement VOID Candidate Name ERIK P REP. PAULSEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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) FRIENDS OF GINNY BROWN-WAITE	Transaction ID: 9796 Date of Disbursement 03 / 09 / 2010
	Mailing Address PO Box 865	Amount of Each Disbursement this Period -3000.00
	City Brooksville State FL Zip Code 34605	
	Purpose of Disbursement VOID	011 Category/ Type
	Candidate Name VIRGINIA BROWN-WAITE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE	Transaction ID: 9774 Date of Disbursement 03 / 09 / 2010
	Mailing Address PO Box 865	Amount of Each Disbursement this Period 3000.00
	City Brooksville State FL Zip Code 34605	
	Purpose of Disbursement Reception	011 Category/ Type
	Candidate Name VIRGINIA BROWN-WAITE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: 9777 Date of Disbursement 03 / 09 / 2010
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 2500.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement Reception	011 Category/ Type
	Candidate Name JOHN J. BARROW	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE <hr/> Mailing Address 200 NORTH PHILLIPS AVENUE STE L101 <hr/> City SIOUX FALLS State SD Zip Code 57104 <hr/> Purpose of Disbursement breakfast 3.25 Candidate Name JOHN THUNE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9887 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2010	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON <hr/> Mailing Address POST OFFICE BOX 250116 <hr/> City ATLANTA State GA Zip Code 30325 <hr/> Purpose of Disbursement Dinner 3.23 Candidate Name JOHN HARDY ISAKSON <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9886 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2010	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS <hr/> Mailing Address PO Box U <hr/> City Marietta State GA Zip Code 30060 <hr/> Purpose of Disbursement Reception Candidate Name J. PHILLIP GINGREY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9756 Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2010	Amount of Each Disbursement this Period 3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE</p> <p>Mailing Address PO Box 7255</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Bfast 3.16</p> <p>Candidate Name HAWKEYE PAC, THE</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> 9831 <b>Date of Disbursement</b> 03 / 15 / 2010</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) HEATH SHULER FOR CONGRESS</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement NAHU 3.10</p> <p>Candidate Name JOSEPH HEATH SHULER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</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> 9750 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS</p> <p>Mailing Address PO Box 750580</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Dinner 3.24</p> <p>Candidate Name DEAN HELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9889 <b>Date of Disbursement</b> 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

7000.00

**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 DAVIDSON FOR CONGRESS	Transaction ID: 9932 Date of Disbursement
	Mailing Address 1710 N MOORPARK ROAD SUITE 18	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City THOUSAND OAKS State CA Zip Code 91360	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to John	<input type="text" value="1000.00"/>
	Candidate Name JOHN DAVIDSON	<input type="text" value="001"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS	Transaction ID: 9891 Date of Disbursement
	Mailing Address PO Box 20123	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Riverside State CA Zip Code 92516	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner 3.30	<input type="text" value="2000.00"/>
	Candidate Name KENNETH S MR. CALVERT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS	Transaction ID: 9754 Date of Disbursement
	Mailing Address PO Box 12667	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception	<input type="text" value="3000.00"/>
	Candidate Name KEVIN MCCARTHY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	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="6000.00"/>
<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)  
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
VOID

011  
Category/  
Type

Candidate Name  
KEVIN MCCARTHY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Transaction ID: 9797

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

-3000.00

**B.** Full Name (Last, First, Middle Initial)  
KISSELL FOR CONGRESS

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement  
Reception 3.9

011  
Category/  
Type

Candidate Name  
LARRY KISSELL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Transaction ID: 9858

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

3000.00

**C.** 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  
VOID

011  
Category/  
Type

Candidate Name  
JOHN P. KLINE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Transaction ID: 9798

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

-3000.00

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

-3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS</p> <p>Mailing Address 101 W Burnsville Pkwy Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name JOHN P. KLINE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9762 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement Reception 3.9</p> <p>Candidate Name LEONARD LANCE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9863 <b>Date of Disbursement</b> 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS</p> <p>Mailing Address P.O. Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement VOID</p> <p>Candidate Name THOMAS P. LATHAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9799 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: 9775 Date of Disbursement
	Mailing Address P.O. Box 71	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement reception	<input type="text" value="3000.00"/>
	Candidate Name THOMAS P. LATHAM	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: 9901 Date of Disbursement
	Mailing Address P.O. Box 71	<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name THOMAS P. LATHAM	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: 9771 Date of Disbursement
	Mailing Address PO Box 540098	<input type="text" value="03"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception	<input type="text" value="3000.00"/>
	Candidate Name LEE TERRY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<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) LINDER FOR CONGRESS	Transaction ID: 9800
	Mailing Address P. O. Box 4026	Date of Disbursement 03 / 09 / 2010
	City Duluth State GA Zip Code 30096	Amount of Each Disbursement this Period -3000.00
	Purpose of Disbursement VOID	011 Category/Type
	Candidate Name JOHN LINDER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LINDER FOR CONGRESS	Transaction ID: 9755
	Mailing Address P. O. Box 4026	Date of Disbursement 03 / 09 / 2010
	City Duluth State GA Zip Code 30096	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Reception	011 Category/Type
	Candidate Name JOHN LINDER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LUNGREN FOR CONGRESS	Transaction ID: 9753
	Mailing Address 9321 Silverbend Lane	Date of Disbursement 03 / 09 / 2010
	City Elk Grove State CA Zip Code 95624	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Reception	011 Category/Type
	Candidate Name DANIEL E. LUNGREN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	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) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: 9779
	Mailing Address PO Box 3370	Date of Disbursement 03 / 09 / 2010
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Reception Candidate Name MARY BONO MACK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMMITTEE	Transaction ID: 9759
	Mailing Address PO Box 530788	Date of Disbursement 03 / 09 / 2010
	City Livonia State MI Zip Code 48153	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Reception Candidate Name THADDEUS G. MR. MCCOTTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMMITTEE	Transaction ID: 9801
	Mailing Address PO Box 530788	Date of Disbursement 03 / 09 / 2010
	City Livonia State MI Zip Code 48153	Amount of Each Disbursement this Period -3000.00
	Purpose of Disbursement VOID Candidate Name THADDEUS G. MR. MCCOTTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	011 Category/Type
	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) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement Reception

Candidate Name MICHAEL C. DR. BURGESS

Office Sought:  House  Senate  President

State: TX District: 26

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 9765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Amount of Each Disbursement this Period

3000.00
---------

**B. MIKE THOMPSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Reception

Candidate Name MIKE MR. THOMPSON

Office Sought:  House  Senate  President

State: CA District: 01

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 9751

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Amount of Each Disbursement this Period

3000.00
---------

**C. MINT POLITICAL ACTION COMMITTEE (MINT PAC)**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S. Washington Street, Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Reception

Candidate Name MINT POLITICAL ACTION COMMITTEE (MINT PAC)

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 9776

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Amount of Each Disbursement this Period

3000.00
---------

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

9000.00

**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)  
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement  
Reception

011  
Category/  
Type

Candidate Name  
PETER G OLSON

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: TX District: 22

Transaction ID: 9767

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

3000.00

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

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement  
VOID

011  
Category/  
Type

Candidate Name  
PETER G OLSON

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: TX District: 22

Transaction ID: 9802

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

-3000.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City State Zip Code  
WINSTON-SALEM NC 27113

Purpose of Disbursement  
VOID

011  
Category/  
Type

Candidate Name  
RICHARD BURR

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NC District: 00

Transaction ID: 9803

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

-3000.00

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

-3000.00

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

**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 95 / 99

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name RICHARD BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC 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> 9764 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS</p> <p>Mailing Address PO Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement NAHU 3.10</p> <p>Candidate Name MICHAEL J ROGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</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> 9749 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement VOID</p> <p>Candidate Name PAUL D. RYAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9804 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p>

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

4000.00

**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) RYAN FOR CONGRESS	Transaction ID: 9770 Date of Disbursement 03 / 09 / 2010
	Mailing Address P. O. Box 1919	
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Reception Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: 9864 Date of Disbursement 03 / 22 / 2010
	Mailing Address P.O. BOX 40233	
	City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Local Event Candidate Name MARK E SOUDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: 9860 Date of Disbursement 03 / 17 / 2010
	Mailing Address P.O. Box 37091	
	City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Reception 3.9 Candidate Name SUE MYRICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	011 Category/Type
	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) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS</p> <p>Mailing Address P.O. Box 1100</p> <p>City Clemmons State NC Zip Code 27012</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name VIRGINIA FOXX</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9778 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name JOHN M SHIMKUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9772 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name GREGORY P WALDEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9773 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

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

9000.00

**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)

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

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

**A.** Full Name (Last, First, Middle Initial)  
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO Box 1500

City State Zip Code  
Chico CA 95927

Purpose of Disbursement  
Reception

Candidate Name  
WALLY HERGER

Office Sought:  House  
 Senate  
 President  
State: CA District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 9752

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
WIN BACK AMERICA POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1131

City State Zip Code  
ANDERSON IN 46015

Purpose of Disbursement  
Contribution

Candidate Name  
WIN BACK AMERICA POLITICAL ACTION COMMITTEE

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 9912

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

93000.00

**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) Jeffrey S. Bensman	Transaction ID: 9899 Date of Disbursement 03 / 25 / 2010
	Mailing Address 300 W Nokomis Ct	
	City Milwaukee State WI Zip Code 53217	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement contribution refunded Candidate Name Jeffrey S. Bensman 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) ▼	010 Category/Type

B.	Full Name (Last, First, Middle Initial) Michael Maguire	Transaction ID: 9882 Date of Disbursement 03 / 22 / 2010
	Mailing Address 1771 State Route 34 Ste 2	
	City Farmingdale State NJ Zip Code 07727	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement contribution refunded Candidate Name Michael Maguire 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) ▼	010 Category/Type

C.	Full Name (Last, First, Middle Initial) Nancy Valdez	Transaction ID: 9900 Date of Disbursement 03 / 25 / 2010
	Mailing Address 9005 Jewel Terrace St	
	City Anchorage State AK Zip Code 99502	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement contribution refunded Candidate Name Nancy Valdez 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) ▼	010 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	60.00