

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW, SUITE 1100

Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00283135

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 01 2014 through 06 30 2014

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 Jennifer Murphy [Electronically Filed] Date 07 11 2014

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="156950.91"/>	<input type="text" value="156950.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="126814.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44252.64"/>	<input type="text" value="255896.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="171066.81"/>	<input type="text" value="412847.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="87201.46"/>	<input type="text" value="328981.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83865.35"/>	<input type="text" value="83865.35"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28006.50	120394.50
(ii) Unitemized .....	15246.09	132501.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43252.59	252896.15
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	43252.59	252896.15
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.05	0.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44252.64	255896.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44252.64	255896.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	41201.46	51406.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	41201.46	51406.98
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	274250.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	875.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	875.00
29. Other Disbursements .....	0	2450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87201.46	328981.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87201.46	328981.98

**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) .....	43252.59	252896.15
34. Total Contribution Refunds (from Line 28(d)) .....	0	875.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43252.59	252021.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	41201.46	51406.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	41201.46	51406.98

**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 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Daniel Abrams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30012 Ivy Glenn, #270  
 City Laguna Niguel State CA Zip Code 92677-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Abrams California Health Insurance Ag Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 16113**  
 Amount of Each Receipt this Period  
 2000.00

**B. Mark K. Ackerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 St. Julian Place  
 City Columbia State SC Zip Code 29204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Insurance Management Group, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88769**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. Suzetta E. Alberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201W. Fort Street, Mail Code 7969  
 City Detroit State MI Zip Code 48226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Comerica Insurance Services, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88419**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction  
 (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2115.00
<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 7 OF 101
	<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. Terry Allard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 A Street, Suite 400

City Anchorage State AK Zip Code 99503

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

Name of Employer The Wilson Agency, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
06 / 23 / 2014  
**Transaction ID : 16083-P88651**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

**B. Robert E. Anders**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 628

City Naples State FL Zip Code 34106

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

Name of Employer Anders Insurance Agency Inc Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 23 / 2014  
**Transaction ID : 16083-P89031**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

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

Mailing Address 6102 82nd St, Bldg #6

City Lubbock State TX Zip Code 79423-

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

Name of Employer Ashmore & Associates Insurance Agency Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1170.00

Date of Receipt  
06 / 23 / 2014  
**Transaction ID : 16082-P88443**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.00
<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 OF 101
	<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. Timothy N. Barhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5222 Double Eagle Drive  
 City Westerville State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Business Partners, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88852**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Dawn Barr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 NE 29th St.  
 City Ankeny State IA Zip Code 50021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercer Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P89024**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**C. Debra Beaucoudray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5515 Superior Dr. Suite A-1  
 City Baton Rouge State LA Zip Code 70816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaucoudray Medica Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88856**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **126.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William Brandon Beavers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1472  
 City Virginia Beach State VA Zip Code 23451-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CPActuaries Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88597**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Chris Bender**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 516 Gibson Drive, Suite 240  
 City Placer State CA Zip Code 95678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Warren G. Bender Co. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88947**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10.00 Monthly)

**C. Bruce D. Benton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17200 Ventura Blvd Suite 312  
 City Encino State CA Zip Code 91361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Genesis Financial & Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88258**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **222.00**  
**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 10 OF 101
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Christian Bergstrom**

Mailing Address 300 1st Avenue South,#500

City State Zip Code  
Saint Petersburg FL 33701

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

Name of Employer Occupation  
Wallace Welch & Willingham, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**345.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16083-P88880**

Amount of Each Receipt this Period  
**63.00**

Payroll Deduction  
(\$63.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. David A Berman**

Mailing Address 6510 N. Shadeland Avenue

City State Zip Code  
Indianapolis IN 46220-

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

Name of Employer Occupation  
Neace Lukens Holding Company, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**635.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16082-P88191**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Thomas Besselman**

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation  
Gallagher Benefit Services Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16083-P88598**

Amount of Each Receipt this Period  
**250.00**

Payroll Deduction  
(\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **398.00**

**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 11 OF 101
	<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. James P Better**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Summer Street, Suite 6

City Chelmsford	State MA	Zip Code 01824
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FEC ID number of contributing federal political committee. **C**

Name of Employer New England Medical Insurance Agency	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88923**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 205 E. Warm Springs Rd., Suite 108

City Las Vegas	State NV	Zip Code 89119-
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Healthcare Access Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

**Transaction ID : 16002**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 205 E. Warm Springs Rd., Suite 108

City Las Vegas	State NV	Zip Code 89119-
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Healthcare Access Inc.	Occupation Broker
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P89014**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. James C. Bosier</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88740</b>
Mailing Address 602 Main Street		Amount of Each Receipt this Period 85.00
City Cedar Falls	State IA	Zip Code 50613
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer The Accel Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. Victoria J. Braden</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88426</b>
Mailing Address 5726 Fairley Hall Court		Amount of Each Receipt this Period 250.00
City Norcross	State GA	Zip Code 30092
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$250.00 Monthly)
Name of Employer Braden Benefit Strategies, Inc	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Emily Black Bremer</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P89007</b>
Mailing Address 8000 Bonhomme Ave., # 213		Amount of Each Receipt this Period 42.00
City Saint Louis	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer Bremer Conley LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	377.00
<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 13 OF 101
	<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	<input type="checkbox"/> 17

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

**A. Janelle Brookhouser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6422 Grayson Hills Dr NE  
 City Rio Rancho State NM Zip Code 87144-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealthcare Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 17 / 2014  
**Transaction ID : 16037**  
 Amount of Each Receipt this Period 200.00

**B. Madeleine Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1490,  
 City Jackson State MS Zip Code 39215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fisher Brown Bottrell Insurance, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88538**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Keith Brownrigg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8156 E South Wadworth Blvd Ste 328  
 City Littleton State CO Zip Code 80128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Benefit Team, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88826**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 327.00  
**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 OF 101
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Scott T. Buie**

Mailing Address 6440 South Wasatch Blvd., #150

City	State	Zip Code
Salt Lake City	UT	84121

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

Name of Employer	Occupation
Buie Insurance Services	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88346**

Amount of Each Receipt this Period  
80.00

Payroll Deduction  
(\$50.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Patrick Burns**

Mailing Address 5653 Maxwellton Road

City	State	Zip Code
Oakland	CA	94618-

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

Name of Employer	Occupation
Burns Employee Benefits Insurance Ser	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88501**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Joseph W. Buyalos**

Mailing Address 9713 Key West Ave, Suite 401

City	State	Zip Code
Rockville	MD	20850

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

Name of Employer	Occupation
The Insurance Exchange, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88526**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<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 15 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Raymond F. Buza</b>		Date of Receipt 06 / 23 / 2014 <b>Transaction ID : 16083-P88916</b>
Mailing Address 214 East Lakewood Road		Amount of Each Receipt this Period 30.00
City West Palm Beach	State FL	Zip Code 33405
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$30.00 Monthly)
Name of Employer Palm Beach Insurance Advisory Group,	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>B. Kareim R. Cade</b>		Date of Receipt 06 / 23 / 2014 <b>Transaction ID : 16082-P88308</b>
Mailing Address 28411 Northwestern Hwy., Ste 950		Amount of Each Receipt this Period 85.00
City Southfield	State MI	Zip Code 48034
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$85.00 Monthly)
Name of Employer Great Lakes Benefit Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) <b>C. David A. Cagliola</b>		Date of Receipt 06 / 23 / 2014 <b>Transaction ID : 16083-P88487</b>
Mailing Address 1500 Liberty Ridge Drive, Suite 3		Amount of Each Receipt this Period 85.00
City Wayne	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction (\$85.00 Monthly)
Name of Employer Radnor Benefits Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Daryl Carlson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W Vine Street Ste 300  
 City Lexington State KY Zip Code 40507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BB&T Insurance Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88736**  
 Amount of Each Receipt this Period 15.00  
 Payroll Deduction (\$15.00 Monthly)

**B. Lori Carter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 Thomson Dr  
 City Lynchburg State VA Zip Code 24501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Community Heath Plan, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88713**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Louie L. Cason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 11229  
 City Columbia State SC Zip Code 29211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cason Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89054**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 142.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
	<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. Mike R. Castleberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Holly St

City Little Rock State AR Zip Code 72205

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

Name of Employer HealthSCOPE Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P89059**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B. Russell B. Childers**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709

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

Name of Employer Russ Childers, CLU Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P88607**

Amount of Each Receipt this Period 90.00

Payroll Deduction (\$90.00 Monthly)

**C. H Elizabeth Christensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 503 B Mercedes Street

City Benbrook State TX Zip Code 76126

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

Name of Employer Copeland Insurance Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P88936**

Amount of Each Receipt this Period 10.00

Payroll Deduction (\$10.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<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 18 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert S. Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7548 Preston Road  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clark Insurance Associates, PLLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88177**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Rita H. Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3342 Greystone Way  
 City Valdosta State GA Zip Code 31605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H&H Insurance Solutions, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89019**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Dorothy M. Cociu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Benefit Consulting & Insuran Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88719**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 169.00  
**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 19 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Maggie Coley**

Mailing Address 29 Olde Gate Court

City Pooler State GA Zip Code 31322

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

Name of Employer Coley Benefit Services, Inc Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88199**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Kevin M. Conley**

Mailing Address 8000 Bonhomme Ave Suite 213

City Clayton State MO Zip Code 63105

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

Name of Employer Bremer Conley LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88654**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Teresa Conto**

Mailing Address 15800 Crabbs Branch Way #350

City Rockville State MD Zip Code 20855

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

Name of Employer Independent Benefit Services LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88429**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<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 20 OF 101
	<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. Troy J. Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 6428 Wilcot Ct.

City Johnston State IA Zip Code 50131

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

Name of Employer Marsh U.S. Consumer Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88295**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**B. Catherine L. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 39500 High Pointe Blvd., Suite 400

City Novi State MI Zip Code 48375

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

Name of Employer Health Alliance Administrators Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88792**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C. Bob Copeland**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Larkspur Landing Circle, Suit

City Larkspur State CA Zip Code 94939

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

Name of Employer Copeland Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88813**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Steven G. Cosby</b>		Date of Receipt
Mailing Address 53 South 3rd Street Ste 220		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Warrenton	VA	20186-
FEC ID number of contributing federal political committee.		<b>Transaction ID : 16083-P88698</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Cosby Insurance Group	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John B. Crable</b>		Date of Receipt
Mailing Address 5000 Dearborn Cir. Ste 100		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mount Laurel	NJ	08054
FEC ID number of contributing federal political committee.		<b>Transaction ID : 16083-P88696</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
Corporate Synergies Group, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Valerie Lynn Cramer</b>		Date of Receipt
Mailing Address 588 3 Mile Road NW Suite 101		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Grand Rapids	MI	49544
FEC ID number of contributing federal political committee.		<b>Transaction ID : 16082-P88240</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
Grotenhuis	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$50.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

**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 22 OF 101
	<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. Lori Crandall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2201 E. Camelback Rd., # 220A

City Phoenix	State AZ	Zip Code 85016-
-----------------	-------------	--------------------

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

Name of Employer Wick Pilcher Insurance	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 16111**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5880 Live Oak Parkway, Suite 250

City Norcross	State GA	Zip Code 30093
------------------	-------------	-------------------

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

Name of Employer HIRE Benefits, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88695**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**C. Elana R. D'Arciprete**  
Full Name (Last, First, Middle Initial)

Mailing Address 12945 U.S. Highway 331

City Montgomery	State AL	Zip Code 36105-
--------------------	-------------	--------------------

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

Name of Employer D'Arciprete & Associates, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : 16051**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1085.00
<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 23 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Kelly Davis</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88912</b>
Mailing Address 2965 Alt. 19 North		Amount of Each Receipt this Period 30.00
City Palm Harbor	State FL	Zip Code 34683
FEC ID number of contributing federal political committee. C	Name of Employer Alltrust Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Teresa F. DeBruin</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88709</b>
Mailing Address 5880 Live Oak Parkway Suite 230		Amount of Each Receipt this Period 42.00
City Norcross	State GA	Zip Code 30093-
FEC ID number of contributing federal political committee. C	Name of Employer DeBruin Benefit Services, Inc./ The L	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Rush David Dixon</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88728</b>
Mailing Address 15200 Omega Drive, #100		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Name of Employer Early Cassidy and Schilling	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
		Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<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 24 OF 101
	<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. Russell R. Dixon**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 27  
City Wheaton State IL Zip Code 60187-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Colonial Life Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 337.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88959**  
Amount of Each Receipt this Period 27.00  
Payroll Deduction (\$27.00 Monthly)

**B. Sam Drysdale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4520 S National  
City Springfield State MO Zip Code 65810  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88644**  
Amount of Each Receipt this Period 42.00  
Payroll Deduction (\$42.00 Monthly)

**C. Tina Durand**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O.Box 61157  
City Corpus Christi State TX Zip Code 78466  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heavin & Associates Insurance Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88341**  
Amount of Each Receipt this Period 42.00  
Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 111.00  
**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 25 OF 101
	<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	<input type="checkbox"/> 17

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

**A. Eugene Ebersole**  
Full Name (Last, First, Middle Initial)  
Mailing Address 639 Loyola Ave., Suite 2560

City New Orleans	State LA	Zip Code 70113
---------------------	-------------	-------------------

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

Name of Employer AonHewitt	Occupation Broker
-------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88754**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Michael A. Embry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26240 Wacker Dr.

City Chesterfield Twp.	State MI	Zip Code 48051
---------------------------	-------------	-------------------

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

Name of Employer Comerica Insurance Services, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1145.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88955**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**C. Gregory Engle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1151 Red Mile Road

City Lexington	State KY	Zip Code 40504
-------------------	-------------	-------------------

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

Name of Employer Benefit Insurance Marketing	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88961**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.00
<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 26 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cheryl S. Farmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13800 Jackson Road  
 City Mishawaka State IN Zip Code 46544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Keystone Insurers Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89021**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Jennifer Liane Farrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3800 North Central Avenue 9th Flo  
 City Phoenix State AZ Zip Code 85012-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Gould & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89074**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

**C. Sam Fiorentino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 Georgetown Rd., Suite 212  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sam Fiorentino & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88562**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 167.00  
**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 27 OF 101
	<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. Erin B. Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 131-6 Courtland Avenue

City State Zip Code  
Stamford CT 06902-

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

Name of Employer Occupation  
Find Medicare Plans Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**725.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : 16083-P88645**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction  
(\$100.00 Monthly)

**B. Robert Mark Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 2842 Landing Way

City State Zip Code  
Marietta GA 30066-

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

Name of Employer Occupation  
Robert Fitzgerald Insurance Agency, I Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**336.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : 16083-P88910**

Amount of Each Receipt this Period  
**63.00**

Payroll Deduction  
(\$63.00 Monthly)

**C. Eva Fomalont**  
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Juan Tabo NE, Ste A

City State Zip Code  
Albuquerque NM 87112-

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

Name of Employer Occupation  
Benefit Source Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : 16116**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **663.00**

**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 28 OF 101
	<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. Jeffrey M. Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 515  
 City Cloverdale State VA Zip Code 24077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JM Ford and Associates, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88809**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. H. Larry Fortenberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 16566  
 City Jackson State MS Zip Code 39236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Executive Planning Group, P.A. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88178**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Robert Fowler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Brenau Avenue  
 City Gainesville State GA Zip Code 30501-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Turner, Wood and Smith Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : 16009**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 334.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Christopher Free**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1423 E. 29th St. #210  
 City Tacoma State WA Zip Code 98404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rapport Benefits Group Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88865**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Linda K. Friedrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4435 O Street  
 City Lincoln State NE Zip Code 68506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNICO Financial Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88467**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**C. Kelly Don Fristoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 8th Street, Suite 300  
 City Wichita Falls State TX Zip Code 76301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Partners Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88265**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 30 OF 101
	<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. Bruce Frizen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1706 Grayscroft Dr.  
City Waxhaw State NC Zip Code 28173  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Horizon Benefits Consultants, Inc Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88702**  
Amount of Each Receipt this Period **45.00**  
Payroll Deduction (\$45.00 Monthly)

**B. Kenneth Gene Furr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2786 Danbury Ct  
City Reno State NV Zip Code 89523-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Menath Insurance Agency Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **235.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88528**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10.00 Monthly)

**C. Joan A. Fusco**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25B Hanover Rd., Suite 220  
City Florham Park State NJ Zip Code 07932  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Savoy Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P89025**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**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 31 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joan L. Galletta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3342 Kori Road  
 City Jacksonville State FL Zip Code 32257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JP Perry Insurance, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88513**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. James S. Garbina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14010 FNB Pkwy Ste 300  
 City Omaha State NE Zip Code 68154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Harry A. Koch Co Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88181**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Joy K. Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9424 Double R Blvd  
 City Reno State NV Zip Code 89521-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88286**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 101 (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. Charles T. Gartlan</b>			Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88967</b>		
Mailing Address 19 Tarworth Terrace			Amount of Each Receipt this Period 100.00		
City Manchester	State NJ	Zip Code 08759	Payroll Deduction (\$100.00 Monthly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00			
Name of Employer Emerson, Reid & Co.		Occupation Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>B. John P. Garven</b>			Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88557</b>		
Mailing Address P. O. Box 8 11715 East Main Stre			Amount of Each Receipt this Period 42.00		
City Huntley	State IL	Zip Code 60142-	Payroll Deduction (\$42.00 Monthly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 252.00			
Name of Employer Benico, LTD		Occupation Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>C. Michele Gasparre</b>			Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88747</b>		
Mailing Address 80 Business Park Drive Suite 306			Amount of Each Receipt this Period 42.00		
City Armonk	State NY	Zip Code 10504	Payroll Deduction (\$42.00 Monthly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00			
Name of Employer Meridian Benefits Consulting		Occupation Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<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 33 OF 101
	<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. Chad Gay**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 Comer Circle

City Birmingham State AL Zip Code 35216-

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

Name of Employer Cahaba Benefits Group Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 16052**

Amount of Each Receipt this Period 1000.00

**B. Jeffrey Wm. Gennaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 3820 W Happy Valley Rd Ste 141, P

City Glendale State AZ Zip Code 85310

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

Name of Employer Capitol Insurance Brokers, Inc. Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 397.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88561**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C. Otis E. Gilmore**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 526

City Homewood State IL Zip Code 60430

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

Name of Employer Benefit Management Resources Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88704**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1127.00

**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 34 OF 101
	<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. Richard R. Girdler**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Seaboard Lane, Suite C-170

City Franklin	State TN	Zip Code 37067-
------------------	-------------	--------------------

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

Name of Employer Cowan Benefit Services, Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88883**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Beverly Gossage**  
Full Name (Last, First, Middle Initial)

Mailing Address 9325 Evening Star Terr

City Eudora	State KS	Zip Code 66025
----------------	-------------	-------------------

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

Name of Employer HSA Benefits Consulting	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
716.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88762**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**c. Arthur Granado**  
Full Name (Last, First, Middle Initial)

Mailing Address 418 Peoples, # 505

City Corpus Christi	State TX	Zip Code 78401
------------------------	-------------	-------------------

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

Name of Employer The Granado Group	Occupation Broker
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88384**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	212.00
<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 35 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. A. Andra Grava</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2014 <b>Transaction ID : 16100</b>
Mailing Address 40 E. McDermott		Amount of Each Receipt this Period 1000.00
City Allen	State TX	Zip Code 75002-
FEC ID number of contributing federal political committee. C	Name of Employer The DI Center	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael D. Gray</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88353</b>
Mailing Address 233 South 13th Street, Suite 1650		Amount of Each Receipt this Period 85.00
City Lincoln	State NE	Zip Code 68508
FEC ID number of contributing federal political committee. C	Name of Employer The Harry A. Koch Co	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Patricia A. Griffey</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88504</b>
Mailing Address 53800 Generations Drive		Amount of Each Receipt this Period 85.00
City South Bend	State IN	Zip Code 46635-
FEC ID number of contributing federal political committee. C	Name of Employer Page 1 Benefits, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	
		Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1170.00
<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 36 OF 101
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 8000 1h 10W Ste 1100

City San Antonio State TX Zip Code 78230-

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

Name of Employer The Bank of San Antonio Insurance Gro Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 16117**

Amount of Each Receipt this Period 365.00

**B. Robert A. Grundman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7412 Karl Drive Test

City Lincoln State NE Zip Code 68516

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

Name of Employer Senior Benefit Strategies Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88163**

Amount of Each Receipt this Period 50.00

Payroll Deduction (\$50.00 Monthly)

**C. Craig Gussin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4330 La Jolla Village Dr.,# 330

City San Diego State CA Zip Code 92122

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

Name of Employer Auerbach & Gussin Insurance and Finan Occupation Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88925**

Amount of Each Receipt this Period 95.00

Payroll Deduction (\$95.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Teresa Gutierrez</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88788</b>
Mailing Address 12833 River Dance Dr.		Amount of Each Receipt this Period 85.00
City Raleigh	State NC	Zip Code 27613
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer JBA Benefits, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B. David R. Gwin</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88167</b>
Mailing Address I-20 At Alpine Rd. AV-100		Amount of Each Receipt this Period 42.00
City Columbia	State SC	Zip Code 29219
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer BlueCross BlueShield of SC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>C. Holly Hahn</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014 <b>Transaction ID : 16006</b>
Mailing Address 209 Main Avenue, South #100		Amount of Each Receipt this Period 500.00
City North Bend	State WA	Zip Code 98045-
FEC ID number of contributing federal political committee. C		
Name of Employer CLG Employer Resources, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	627.00
<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 38 OF 101
	<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. Christopher S. Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921-C South McPherson Church Road  
 City Fayetteville State NC Zip Code 28303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ebenconcepts Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88580**  
 Amount of Each Receipt this Period 500.00  
 Payroll Deduction (\$500.00 Monthly)

**B. Gerald G Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5716  
 City Boise State ID Zip Code 83705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Network America Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88978**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**C. Matthew F. Hatfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 Springfield Avenue  
 City Fort Wayne State IN Zip Code 46805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88774**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40.00 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 39 OF 101
	<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. Hedy S Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 Boardwalk Blvd.

City State Zip Code  
Bossier City LA 71111

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

Name of Employer Occupation  
Benefit Consulting Services Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P88608**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address 1605 S Eucalyptus Ave

City State Zip Code  
Broken Arrow OK 74012

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

Name of Employer Occupation  
Business Planning Group Of OK Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16082-P88451**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

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

Mailing Address 19310 Sonoma Highway, #A

City State Zip Code  
Sonoma CA 95476

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

Name of Employer Occupation  
RealCare Insurance Marketing, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P88577**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 101
<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. William Hepscher**

Mailing Address 38176 Medical Center Avenue

City State Zip Code  
Zephyrhills FL 33540

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

Name of Employer Occupation  
The Canadian Drugstore Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P88972**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Joseph L Herring**

Mailing Address 315 Commercial Drive, Suite A5

City State Zip Code  
Savannah GA 31406-

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

Name of Employer Occupation  
J. L. Herring & Associates, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2014  
**Transaction ID : 15985**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Al Hombroek**

Mailing Address 30 Lumpkin St, Suite D

City State Zip Code  
Lawrenceville GA 30046

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

Name of Employer Occupation  
Multiple Benefits Corporation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
**Transaction ID : 16083-P88842**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<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 41 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Kymberly J. Hopwood</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88636</b>
Mailing Address 530 Water Street, 7th Floor		Amount of Each Receipt this Period 85.00
City Oakland	State CA	Zip Code 94607-
FEC ID number of contributing federal political committee. C	Name of Employer Dealey, Renton & Associates	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Michelle S. Howard</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88689</b>
Mailing Address 2850 West Grand Boulevard		Amount of Each Receipt this Period 85.00
City Detroit	State MI	Zip Code 48202-
FEC ID number of contributing federal political committee. C	Name of Employer Health Alliance Plan	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Monika Hughes</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : 16019</b>
Mailing Address 5920 Friars Rd		Amount of Each Receipt this Period 250.00
City San Diego	State CA	Zip Code 92108-
FEC ID number of contributing federal political committee. C	Name of Employer Applefield Hughes Insurance Solutions	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<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 42 OF 101
	<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)**

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

Mailing Address PO Box 4824

City Jackson State MS Zip Code 39296

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

Name of Employer Occupation  
Hunt Insurance Agency Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 23 / 2014  
**Transaction ID : 16082-P88175**

Amount of Each Receipt this Period  
35.00

Payroll Deduction  
(\$35.00 Monthly)

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

Mailing Address 500 Faunce Corner Rd Bldg 100, Su

City Dartmouth State MA Zip Code 02747

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

Name of Employer Occupation  
Sylvia & Co. Ins. Agency, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
06 / 23 / 2014  
**Transaction ID : 16083-P88992**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Cerrina Jensen**

Mailing Address 2520 Venture Oaks Way #240

City Sacramento State CA Zip Code 95833-

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

Name of Employer Occupation  
Armstrong & Associates Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
402.00

Date of Receipt  
06 / 23 / 2014  
**Transaction ID : 16082-P88289**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 162.00

**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 43 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. David S. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1482 Baron Court  
 City Stone Mountain State GA Zip Code 30087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David S. Johnson Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88944**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction (\$250.00 Monthly)

**B. Judy Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5581 N. Barrasca Ave.  
 City Tucson State AZ Zip Code 85750-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OptumHealth Occupation Carrier Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : 16000**  
 Amount of Each Receipt this Period 110.00

**C. Suzanne K. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5955 Carnegie Blvd Suite 150  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Employee Benefit Advisors of the Caro Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88828**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	402.00
<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 44 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kristine Kassel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8631 S Priest Drive #101  
 City Tempe State AZ Zip Code 85284-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefits By Design, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **575.00**

Date of Receipt **06 / 17 / 2014**  
**Transaction ID : 16041**  
 Amount of Each Receipt this Period **365.00**

**B. Kristine M. Kassel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8631 S Priest Drive #101  
 City Tempe State AZ Zip Code 85284-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefits By Design, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **617.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88452**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

**C. George R. Keeling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Drawer K-1630 507 Avenue G  
 City Levelland State TX Zip Code 79336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer George R. Keeling Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88176**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **492.00**  
**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 45 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Dianne M. Kelley</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88344</b>
Mailing Address 7320 N La Cholla Blvd. Suite 154-		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85741
FEC ID number of contributing federal political committee. C	Name of Employer Sandbrook Benefits Group, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Roger J. Kelley</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88750</b>
Mailing Address 424 Lewis Hargett Circle Ste 100		Amount of Each Receipt this Period 42.00
City Lexington	State KY	Zip Code 40503
FEC ID number of contributing federal political committee. C	Name of Employer Northwestern Mutual Financial Network	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
		Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Dierdre Kennedy-Simington</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88899</b>
Mailing Address 3452 East Foothill Blvd., #514		Amount of Each Receipt this Period 42.00
City Pasadena	State CA	Zip Code 91107
FEC ID number of contributing federal political committee. C	Name of Employer Polenzani Benefits & Insurance Servic	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
		Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.00
<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 46 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Valerie S. Koch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2429 North Avenue  
 City Bridgeport State CT Zip Code 06604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ganim Group, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P89037**  
 Amount of Each Receipt this Period **45.00**  
 Payroll Deduction (\$45.00 Monthly)

**B. Linda Rose Koehler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 516 Shelley Street  
 City Livermore State CA Zip Code 94550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Herzog Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88424**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**C. Eric Kohlsdorf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Ingersoll Ave Suite 200  
 City Des Moines State IA Zip Code 50309-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prisma Strategies Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **825.00**

Date of Receipt **06 / 29 / 2014**  
**Transaction ID : 16104**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.00</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: (check only one)	PAGE 47 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Eric Kohlsdorf</b>		Date of Receipt
Mailing Address 1501 Ingersoll Ave Suite 200		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Des Moines	IA	50309-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 16083-P88615</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Prisma Strategies	Broker	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="725.00"/>	(\$50.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark Kolterman</b>		Date of Receipt
Mailing Address P O Box 426 341 North 6th Street		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seward	NE	68434
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 16083-P88578</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kolterman Agency, Inc.	Broker	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	(\$35.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Suzanne Kolterman</b>		Date of Receipt
Mailing Address 341 N. 6th Street PO Box 426		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seward	NE	68434
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 16082-P88323</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kolterman Agency, Inc.	Broker	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	(\$50.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
<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 48 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88391</b>
Mailing Address 2637 S. 158th Plaza #200		Amount of Each Receipt this Period 42.00
City Omaha	State NE	Zip Code 68116
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Holmes Murphy & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel C. LaBroad</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88707</b>
Mailing Address 17304 Preston Road Suite 800		Amount of Each Receipt this Period 85.00
City Dallas	State TX	Zip Code 75252-
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Ovation Health & Life Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Craig Lack</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16085</b>
Mailing Address 33302 Valle Road, Suite 250		Amount of Each Receipt this Period 365.00
City San Juan Capistrano	State CA	Zip Code 92675-
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Energi	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	492.00
<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 49 OF 101
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Andrew M. LaRocco**

Mailing Address 5880 Live Oak Parkway, # 230

City	State	Zip Code
Norcross	GA	30093

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

Name of Employer	Occupation
The LaRocco Companies	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88692**

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. William Lavine**

Mailing Address 800 West Fifth Avenue, Suite 106C

City	State	Zip Code
Naperville	IL	60563

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

Name of Employer	Occupation
Horizon Financial Partners, Inc.	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88630**

Amount of Each Receipt this Period  
60.00

Payroll Deduction  
(\$60.00 Monthly)

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

Mailing Address 989 Governors Ln Ste 350

City	State	Zip Code
Lexington	KY	40513

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

Name of Employer	Occupation
Benefit Advisors	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88765**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<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 50 OF 101
	<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. Emma Stacey Leigh**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 TownPark Lane NW Suite LL-1000

City Kennesaw State GA Zip Code 30144

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

Name of Employer Alliant Health Plans, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 23 / 2014**

**Transaction ID : 16083-P88756**

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$50.00 Monthly)

**B. Karen B. Leonard**  
Full Name (Last, First, Middle Initial)

Mailing Address 435 Washington Street PO Box 50

City Hackettstown State NJ Zip Code 07840

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

Name of Employer Leonard Financial Group, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2014**

**Transaction ID : 16083-P88861**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 220 Emerson Place

City Davenport State IA Zip Code 52801

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

Name of Employer Gallagher Benefit Services, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2014**

**Transaction ID : 16083-P88866**

Amount of Each Receipt this Period **85.00**

Payroll Deduction (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Juan R. Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1851 E. First, #1100  
 City Santa Ana State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88490**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Douglas Lubenow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 West Main Street Suite 203  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lubenow Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88918**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. Maurice Lyons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Madison Avenue, 4th Floor  
 City New York State NY Zip Code 10017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medical Link, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89028**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	377.00
<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 OF 101
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Victoria A. Major-Bell**

Mailing Address P O Box 540034

City State Zip Code  
Lake Worth FL 33454

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

Name of Employer Occupation  
VMB Solutions Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**380.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16082-P88237**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
(\$30.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Natalie Clawson Malham**

Mailing Address 2355 W Pinnacle Peak Rd #380

City State Zip Code  
Phoenix AZ 85026

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

Name of Employer Occupation  
Aflac Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**360.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16083-P88635**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Benji Marrs**

Mailing Address 1151 Red Mile Rd

City State Zip Code  
Lexington KY 40504

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

Name of Employer Occupation  
Benefit Insurance Marketing Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**510.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16083-P89018**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
(\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 101
	<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. Kimberly C. Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1027 S Pendleton Street Suite B-2

City	State	Zip Code
Easley	SC	29642

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

Name of Employer	Occupation
Ebenconcepts	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88427**

Amount of Each Receipt this Period  
40.00

Payroll Deduction  
(\$40.00 Monthly)

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

Mailing Address 4061 Powder Mill Road, Ste 350

City	State	Zip Code
Beltsville	MD	20705

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

Name of Employer	Occupation
Assurant Employee Benefits	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88514**

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

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

Mailing Address 3300 Battleground Ave., #320

City	State	Zip Code
Greensboro	NC	27410

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

Name of Employer	Occupation
EbenConcepts Company	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88875**

Amount of Each Receipt this Period  
100.00

Payroll Deduction  
(\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<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 54 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John R. McConnaughey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 805  
 City West Chester State OH Zip Code 45071-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JRM & Associates Agency, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P89004**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Randy L. McDaniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 Chambers Road  
 City McDonough State GA Zip Code 30253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88456**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. H. Luke McDermott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 883 West Baxter Drive  
 City South Jordan State UT Zip Code 84095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDermott Company & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88676**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.00
<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 55 OF 101
	<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. Dwane C. McFerrin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8420 West Dodge Road Suite 510  
 City Omaha State NE Zip Code 68114-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Senior Market Sales, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **465.00**

Date of Receipt **06 / 05 / 2014**  
**Transaction ID : 15988**  
 Amount of Each Receipt this Period **50.00**

**B. Matthew J. McGrath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 Maryville Center Drive Suite  
 City Saint Louis State MO Zip Code 63141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Benefits & Insurance Services, I Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88558**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

**C. Kenneth McLaughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Elm Street, Suite 301  
 City Manchester State NH Zip Code 03101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Granite Group Benefits, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88771**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>177.00</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: (check only one)	PAGE 56 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Andrea McLoy</b>		Date of Receipt
Mailing Address 5300 Orange Ave., Ste 208		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cypress	CA	90630
FEC ID number of contributing federal political committee.		Transaction ID : <b>16083-P88840</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Robbins Financial & Insurance Service	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary M. Mengason</b>		Date of Receipt
Mailing Address 312 E. Main Street		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Salisbury	MD	21802
FEC ID number of contributing federal political committee.		Transaction ID : <b>16083-P88768</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
Avery Hall Benefit Solutions, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Griffin L. Meredith</b>		Date of Receipt
Mailing Address 550 South 5th Street, Unit 303		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Louisville	KY	40202-
FEC ID number of contributing federal political committee.		Transaction ID : <b>16083-P88475</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
The Benefits Firm	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="575.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="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: (check only one)	PAGE 57 OF 101
	<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. Jeffrey R. Miles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3420 Valley Brook Rd.  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Miles Organization, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89022**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Dennis F. Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Executive Drive Suite D  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mobley Insurance Agency, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88446**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

**C. Sandra V. Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Executive Dr. Suite D  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mobley Insurance Agency LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88205**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<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 58 OF 101
	<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. Julia T. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Clinton Anderson Drive NW

City	State	Zip Code
Albuquerque	NM	87114

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

Name of Employer	Occupation
J. Moore Insurance	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88928**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 1173 Brittmore

City	State	Zip Code
Houston	TX	77043

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

Name of Employer	Occupation
Benefit Concepts	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88983**

Amount of Each Receipt this Period  
 42.00

Payroll Deduction  
 (\$42.00 Monthly)

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

Mailing Address 404 North Second Avenue, Suite E

City	State	Zip Code
Upland	CA	91786

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

Name of Employer	Occupation
Ray Musser & Associates Insurance Ser	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88915**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<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 59 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Amy D. Mutter</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88937</b>
Mailing Address 15 South Jefferson Street		Amount of Each Receipt this Period 42.00
City Roanoke	State VA	Zip Code 24011
FEC ID number of contributing federal political committee. C	Name of Employer Benefits Group, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. B. Ronnell Ronnell Nolan</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88148</b>
Mailing Address PO Box 65128		Amount of Each Receipt this Period 42.00
City Baton Rouge	State LA	Zip Code 70896
FEC ID number of contributing federal political committee. C	Name of Employer The Nolan Group	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	Payroll Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Terri M. Olson</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88351</b>
Mailing Address P. O. Box 21479		Amount of Each Receipt this Period 50.00
City Keizer	State OR	Zip Code 97307
FEC ID number of contributing federal political committee. C	Name of Employer Olson Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.00
<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 60 OF 101
	<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. John C. Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Laurel Hill Drive

City Niantic State CT Zip Code 06357

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

Name of Employer Parker Agency Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88387**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction  
 (\$100.00 Monthly)

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

Mailing Address 1112 Maple Street

City West Des Moines State IA Zip Code 50265-

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

Name of Employer Associations Marketing Group, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88605**

Amount of Each Receipt this Period  
**350.00**

Payroll Deduction  
 (\$350.00 Monthly)

**C. Ross W. Pendergraft**  
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard Street, 8th Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88766**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 101
	<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. Paul Pendorf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31666 W. Nine Dr.  
City Laguna Niguel State CA Zip Code 92677  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unknown Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88694**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**B. Juna M. Penney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2091 Shepherdia Drive  
City Anchorage State AK Zip Code 99508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence Health & Services Alaska Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **425.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88637**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**C. Paige W. Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1434 Hwy 301  
City Calera State AL Zip Code 35040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Benefit Partners, LLC Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **413.50**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88388**  
Amount of Each Receipt this Period **98.50**  
Payroll Deduction (\$98.50 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **268.50**  
**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 62 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Joseph E. Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 24133  
 City Omaha State NE Zip Code 68124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Creative Association Management Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88678**  
 Amount of Each Receipt this Period **35.00**  
 Payroll Deduction (\$35.00 Monthly)

**B. Susan R. Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32418 51st Avenue, SW  
 City Federal Way State WA Zip Code 98023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insure NW Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88303**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction (\$50.00 Monthly)

**C. Robert P. Poli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6101 Executive Boulevard, Suite 1  
 City Rockville State MD Zip Code 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Marketing Center, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P8867**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>170.00</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: (check only one)	PAGE 63 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 515 West Southwest Loop 323

City Tyler	State TX	Zip Code 75701
---------------	-------------	-------------------

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

Name of Employer Threlkeld & Company Insurance	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88324**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Susan Maley Rash**

Mailing Address 2108 West Laburnum Avenue, Suite

City Richmond	State VA	Zip Code 23227
------------------	-------------	-------------------

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

Name of Employer BB&T Benefit Consultants of Virginia,	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88946**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Michael S. Reddy**

Mailing Address 13800 Jackson Road

City Mishawaka	State IN	Zip Code 46544
-------------------	-------------	-------------------

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

Name of Employer Keystone Insurers Group	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88784**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<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 64 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Joni Robin Reents**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 W. 120th Avenue Suite 260  
 City Broomfield State CO Zip Code 80020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reents Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88733**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Barbara V. Rennard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 Aloma Avenue, #116  
 City Winter Park State FL Zip Code 32792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colonial Life Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88849**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**C. R. Dane Rianhard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 E. Pratt St., Unit 902  
 City Baltimore State MD Zip Code 21202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TriBridge Partners, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **660.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88546**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>169.00</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: (check only one)	PAGE 65 OF 101
	<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. Russell Lee Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8000 IH-10 West, # 715

City San Antonio	State TX	Zip Code 78230
---------------------	-------------	-------------------

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

Name of Employer AVESIS, Inc.	Occupation Broker
----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88563**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Tammy M Riddle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3718 W. Lancer Rd.

City Peoria	State IL	Zip Code 61615
----------------	-------------	-------------------

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

Name of Employer Pearl Benefits	Occupation Broker
------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88400**

Amount of Each Receipt this Period  
10.00

Payroll Deduction  
(\$10.00 Monthly)

**C. Susan M. Rider**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1402 N Capital #400

City Indianapolis	State IN	Zip Code 46202-
----------------------	-------------	--------------------

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

Name of Employer Gregory & Appel Insurance	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88462**

Amount of Each Receipt this Period  
30.00

Payroll Deduction  
(\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<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 66 OF 101
	<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. Robert L. Rifkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Stonewall Lane  
 City Mamaroneck State NY Zip Code 10543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance & Financial Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P89055**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction (\$42.00 Monthly)

**B. Elizabeth E. Rios-Carl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Executive Blvd #205  
 City El Paso State TX Zip Code 79902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unknown Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88218**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction (\$50.00 Monthly)

**C. Michael A. Rivera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12200 Northwest Frwy, Suite 662  
 City Houston State TX Zip Code 77092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest General Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **635.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88529**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **177.00**  
**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 67 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Joseph K. Roberts</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88368</b>
Mailing Address 7101 S. 82nd St., #B		Amount of Each Receipt this Period 170.00
City Lincoln	State NE	Zip Code 68516
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$170.00 Monthly)
Name of Employer Midlands Financial Benefits	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>B. William T. Robinson</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16082-P88273</b>
Mailing Address 1775 E Palm Canyon Dr, Ste 110 -		Amount of Each Receipt this Period 85.00
City Palm Springs	State CA	Zip Code 92264
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$85.00 Monthly)
Name of Employer Palm Canyon Insurance Agency	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Mario Roiz</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88691</b>
Mailing Address 10446 NW 31st Terrace		Amount of Each Receipt this Period 42.00
City Miami	State FL	Zip Code 33172
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$42.00 Monthly)
Name of Employer HR Benefit Services, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	297.00
<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 68 OF 101
	<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)**

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

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98007
------------------	-------------	-------------------

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

Name of Employer The Partners Group	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88973**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Joel Rosenblum**

Mailing Address 230 Lipan Way

City Boulder	State CO	Zip Code 80303
-----------------	-------------	-------------------

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

Name of Employer Insurance for Asset Protection	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88541**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Peter L. Rowe**

Mailing Address PO. Box 22212

City Phoenix	State AZ	Zip Code 85028
-----------------	-------------	-------------------

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

Name of Employer Sunwest Benefits Consulting, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88825**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	297.00
<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 69 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Raymer M. Sale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer E2E Benefits Services, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88860**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**B. Gregory J. Schell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 Alliant Avenue  
 City Louisville State KY Zip Code 40299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Garrett-Stotz Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88942**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Al C. Schiebel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Sandy Springs Pl., # 300A  
 City Atlanta State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schiebel & Associates, LLC dba Shopbe Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88552**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 70 OF 101
	<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. Chad P. Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 2211 Michelson Drive Suite 1150

City Irvine	State CA	Zip Code 92612-
----------------	-------------	--------------------

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

Name of Employer Aflac	Occupation Broker Market Director
---------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P89081**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

**B. Paul J Scholz**  
Full Name (Last, First, Middle Initial)

Mailing Address 17445 Arbor St Suite 310

City Omaha	State NE	Zip Code 68130-
---------------	-------------	--------------------

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

Name of Employer OCI Insurance and Financial Services	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16083-P88796**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 7361 Calhoun Place, Ste 550

City Derwood	State MD	Zip Code 20855-
-----------------	-------------	--------------------

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

Name of Employer Insurance Benefits & Advisors	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2014

**Transaction ID : 16102**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>195.00</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: (check only one)	PAGE 71 OF 101
	<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. Alan R. Schulman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7361 Calhoun Place, Ste 550

City Derwood State MD Zip Code 20855

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

Name of Employer Insurance Benefits & Advisors Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2014**

**Transaction ID : 16083-P88724**

Amount of Each Receipt this Period **85.00**

Payroll Deduction  
(\$85.00 Monthly)

**B. Matt B. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Breckenridge Lane, Suite 8

City Louisville State KY Zip Code 40220

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

Name of Employer Schwartz Insurance Group Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **06 / 23 / 2014**

**Transaction ID : 16083-P88938**

Amount of Each Receipt this Period **85.00**

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address PO Box 189 916 Main Street

City Vancouver State WA Zip Code 98666-

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

Name of Employer Biggs Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt **06 / 23 / 2014**

**Transaction ID : 16083-P88889**

Amount of Each Receipt this Period **170.00**

Payroll Deduction  
(\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 101
	<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. Steven Selinsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 28638 Oak Point Drive

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Unknown Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 427.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88904**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

**B. Sean G. Shoemake**  
Full Name (Last, First, Middle Initial)

Mailing Address 169A Lameuse St

City Biloxi State MS Zip Code 39530

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

Name of Employer Employee Benefit Specialists, P.A. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88575**

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

**C. Thomas E. Shores**  
Full Name (Last, First, Middle Initial)

Mailing Address 8596 W Bolsa Ct.

City Boise State ID Zip Code 83709

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

Name of Employer T.A. Shores Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P89084**

Amount of Each Receipt this Period 42.00

Payroll Deduction (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<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 73 OF 101
	<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. Erika Sklar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1415 Walton Blvd  
City Rochester Hills State MI Zip Code 48309-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tim Crawford Insurance Agency, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **235.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88714**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10.00 Monthly)

**B. David C. Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1012 Alemany Street  
City Morrisville State NC Zip Code 27560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ebenconcepts Company Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88272**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**C. Frank J Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 1559  
City Wheaton State IL Zip Code 60189  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Business Insurance Underwriters, Inc. Occupation Broker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88752**  
Amount of Each Receipt this Period **85.00**  
Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Paul Smith</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014 <b>Transaction ID : 16008</b>
Mailing Address 100 Queen Street		Amount of Each Receipt this Period 500.00
City Southington	State CT	Zip Code 06489-
FEC ID number of contributing federal political committee.	C	
Name of Employer Paul E Smith Insurance, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Paul E. Smith</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88600</b>
Mailing Address 100 Queen Street		Amount of Each Receipt this Period 125.00
City Southington	State CT	Zip Code 06489-
FEC ID number of contributing federal political committee.	C	
Name of Employer Paul E Smith Insurance, LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
		Payroll Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. James Randall Southard</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : 16083-P88848</b>
Mailing Address 300 N. Greene St., 6th Floor		Amount of Each Receipt this Period 65.00
City Greensboro	State NC	Zip Code 27401
FEC ID number of contributing federal political committee.	C	
Name of Employer Wells Fargo Insurance Services USA, I	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
		Payroll Deduction (\$65.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	690.00
<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 75 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William Craig Splawn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Avenue C  
 City State Zip Code  
 Katy TX 77493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Splawn & Associates Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88927**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction  
 (\$50.00 Monthly)

**B. Jackie L. Spragins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1071  
 City State Zip Code  
 Wichita Falls TX 76307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Higginbotham Ins Agency, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88371**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction  
 (\$50.00 Monthly)

**C. Delvin L. Stahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 388 807 S. Maltby Ave.  
 City State Zip Code  
 Sutton NE 68979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Insurance Plus, Inc. Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88214**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.00
<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 76 OF 101
	<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)**

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

Mailing Address 613 Crescent Circle Suite 201

City Ridgeland	State MS	Zip Code 39157-
-------------------	-------------	--------------------

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

Name of Employer Benefit Administration Services, Ltd.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88186**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

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

Mailing Address 8926 Crown Colony Boulevard

City Fort Myers	State FL	Zip Code 33908-
--------------------	-------------	--------------------

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

Name of Employer MVS Consulting Group	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1145.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88313**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

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

Mailing Address 8926 Crown Colony Blvd

City Ft. Myers	State FL	Zip Code 33908
-------------------	-------------	-------------------

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

Name of Employer MVS Consulting	Occupation Broker
------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88202**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<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 77 OF 101
	<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. Michael Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 329 S Elm St Suite 207

City Jenks State OK Zip Code 74037-

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

Name of Employer Tallgrass Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**06 / 30 / 2014**

**Transaction ID : 16109**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 329 S Elm St Suite 207

City Jenks State OK Zip Code 74037-

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

Name of Employer Tallgrass Benefits Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**06 / 30 / 2014**

**Transaction ID : 16110**

Amount of Each Receipt this Period  
**250.00**

**C. Ulrich S. Storz**  
Full Name (Last, First, Middle Initial)

Mailing Address 987 University Avenue, #14

City Los Gatos State CA Zip Code 95032

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

Name of Employer Storz Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
**06 / 23 / 2014**

**Transaction ID : 16083-P88619**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
**(\$30.00 Monthly)**

**SUBTOTAL** of Receipts This Page (optional)..... **530.00**

**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 78 OF 101
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Marcie Strouse**

Mailing Address 1501 Ingersoll Ave Ste 200

City Des Moines	State IA	Zip Code 50309-
--------------------	-------------	--------------------

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

Name of Employer Prisma Strategies	Occupation Broker
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88319**

Amount of Each Receipt this Period  
42.00

Payroll Deduction  
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Rodney Stuart**

Mailing Address 600 East Carmel Drive Suite 110

City Carmel	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer Strategic Insurance Inc.	Occupation Broker
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88390**

Amount of Each Receipt this Period  
50.00

Payroll Deduction  
(\$50.00 Monthly)

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

Mailing Address 8420 West Dodge Road, 5th Floor

City Omaha	State NE	Zip Code 68114-
---------------	-------------	--------------------

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

Name of Employer Senior Market Sales, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : 16082-P88207**

Amount of Each Receipt this Period  
125.00

Payroll Deduction  
(\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	217.00
<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 79 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. William L. Sutherland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O Box 795008 131 Interpark Blvd.  
 City San Antonio State TX Zip Code 78279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Wortham Insurance & Risk Management  
 Occupation: Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2014  
**Transaction ID : 16083-P88980**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$100.00 Monthly)

**B. Tom Swayne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 31029  
 City Charleston State SC Zip Code 29417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: David M. Gilston Insurance Agency, In  
 Occupation: Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 23 / 2014  
**Transaction ID : 16083-P88906**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction: (\$100.00 Monthly)

**C. Ryan R. Swinton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 S. 82 St.  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Midlands Financial Benefits  
 Occupation: Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 23 / 2014  
**Transaction ID : 16083-P88862**  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction: (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<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 80 OF 101
	<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. Marsha Tellesbo-Kembel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 4th Avenue, Suite 3200  
 City Seattle State WA Zip Code 98154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tellesbo & Company Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88729**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Harry Thal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2137  
 City Kernville State CA Zip Code 93238-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harry P. Thal Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 06 / 17 / 2014  
**Transaction ID : 16040**  
 Amount of Each Receipt this Period 365.00

**C. Harry P. Thal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2137  
 City Kernville State CA Zip Code 93238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harry P. Thal Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P89069**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Claude Thau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11020 Oakmont Street  
 City Overland Park State KS Zip Code 66210-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Target Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 16108**  
 Amount of Each Receipt this Period  
 500.00

**B. Marc Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Center Street, Suite 1410  
 City Little Rock State AR Zip Code 72201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stephens Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88571**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction  
 (\$42.00 Monthly)

**C. Robert M. Thomson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Queen Street, Suite A P.O. B  
 City Southington State CT Zip Code 06489-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomson Financial Services LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2014  
**Transaction ID : 15969**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	907.00
<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 82 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ryan P. Thorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10342 South Springcrest Lane  
 City South Jordan State UT Zip Code 84095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88356**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction  
 (\$40.00 Monthly)

**B. Jennifer L. Toups**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 Galleria Blvd, Suite 1224  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humana Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88196**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction  
 (\$85.00 Monthly)

**C. Janet Trautwein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 New York Ave. NW, Ste 1100  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAHU Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88281**  
 Amount of Each Receipt this Period **170.00**  
 Payroll Deduction  
 (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **295.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 101
	<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. Wendy Vanderwater Bratteli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 West Southwest Loop 323  
 City Tyler State TX Zip Code 75701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Threlkeld & Company Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16083-P88943**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

**B. Rand R. Wall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12603 Southwest Freeway, Suite 620  
 City Stafford State TX Zip Code 77477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lone Star Health Plans, Ltd. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88169**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction  
 (\$100.00 Monthly)

**C. Doris Waller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1778 N. Plano Rd. Suite 310  
 City Richardson State TX Zip Code 75081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pan-American Benefits Solutions Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 16082-P88215**  
 Amount of Each Receipt this Period **42.00**  
 Payroll Deduction  
 (\$42.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>184.00</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: (check only one)	PAGE 84 OF 101
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Jessica F Waltman</b>		Date of Receipt
Mailing Address 10 Doyle Rd		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wayne	PA	19087-3903
FEC ID number of contributing federal political committee.		Transaction ID : <b>16082-P88150</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
NAHU	VP, Policy and State Affairs	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John L. Warwick</b>		Date of Receipt
Mailing Address 1907 B Mangrove Ave.		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chico	CA	95927
FEC ID number of contributing federal political committee.		Transaction ID : <b>16083-P88582</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	Payroll Deduction
John Warwick Insurance Services	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1425.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dan Webb</b>		Date of Receipt
Mailing Address 5251 Office Park Drive Suite 350		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bakersfield	CA	93309
FEC ID number of contributing federal political committee.		Transaction ID : <b>16082-P88233</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="170.00"/>
Name of Employer	Occupation	Payroll Deduction
The Webb Insurance Group	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$170.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="340.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 85 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert H. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4775 E 91st St, #200  
 City Tulsa State OK Zip Code 74137-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plan Benefit Analysts of Tulsa, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88406**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**B. Jimmie Whitmire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Eighth Street  
 City Wichita Falls State TX Zip Code 76301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Whitmire & Whitmire, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88377**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**C. David V. Wilcox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 166 River Vista Place  
 City Twin Falls State ID Zip Code 83301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magic Valley Insurance, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88919**  
 Amount of Each Receipt this Period 42.00  
 Payroll Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.00  
**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 86 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Trei Wild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3724 Hearst Castle Way  
 City Plano State TX Zip Code 75025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SeeChange Health Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88934**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Mike Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10040 Regency Circle Ste. 345  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Williams Deras Associates, Inc Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16083-P88874**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**C. Lon G. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 A Street, Suite 400  
 City Anchorage State AK Zip Code 99503-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Wilson Agency, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 16082-P88336**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Paula L. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31930 Daniel Way  
 City Temecula State CA Zip Code 92591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Paula Wilson, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16082-P88380**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Thomas Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boley Featherston Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014  
**Transaction ID : 16096**  
 Amount of Each Receipt this Period 100.00

**C. Thomas Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boley Featherston Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2014  
**Transaction ID : 16103**  
 Amount of Each Receipt this Period 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<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 88 OF 101
	<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. Thomas R. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Lamar  
 City State Zip Code  
 Wichita Falls TX 76301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boley Featherston Insurance Agency Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88977**  
 Amount of Each Receipt this Period  
 55.00  
 Payroll Deduction  
 (\$55.00 Monthly)

**B. William W. Wong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Waverly Place  
 City State Zip Code  
 San Francisco CA 94108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bill Wong & Associates Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P89020**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction  
 (\$42.00 Monthly)

**C. Dennis E. Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Chestnut Hills Pky  
 City State Zip Code  
 Fort Wayne IN 46814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Employee Plans, LLC Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 16083-P88780**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction  
 (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.00
<b>TOTAL</b> This Period (last page this line number only).....	28006.50



**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 89 OF 101
<input 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 checked="" 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. ROGERS FOR CONGRESS</b>		Date of Receipt
Mailing Address PO BOX 581		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : 15989</b>
BRIGHTON	MI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="1000.00"/>
	48116	
FEC ID number of contributing federal political committee.	Occupation	
<b>C</b> C00343863		
Name of Employer	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	
Receipt For:		
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Amount of Each Receipt this Period
	Zip Code	<input type="text"/>
FEC ID number of contributing federal political committee.	Occupation	
<b>C</b> <input type="text"/>		
Name of Employer	Aggregate Year-to-Date ▼	
	<input type="text"/>	
Receipt For:		
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Amount of Each Receipt this Period
	Zip Code	<input type="text"/>
FEC ID number of contributing federal political committee.	Occupation	
<b>C</b> <input type="text"/>		
Name of Employer	Aggregate Year-to-Date ▼	
	<input type="text"/>	
Receipt For:		
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1000.00"/>

**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)

<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)**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Banking Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 16186**

Amount of Each Disbursement this Period

413.50

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Banking Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : 16187**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. National Association of Health Underwriters**

Mailing Address PO Box 20865

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
Administrative and Fundraising

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : 15975**

Amount of Each Disbursement this Period

21257.41

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

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

21678.86

**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)**

Full Name (Last, First, Middle Initial)

**A. National Association of Health Underwriters**

Mailing Address PO Box 20865

City Indianapolis State IN Zip Code 46220

Purpose of Disbursement  
Administrative Fundraising

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 15976**

Amount of Each Disbursement this Period

1	7	7	7	0	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Banking Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 16185**

Amount of Each Disbursement this Period

1	7	5	2	0	0
---	---	---	---	---	---

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

1	9	5	2	2	6
---	---	---	---	---	---

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

4	1	2	0	1	4	6
---	---	---	---	---	---	---

**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)**

Full Name (Last, First, Middle Initial)

**A. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement  
6/27 Lunch

011

Candidate Name

**SHELLEY MOORE CAPITO**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : 16092

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 255

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement  
6/24 Reception

011

Candidate Name

**CHRISTOPHER P GIBSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2014

Transaction ID : 16078

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
DC Event

011

Candidate Name

**THAD COCHRAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2014

Transaction ID : 15997

Amount of Each Disbursement this Period

5000.00
---------

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

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

8500.00
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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)**

Full Name (Last, First, Middle Initial)

**A. DAN COATS FOR INDIANA (P)**

Mailing Address PO BOX 301141

City INDIANAPOLIS State IN Zip Code 46230

Purpose of Disbursement  
6/3 Dinner

011

Candidate Name

**DANIEL R COATS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 15970**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVE REICHERT**

Mailing Address PO BOX 2032

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement  
6/26 Lunch

011

Candidate Name

**DAVE REICHERT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 16022**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369, 250 PRAIRIE CENTER

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
6/24 Dinner

011

Candidate Name

**ERIK PAULSEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 16024**

Amount of Each Disbursement this Period

1000.00

**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)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FRANK GUINTA**

Mailing Address PO BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Event in NH

011

Candidate Name

**FRANK GUINTA**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : 16095**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF GLENN THOMPSON**

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement  
6/11 Lunch

011

Candidate Name

**GLENN MR THOMPSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2014

**Transaction ID : 15998**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MIA LOVE (P)**

Mailing Address PO BOX 255

City RIVERTON State UT Zip Code 84065

Purpose of Disbursement  
6/5 Lunch

011

Candidate Name

**MIA LOVE**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : 15973**

Amount of Each Disbursement this Period

1000.00

**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)**

Full Name (Last, First, Middle Initial)

**A. HOOSIERS FOR ROKITA, INC.**

Mailing Address 314 ARSENAL AVE.

City INDIANAPOLIS State IN Zip Code 46201

Purpose of Disbursement  
4/8 Dinner

011

Candidate Name

**THEODORE EDWARD ROKITA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 16094**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JIM TRACY FOR CONGRESS**

Mailing Address PO BOX 332490

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement  
6/24 TN Event

011

Candidate Name

**JIM TRACY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 16031**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. JOHN CARNEY FOR CONGRESS**

Mailing Address PO BOX 2162

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement  
6/8 Retreat

011

Candidate Name

**JOHN CARNEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : 15979**

Amount of Each Disbursement this Period

2500.00

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

6500.00

**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)**

Full Name (Last, First, Middle Initial)

**A. JOHN CARTER FOR CONGRESS**

Mailing Address 1717 NORTH IH-35, SUITE 304

City ROUND ROCK State TX Zip Code 78664

Purpose of Disbursement  
6/9 Lunch

011

Candidate Name

**JOHN R. REP. CARTER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 31

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 15980**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. MAKING AMERICA PROSPEROUS PAC**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
5/29 Dinner

011

Candidate Name

**KEVIN BRADY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 16084**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
6/25 Dinner

011

Candidate Name

**MITCH MCCONNELL**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 16088**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0



**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)**

Full Name (Last, First, Middle Initial)

**A. PAT ROBERTS FOR US SENATE INC (P)**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
6/4 Lunch

011

Category/  
Type

Candidate Name

**PAT ROBERTS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

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

**Transaction ID : 15971**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. PATRIOTS LEADING A MAJORITY**

Mailing Address 50 S PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
7/23 Dinner

011

Category/  
Type

Candidate Name

**PATRICK L. MR. MEEHAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

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

**Transaction ID : 16030**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. POMPEO FOR CONGRESS INC**

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement  
Event in July

011

Category/  
Type

Candidate Name

**MICHAEL R POMPEO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

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

**Transaction ID : 16023**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)**

Full Name (Last, First, Middle Initial)

**A. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
6/16 Dinner

011

Candidate Name

**ROB PORTMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 16021

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS (P)**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement  
6/16 Baseball Game

011

Candidate Name

**THOMAS EDMUNDS PRICE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 15993

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RON BARBER FOR CONGRESS**

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement  
6/25 Breakfast

011

Candidate Name

**RONALD BARBER**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 15983

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

4	0	0	0	.	0	0
---	---	---	---	---	---	---

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

4	0	0	0	.	0	0
---	---	---	---	---	---	---

**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)**

Full Name (Last, First, Middle Initial)

**A. ROTHFUS FOR CONGRESS**

Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement  
6/25 Lunch

011

Candidate Name

**KEITH MR. ROTHFUS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : 16080

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ROYCE CAMPAIGN COMMITTEE**

Mailing Address PO BOX 3249

City FULLERTON State CA Zip Code 92834

Purpose of Disbursement  
Breakfast in May

011

Candidate Name

**ED MR. ROYCE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : 16081

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
6/10 Breakfast

011

Candidate Name

**SCOTT PETERS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

Transaction ID : 15981

Amount of Each Disbursement this Period

1000.00

**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)**

Full Name (Last, First, Middle Initial)

**A. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement  
6/23 Lunch

011

Category/  
Type

Candidate Name

**SEAN PATRICK MALONEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

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

**Transaction ID : 15999**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement  
6/10 Dinner

011

Category/  
Type

Candidate Name

**STEVE MR. STIVERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

**Transaction ID : 15982**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Cap Conference

011

Category/  
Type

Candidate Name

**TIMOTHY E SCOTT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

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

**Transaction ID : 16029**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

**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)**

Full Name (Last, First, Middle Initial)

**A. TIM SCOTT FOR SENATE (P)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Mailing Address 1405 ASHLEY RIVER ROAD

**Transaction ID : 15972**

City State Zip Code  
CHARLESTON SC 29407

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
6/4 Dinner

011
Category/ Type

Candidate Name

**TIMOTHY E SCOTT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Full Name (Last, First, Middle Initial)

**B. TREY GOWDY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Mailing Address PO BOX 3324

**Transaction ID : 16091**

City State Zip Code  
SPARTANBURG SC 29304

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
6/26 Breakfast

011
Category/ Type

Candidate Name

**TREY GOWDY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 04

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

46000.00
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