

**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)

P. O. Box 7135

Check if different than previously reported. (ACC)

Washington

DC

20044

7135

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

NEW (N) OR

X

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)

X

Special (12S)

Election on

08

02

2005

in the State of

OH

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

07

13

2005

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

Wade S. Williams

Signature of Treasurer

Electronically Filed by Wade S. Williams

Date

10

24

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>07 <sup>D</sup>13 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period .....	11202.53	
(c) Total Receipts (from Line 19) .....	12381.34	139048.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23583.87	170065.13
7. Total Disbursements (from Line 31) .....	9581.04	156062.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14002.83	14002.83
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters PAC (HUPAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>07 <sup>D</sup>13 <sup>Y</sup>2005

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) .....	6525.00	61214.00
(ii) Unitemized .....	5856.34	77834.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	12381.34	139048.52
(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) .....	12381.34	139048.52
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.) .....	0.00	0.00
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)) .....	12381.34	139048.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12381.34	139048.52

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1081.04	15812.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1081.04	15812.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	140250.00
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.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
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 ActMty (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))..	9581.04	158062.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	9581.04	158062.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	12381.34	139048.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12381.34	139048.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1081.04	15812.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1081.04	15812.30

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

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

FOR LINE NUMBER: PAGE 6 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Ronald S. Buffum</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10010502
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	330.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael E. Carman</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address PO Box 7367 2300 Whittlesey Rd Suite A		Transaction ID: 10010386
City Columbus	State GA	Zip Code 31908-7367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Paragon Marketing	Occupation Health Insurance Agent	450.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Susan T. Cook</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 10012472
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	335.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	<b>140.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Christopher S. Hamison</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 10011965
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 680.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lisa Hellman</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 10011653
City Cumming	State GA	Zip Code 30041-8063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. T. Darlene Kaczmarek</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 10010444
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 780.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>140.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. John C. Parker</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10010224
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kenneth L. Schmidt</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 871D Manchester Rd.		Transaction ID: 10010328
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kenneth L. Schmidt</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 871D Manchester Rd.		Transaction ID: 10010329
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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FOR LINE NUMBER: PAGE 9 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Kenneth L. Schmidt</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 871 D Manchester Rd.		Transaction ID: 10010330
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven Selinsky</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 29588 Northwestern Highway, Suite		Transaction ID: 10011295
City Southfield	State MI	Zip Code 48034-8335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer PPOM	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anne P. Sperting</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 10010860
City Santa Fe	State NM	Zip Code 87508-2201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>420.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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FOR LINE NUMBER: PAGE 10 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Anne P. Spering</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 25 Antigua Road		Transaction ID: 10010861
City	State	Zip Code
Santa Fe	NM	87508-2201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael R. Stephens</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 7712 South Yale Avenue, Suite 200		Transaction ID: 10010196
City	State	Zip Code
Tulsa	OK	74136-8226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer American Medical Security	Occupation Health Insurance Agent	600.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. M. Hughes Warren</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address P.O. Box 7681		Transaction ID: 10011228
City	State	Zip Code
Wilmington	NC	28408-7681
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ebenconcepts, Inc.	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	<b>420.00</b>
TOTAL This Period (last page this line number only) .....	

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

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FOR LINE NUMBER: PAGE 11 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Ann C. Bell</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005	
Mailing Address 1881 Shoreline Drive, Suite 100		Transaction ID: 10009427	
City State Zip Code Boise ID 83702-6746	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Higgins & Rutledge Insurance, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>B. Steve H. Dodder</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005	
Mailing Address PO Box 2069		Transaction ID: 10009822	
City State Zip Code Monument CO 80132-2069	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 420.00		
Full Name (Last, First, Middle Initial) <b>C. Jeff R. Fishback</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005	
Mailing Address 736 Johnson Ferry Road Building C, Suite 200		Transaction ID: 10009505	
City State Zip Code Marietta GA 30068-5618	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Purchasing Alliance Solutions, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 360.00		

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

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. David S Johnson</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 10009167
City Stone Mountain	State GA	Zip Code 30087-0029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Sue Larsen</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 4995 Torero Road		Transaction ID: 10009699
City Santa Barbara	State CA	Zip Code 93111-1925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Larsen Insurance	Occupation Company President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Kathy M. Rainwater</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 10009573
City Tyler	State TX	Zip Code 75701-9455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Threkeid & Company Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>640.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Kathy M. Rainwater</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 10009574
City	State	Zip Code
Tyler	TX	75701-9455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Threlkeld & Company Insurance	Occupation Health Insurance Agent	600.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Francis A. Ruggiero</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005
Mailing Address 15 Kennedy Drive		Transaction ID: 10010014
City	State	Zip Code
Budd Lake	NJ	07828-1438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Ruggiero Group, LLC	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Scott A. Shalek</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005
Mailing Address PO Box 67 6B17 Barnard Mill Rd.		Transaction ID: 10009191
City	State	Zip Code
Ringwood	IL	60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	1320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>140.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 35

(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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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)

Full Name (Last, First, Middle Initial) <b>A. Robert A Ziff</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 10009830
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Avanill Benefits Corp	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 680.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas Brudale</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 200D 14th Street Suite 450		Transaction ID: 10013120
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer NAHU	Occupation Vice President of Congressional Affair	Aggregate Year-to-Date ▼ 311.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stephen D. Andersen</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 7101 S. 82nd St.		Transaction ID: 10010728
City Lincoln	State NE	Zip Code 68518-6574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>160.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. William Chester Anderson</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 498 Palm Springs Drive, Suite 210		Transaction ID: 10011832	
City State Zip Code Altamonte Springs FL 32701-7805	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benefit Plan Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>B. David C. Benson</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 8187 Bristol Parkway #37D		Transaction ID: 10010870	
City State Zip Code Culver City CA 90230	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DCB Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Tracy Quirk Bradford</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 10012291	
City State Zip Code Memphis TN 38120-4000	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 610.00		

SUBTOTAL of Receipts This Page (optional) .....	<b>570.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Ronald S. Buffum</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 1000 Heritage Center Circle		Transaction ID: 10010503	
City State Zip Code Round Rock TX 78664-4463	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Buffum Group	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) <b>B. Cynthia H. Doucet</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address P. O. Box 91180		Transaction ID: 10011061	
City State Zip Code Lafayette LA 70509-1180	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Global Financial Resources, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>C. Linda K. Friedrich</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address PO Box 30275		Transaction ID: 10011147	
City State Zip Code Lincoln NE 68503-0275	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **90.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Patrice Goldfarb</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 442 Teaneck Road		Transaction ID: 10011855
City Rochelle Park	State NJ	Zip Code 07662
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Employee Benefits Advisors Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael R. Goss</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 10013025
City Boise	State ID	Zip Code 83705-5138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael D. Gray</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 10010401
City Lincoln	State NE	Zip Code 68508-2017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1440.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>350.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Lisa Hellman</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2735 Bordeaux Blvd		Transaction ID: 10011654
City Cumming	State GA	Zip Code 30041-8063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donna D. Hill</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 724		Transaction ID: 10010132
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Suzanne K. Johnson</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 6235 Morrison Boulevard, Suite 302		Transaction ID: 10010165
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>160.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. T. Darlene Kaczmarek</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 10010445
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Ins. Services Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Brian W. Liechty</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 10011552
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carol Malzerek</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 38905		Transaction ID: 10010478
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. David R. Moore</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 1006		Transaction ID: 10010356
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wesley P. Moore</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address P O Box 604		Transaction ID: 10010487
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joshua D. Nace</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: 10011619
City Seattle	State WA	Zip Code 98103-8889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. John C. Parker</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 47 Laurel Hill Drive		Transaction ID: 10010225	
City Niantic	State CT	Zip Code 06357-1536	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Parker Agency	Occupation Health Insurance Agent		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		
Full Name (Last, First, Middle Initial) <b>B. Joseph K. Roberts</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 7101 S. 82nd St., #B		Transaction ID: 10011078	
City Lincoln	State NE	Zip Code 68516-6574	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00		
Full Name (Last, First, Middle Initial) <b>C. Daniel R. Tompkins</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address PO Box 1810 800 Old Rosewell Lakes Pkwy Suite		Transaction ID: 10011458	
City Roswell	State GA	Zip Code 30077-1810	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Admin America	Occupation Health Insurance Agent		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **150.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Marilyn A. Van Sant</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 271 Route 48 West, Suite G206		Transaction ID: 10011661	
City Fairfield	State NJ	Zip Code 07004-2440	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		
Full Name (Last, First, Middle Initial) <b>B. Charles G. Wagner</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address PO Box 9		Transaction ID: 10012021	
City Burwell	State NE	Zip Code 68823-0009	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Town and Country Insurance Agency, Inc	Occupation Health Insurance Agent		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) <b>C. Elizabeth Ashmore</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 7806 University Avenue, Suite B		Transaction ID: 10009272	
City Lubbock	State TX	Zip Code 79423-2128	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **230.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Ann C. Bell</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 1681 Shoreline Drive, Suite 100		Transaction ID: 10009428	
City State Zip Code Boise ID 83702-6746	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Higgins & Rutledge Insurance, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 225.00		
Full Name (Last, First, Middle Initial) <b>B. David A Berman</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 10009265	
City State Zip Code Indianapolis IN 46220	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nease Lukens Holding Company, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 320.00		
Full Name (Last, First, Middle Initial) <b>C. D. Bailey Galvin</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address PO Box 101422		Transaction ID: 10009017	
City State Zip Code Anchorage AK 99510-1422	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Calco, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **115.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Russell B. Childers</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address PD Box 1547		Transaction ID: 10009904	
City State Zip Code Americus GA 31709-1547	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		
Full Name (Last, First, Middle Initial) <b>B. Eugene D. Ebersole</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 10009895	
City State Zip Code Gretna LA 70053-4800	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
Full Name (Last, First, Middle Initial) <b>C. Thomas M Evans</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 10009245	
City State Zip Code Omaha NE 68164-9884	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer United Healthcare of the Midlands	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		

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

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



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

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

FOR LINE NUMBER: PAGE 25 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 10009158	
City State Zip Code Rancho Cordova CA 95670-6121	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIMS Strategic Distribut- ion Division Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 485.00		
Full Name (Last, First, Middle Initial) <b>B. Bruce L. Gardner</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 1502 West Avenue		Transaction ID: 10009767	
City State Zip Code Austin TX 78701-1561	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bruce Gardner Insurance & Investments Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00		
Full Name (Last, First, Middle Initial) <b>C. Timothy Hendricks</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 1805 S Eucalyptus Ave		Transaction ID: 10009288	
City State Zip Code Broken Arrow OK 74012-5508	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Business Planning Group Of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **185.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Richard L Hill</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 10010086	
City Lincoln	State NE	Zip Code 68510-1842	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNICO Financial Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 420.00		
Full Name (Last, First, Middle Initial) <b>B. Larry Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address 2633 State Route 69, Suite B		Transaction ID: 10009847	
City Ravenna	State OH	Zip Code 44266-1684	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaczmarek Insurance Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 720.00		
Full Name (Last, First, Middle Initial) <b>C. Michael Keenan</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005	
Mailing Address PO Box 45279		Transaction ID: 10009054	
City Omaha	State NE	Zip Code 68145-0279	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Harry A. Koch Company Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **240.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Mary B. Kramer</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 10009321
City Omaha	State NE	Zip Code 68130-1769
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sharon L McDermott</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 21425 Chancellor Road		Transaction ID: 10009096
City Elkhorn	State NE	Zip Code 68022-4677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jon C Rauser</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 10009858
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Glen E Riensche</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 415 5th Street P. O. Box 664		Transaction ID: 10009061
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services, Inc.	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. William T. Robinson</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address Office: 1276 No Palm Canyon Dr, #2 MAIL: 100 South Sunrise Way, PMB 3		Transaction ID: 10009736
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Eugene L. Rows</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: 10009183
City Encino	State CA	Zip Code 91438-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement Service	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Salamon</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 4252		Transaction ID: 10009460
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1070.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles L Westmoreland</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 925		Transaction ID: 10009642
City Jackson	State MS	Zip Code 39205-0925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles L Westmoreland</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 925		Transaction ID: 10009643
City Jackson	State MS	Zip Code 39205-0925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer American Public Life Insurance Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>160.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 35

(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)

Full Name (Last, First, Middle Initial) <b>A. Janet Trautwein</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2000 14TH Street Suite 450		Transaction ID: 10013196
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer National Association of Health Underwr Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President & CEO Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Eva Jean Fomelort</b>		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 2500 Louisiana Blvd NE, Suite 300		Transaction ID: 10013231
City Albuquerque	State NM	Zip Code 87110-4372
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Delta Dental Plans of NM Receipt For: Primary General Other (specify) ▼	Occupation Manager of Sales & Retention Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) <b>C. Charles T. Gartin</b>		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address PO Box 1268		Transaction ID: 10009818
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>690.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 35

(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)

Full Name (Last, First, Middle Initial) A. Bruce J. Glaizer		Date of Receipt M / D / Y 07 / 06 / 2005	
Mailing Address 180B1 Swingley Ridge Road, Suite 2		Transaction ID: 10009089	
City Chesterfield	State MO	Zip Code 63017-2056	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Benefits Just for Groups, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	6525.00

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

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Tracy Quick Bradford</b>		Transaction ID: 10001601 Date of Disbursement 07 / 05 / 2005	
Mailing Address 866 Ridgeway Loop Road, Suite 200		Amount of Each Disbursement this Period 217.41	
City Memphis State TN Zip Code 38120-4000	Purpose of Disbursement Raffle Reimbursement Candidate Name	001 Category/ Type	Raffle Reimbursement
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gary D. Scott</b>		Transaction ID: 10001664 Date of Disbursement 07 / 05 / 2005	
Mailing Address 619 C Avenue		Amount of Each Disbursement this Period 536.44	
City Lawton State OK Zip Code 73501	Purpose of Disbursement Raffle Reimbursement Candidate Name	001 Category/ Type	Raffle Reimbursement
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Merchant Services</b>		Transaction ID: 10002116 Date of Disbursement 07 / 05 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 314.72	
City Knoxville State TN Zip Code 37920-8612	Purpose of Disbursement Credit Card Processing Candidate Name	001 Category/ Type	Credit Card Processing
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1068.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1068.57</b>



**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. Doyle For Congress Committee</b>		Transaction ID: 10245585 Date of Disbursement 07 / 05 / 2005	
Mailing Address 205 Hawthorne Court 2227 Hampton Street		Amount of Each Disbursement this Period 500.00	
City Pittsburgh State PA Zip Code 15221	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Michael F. Doyle	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 14			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mike Sodrel</b>		Transaction ID: 10001521 Date of Disbursement 07 / 06 / 2005	
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 1000.00	
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Michael E. Sodrel	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District 9			

Full Name (Last, First, Middle Initial) <b>C. Johnson For Congress Committee</b>		Transaction ID: 10001517 Date of Disbursement 07 / 06 / 2005	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06050	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Nancy L. Johnson	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District 5			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial) <b>A. McCrery For Congress Committee</b>		Transaction ID: 10001520 Date of Disbursement 07 / 06 / 2005	
Mailing Address Post Office Box 52956 333 Texas Street Suite 190D		Amount of Each Disbursement this Period 2000.00	
City Shreveport State LA Zip Code 71135	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Jim McCrery	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District 4			

Full Name (Last, First, Middle Initial) <b>B. Bass Victory Committee</b>		Transaction ID: 10001515 Date of Disbursement 07 / 06 / 2005	
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 1000.00	
City Concord State NH Zip Code 03302	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Charles F. Bass	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District 2			

Full Name (Last, First, Middle Initial) <b>C. Lucas For Congress</b>		Transaction ID: 10001518 Date of Disbursement 07 / 06 / 2005	
Mailing Address Post Office Box 1728		Amount of Each Disbursement this Period 1000.00	
City Oklahoma City State OK Zip Code 73101	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Frank D. Lucas	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters PAC (HUPAC)

Full Name (Last, First, Middle Initial)  
A. Schmidt For Congress Committee

Mailing Address 771 Wards Corner Road

City Loveland State OH Zip Code 45140

Purpose of Disbursement  
Contribution

Candidate Name  
Jeannette Schmidt

Office Sought:  House  
Senate  
President  
State: OH District 2

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10001524  
Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93200

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Devin G. Nunes

Office Sought:  House  
Senate  
President  
State: CA District 21

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10001522  
Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

8500.00