

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Health Underwriters PAC (HUPAC)

ADDRESS (number and street) P. O. Box 7135  
 Check if different than previously reported. (ACC)  
Washington DC 20044-7135

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2006 through 08 31 2006

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

Type or Print Name of Treasurer Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 09 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		31951.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	12272.32									
(c) Total Receipts (from Line 19) .....	17630.34	199284.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29902.66	231236.07								
7. Total Disbursements (from Line 31) .....	15158.41	216491.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14744.25	14744.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11307.00	103047.00
(i) Itemized (use Schedule A) .....	6323.34	96167.72
(ii) Unitemized .....	17630.34	199214.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17630.34	199214.72
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	69.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17630.34	199284.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17630.34	199284.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	658.41	46796.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	658.41	46796.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	161000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	695.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	695.00
29. Other Disbursements.....	0.00	8000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15158.41	216491.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15158.41	216491.82

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17630.34	199214.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17630.34	198519.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	658.41	46796.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	658.41	46796.82

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<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. SUZY ALBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 20700 Civic Center Drive Ste 250		<b>Transaction ID: 16337997</b> Amount of Each Receipt this Period 30.00
City State Zip Code Southfield MI 48076	FEC ID number of contributing federal political committee. C	
Name of Employer Comerica Insurance Services	Occupation Insurance Agent	Amount of Each Receipt this Period 285.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. KATHRYN ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 7648		<b>Transaction ID: 16338001</b> Amount of Each Receipt this Period 80.00
City State Zip Code Tyler TX 75711-7648	FEC ID number of contributing federal political committee. C	
Name of Employer Strategies In Employee Benefits Inc.	Occupation Insurance Agent	Amount of Each Receipt this Period 815.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM BUDDY ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 498 Palm Springs Drive, Suite 270		<b>Transaction ID: 16338002</b> Amount of Each Receipt this Period 30.00
City State Zip Code Altamonte Springs FL 32701-7805	FEC ID number of contributing federal political committee. C	
Name of Employer Benefit Port	Occupation Marketing Representative	Amount of Each Receipt this Period 340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH ASHMORE

Mailing Address 7606 University Avenue, Suite B

City Lubbock State TX Zip Code 79423-2128

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

Name of Employer Ashmore Agency Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
08 / 01 / 2006

Transaction ID: 16338003

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
VIRGINIA ASHTON

Mailing Address 1900 Electric Road

City Salem State VA Zip Code 24153-7474

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

Name of Employer Lewis-Gale Medical Center Occupation Director of Provider Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
08 / 01 / 2006

Transaction ID: 16338004

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
ANN BELL

Mailing Address 1661 Shoreline Drive, Suite 100

City Boise State ID Zip Code 83702-6746

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

Name of Employer Higgins & Rutledge Insurance Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
08 / 01 / 2006

Transaction ID: 16338008

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID BERMAN

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer Neace Lukens Holding Company Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2006

**Transaction ID:** 16338009

Amount of Each Receipt this Period  
 60.00

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

Mailing Address PO Box 101422

City Anchorage State AK Zip Code 99510-1422

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

Name of Employer Calco Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2006

**Transaction ID:** 16338024

Amount of Each Receipt this Period  
 85.00

**C.** Full Name (Last, First, Middle Initial)  
RUSSELL CHILDERS

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers CLU Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2006

**Transaction ID:** 16338028

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<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. GEORGE CONDOS</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006
Mailing Address 7881 West Charleston Blvd. #140		<b>Transaction ID: 16338033</b>
City State Zip Code Las Vegas NV 89117	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Leavitt Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA DOUCET</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006
Mailing Address P. O. Box 91180		<b>Transaction ID: 16338045</b>
City State Zip Code Lafayette LA 70509-1180	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Global Financial Resources Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. EUGENE EBERSOLE</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006
Mailing Address PO Box 2886		<b>Transaction ID: 16338050</b>
City State Zip Code Gretna LA 70054-2886	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ebersole & Associates In-c.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
LINDA ERLNBACH

Mailing Address 151 Belcourt Lane

City Aurora State OH Zip Code 44202-8438

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
08 / 01 / 2006

Transaction ID: 16338054

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS EVANS

Mailing Address 7261 Mercy Rd.

City Omaha State NE Zip Code 68164-9684

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

Name of Employer BlueCross Blue Shield of Nebraska Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
08 / 01 / 2006

Transaction ID: 16338055

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID FEAR

Mailing Address 11160 Sun Center Drive, Suite A

City Rancho Cordova State CA Zip Code 95670-6121

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt  
08 / 01 / 2006

Transaction ID: 16338057

Amount of Each Receipt this Period  
55.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
CATHERINE FICARA

Mailing Address 26999 Central Park Blvd.

City State Zip Code  
Southfield MI 48076-4174

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

Name of Employer Occupation  
Austin Financial Group LL-CUnited Health Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338058**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
LINDA FRIEDRICH

Mailing Address PO Box 30275

City State Zip Code  
Lincoln NE 68503-0275

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

Name of Employer Occupation  
UNICO Financial Services Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338060**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
BRUCE GARDNER

Mailing Address 1502 West Avenue

City State Zip Code  
Austin TX 78701-1561

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

Name of Employer Occupation  
Bruce Gardner Insurance & Investments Registered Representative

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338063**

Amount of Each Receipt this Period  
80.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<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. PATRICE GOLDFARB</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 442 Teaneck Rd.		<b>Transaction ID: 16338069</b>	
City State Zip Code Ridgefield Park NJ 07660-1516		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Employee Benefits Advisors Group		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 233 South 13th Street Suite 1500		<b>Transaction ID: 16338072</b>	
City State Zip Code Lincoln NE 68508-2017		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Harry A. Koch Company		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1880.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT GRUNDMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 7412 Karl Drive		<b>Transaction ID: 16338074</b>	
City State Zip Code Lincoln NE 68516-4368		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Senior Benefit Strategies		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 68
	<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. LISA HELLMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4180 Providence Rd Suite 200		<b>Transaction ID: 16338081</b>
City State Zip Code Dahlenega GA 30533	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Benefit Designs	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Hendricks</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1605 S Eucalyptus Ave		<b>Transaction ID: 16338082</b>
City State Zip Code Broken Arrow OK 74012-5906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Business Planning Group Of OK	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. HUGH HENDRICKSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1019 Pacific Ave. Suite 1110		<b>Transaction ID: 16338083</b>
City State Zip Code Tacoma WA 98402-4468	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<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. RICHARD HILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 4435 O Street P.O. Box 30275		<b>Transaction ID: 16338086</b>
City Lincoln State NE Zip Code 68510-1842	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UNICO Financial Services Inc. Occupation Insurance Agent	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DONNA HILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 724		<b>Transaction ID: 16338087</b>
City Snellville State GA Zip Code 30078-0724	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DDH Associates LLC Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ROBERT HOLLAND, JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 698		<b>Transaction ID: 16338093</b>
City Centralia State WA Zip Code 98531-0698	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Centralia General Agencies Occupation Insurance Agent	Aggregate Year-to-Date ▼ 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARYLOU HUDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 5330 Bent Tree Forest Drive, Suite		<b>Transaction ID: 16338097</b>
City State Zip Code Dallas TX 75248-3471	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer A Benefit Source Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. LISA ILLS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 4455 East Camelback Road, Suite D2		<b>Transaction ID: 16338100</b>
City State Zip Code Phoenix AZ 85018-2865	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Glass Financial Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Employee Benefit Consultant Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>C. Terry Ives</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address P O Box 3459		<b>Transaction ID: 16338102</b>
City State Zip Code San Clemente CA 92674-3459	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Executive Financial Advisors Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
SUZANNE JOHNSON

Mailing Address 6235 Morrison Boulevard, Suite 302

City State Zip Code  
Charlotte NC 28211-3508

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

Name of Employer Strategic Employee Benefit Services  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** 16338105

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
LARRY KACZMAREK

Mailing Address 2633 State Route 59, Suite B

City State Zip Code  
Ravenna OH 44266-1684

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

Name of Employer Kaczmarek Insurance Services Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** 16338111

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
THELMA KACZMAREK

Mailing Address 2633 State Route 59, Suite B  
P O Box 345

City State Zip Code  
Ravenna OH 44266

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

Name of Employer Kaczmarek Ins. Services Agency Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** 16338112

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL KIELIAN

Mailing Address PO Box 45279

City State Zip Code  
Omaha NE 68145-0279

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

Name of Employer Occupation  
The Harry A. Koch Company Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338114**

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
MARY KRAMER

Mailing Address 2637 South 158th Plaza, Suite 200

City State Zip Code  
Omaha NE 68130-1769

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

Name of Employer Occupation  
Holmes Murphy and Associates Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338115**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
SHARON MCDERMOTT

Mailing Address 21425 Chancellor Road

City State Zip Code  
Elkorn NE 68022-4677

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

Name of Employer Occupation  
Diversified Benefits Group Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338131**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID MOORE

Mailing Address PO Box 1006

City Burlington State NC Zip Code 27216-1006

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338137**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
WESLEY MOORE, III

Mailing Address P O Box 604

City Darlington State SC Zip Code 29540-0604

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

Name of Employer W P Moore Agency  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338138**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
JOSHUA NACE

Mailing Address 936 North 34th Street, Suite 208

City Seattle State WA Zip Code 98103-8869

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

Name of Employer Dental Health Services Inc.  
Occupation Vice President Sales & Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

**Transaction ID: 16338142**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<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. MICHAEL NORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 999 295 E Palmer Street		<b>Transaction ID: 16338150</b>
City Franklin State NC Zip Code 28744-0999	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wayah Insurance Agency Occupation Account Executive	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN PARKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 47 Laurel Hill Drive		<b>Transaction ID: 16338154</b>
City Niantic State CT Zip Code 06357-1536	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Parker Agency Occupation Principal	Aggregate Year-to-Date ▼ 795.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID PERRY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1634 Ryan Street		<b>Transaction ID: 16338157</b>
City Lake Charles State LA Zip Code 70601-5949	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Perry Agency Inc. Occupation President	Aggregate Year-to-Date ▼ 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<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 Phifer</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 5495 Belt Line Road, Suite 155		<b>Transaction ID: 16338160</b>
City State Zip Code Dallas TX 75254-7643	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SafeGuard Health Enterprises	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID PRESTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address PO Box 1777		<b>Transaction ID: 16338161</b>
City State Zip Code Edmonds WA 98020-1777	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Insurance Resource Group Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>C. DENNIS RECKER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 971 North Perry Street		<b>Transaction ID: 16338163</b>
City State Zip Code Ottawa OH 45875-1218	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fawcett Lammon Recker & Associates	Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 68
	<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. GLEN RIENSCHÉ</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 3601 Calvert, Ste. 1		<b>Transaction ID: 16338168</b>	
City Lincoln	State NE	Zip Code 68506	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advanced Insurance Services Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH RIOS-CARL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 124 West Castellano Drive, Suite 2		<b>Transaction ID: 16338170</b>	
City El Paso	State TX	Zip Code 79912-6139	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Goodman Financial Group	Occupation VP - Employee Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 7101 S. 82nd St., #B		<b>Transaction ID: 16338173</b>	
City Lincoln	State NE	Zip Code 68516-6574	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midlands Financial Benefits	Occupation Registered Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1382.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 68
	<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. WILLIAM ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 100 S. Sunrise Way, PMB 364		<b>Transaction ID: 16338174</b>
City State Zip Code Palm Springs CA 92262	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>B. EUGENE ROWE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 16000 Ventura Blvd, Suite 1103		<b>Transaction ID: 16338178</b>
City State Zip Code Encino CA 91436-2767	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer R & R Insurance and Retirement Service	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN SALAMON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address PO Box 4252		<b>Transaction ID: 16338181</b>
City State Zip Code Timonium MD 21094-4252	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Heritage Financial Consultants LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<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)

**A.** Full Name (Last, First, Middle Initial)  
JACKIE SPRAGINS

Mailing Address PO Box 2073

City State Zip Code  
Wichita Falls TX 76307-2073

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

Name of Employer Spragins Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: 16338198

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
RYAN THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095-4538

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: 16338206

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
ALICIA TIEFENTHALER

Mailing Address 110 West 7th Street, Suite 2520

City State Zip Code  
Tulsa OK 74119-1104

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

Name of Employer Hillcrest Healthcare System Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: 16338207

Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DANIEL TOMPKINS, III

Mailing Address PO Box 1810  
800 Old Roswell Lakes Pkwy Suite 3

City Roswell State GA Zip Code 30077-1810

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

Name of Employer Admin America Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 6

Transaction ID: 16338208

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
JENNIFER TOUPS

Mailing Address PO Box 113113

City Metairie State LA Zip Code 70011-3113

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

Name of Employer Business Insurance Group Occupation Director of Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 6

Transaction ID: 16338209

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
JANET TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City Arlington State VA Zip Code 22201

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

Name of Employer NAHU Occupation Executive VP, CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 6

Transaction ID: 16338210

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MARILYN VAN SANT

Mailing Address 271 Route 46 West, Suite G206

City State Zip Code  
Fairfield NJ 07004-2475

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

Name of Employer Stratford Financial Group Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 745.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID: 16338213**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT VERNON

Mailing Address PO Box 18251

City State Zip Code  
Roanoke VA 24014-3004

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

Name of Employer DRR Consulting Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID: 16338214**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
CHARLES WAGNER

Mailing Address PO Box 9

City State Zip Code  
Burwell NE 68823-0009

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

Name of Employer Town and Country Insurance Agency Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID: 16338216**

Amount of Each Receipt this Period  
50.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
C.L. WESTMORELAND

Mailing Address PO Box 925

City State Zip Code  
Jackson MS 39205-0925

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

Name of Employer American Public Life Insurance Company  
Occupation Director of Agency Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** 16338219

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
PAULA WILSON

Mailing Address PO Box 892740

City State Zip Code  
Temecula CA 92589-2740

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

Name of Employer Paula L. Wilson Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** 16338224

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
BARBARA WONG

Mailing Address 1311 L Street

City State Zip Code  
Anchorage AK 99501

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

Name of Employer Capital Management Benefits Corp.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

**Transaction ID:** 16338229

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel L. Conrad

Mailing Address 170 East Lake View Dr

City State Zip Code  
Pinehurst NC 28374

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

Name of Employer Occupation  
John Hancock Brokerage Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

**Transaction ID:** 16500549

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
ROSS W KRAFT

Mailing Address 41 Notre Dame Lane

City State Zip Code  
Utica NY 13502

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

Name of Employer Occupation  
Meridian Group of New York Inc. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 565.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2006

**Transaction ID:** 16500554

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Norman Robins

Mailing Address 2875F Northtowne Ln. #502

City State Zip Code  
Reno NV 89512

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

Name of Employer Occupation  
Alta Insurance Agency Inc. President

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

**Transaction ID:** 16507931

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>660.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN A. GRIM</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 6	
Mailing Address P O Box 1105		<b>Transaction ID: 16510305</b>	
City Virginia Beach	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 23451-0105		Transaction ID: 16510305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Mid-Atlantic Agency Inc.	Occupation President	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	Amount of Each Receipt this Period 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth L. Schmidt</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 1332 Hunters Hollow Court		<b>Transaction ID: 16513808</b>	
City Eureka	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 63025-1051		Transaction ID: 16513808	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer MSM&F	Occupation Benefits Consultant	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	Amount of Each Receipt this Period 100.00	

Full Name (Last, First, Middle Initial) <b>C. KELLY FRISTOE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 807 8th Street, Suite 300 P.O. Box 4789		<b>Transaction ID: 16513809</b>	
City Wichita Falls	State TX	Amount of Each Receipt this Period 545.00	
Zip Code 76308-0789		Transaction ID: 16513809	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 545.00	
Name of Employer Financial Partners	Occupation Insurance Agent	Amount of Each Receipt this Period 545.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	Amount of Each Receipt this Period 545.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1145.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARY PRUITT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address PO Box 53010		<b>Transaction ID: 16560433</b>	
City Lubbock	State TX	Zip Code 79453-3010	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer HealthSmart Preferred Care Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. Beth M. Beam</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 5516 Lonas Drive, Suite 240		<b>Transaction ID: 16652035</b>	
City Knoxville	State TN	Zip Code 37909-3247	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Strategic Employee Benefits Services	Occupation Employee Benefit Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>C. SUE LARSEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 6465		<b>Transaction ID: 16757691</b>	
City Santa Barbara	State CA	Zip Code 93111-1925	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Larsen Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM BLAKELY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address PO Box 11310		<b>Transaction ID: 16757696</b>	
City Chattanooga	State TN	Zip Code 37401-2310	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Russ Blakely & Associates	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A. RIVERA</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 12200 Northwest Freeway, Suite 662		<b>Transaction ID: 16757697</b>	
City Houston	State TX	Zip Code 77092-4927	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest General Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

Full Name (Last, First, Middle Initial) <b>C. TRAVIS S. MIDDLETON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 20501 Katy Freeway, # 219		<b>Transaction ID: 16757698</b>	
City Katy	State TX	Zip Code 77450-1935	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer TradeMark Insurance Agency	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	215.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
SHARON ALT

Mailing Address 6410 Southwest Blvd, Suite 204

City State Zip Code  
Fort Worth TX 76109-3920

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

Name of Employer Occupation  
Alt Benefit Consultants Insurance Agent  
Inc.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID: 16757699**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
BRADFORD H. BLAIN

Mailing Address P O Box 4510

City State Zip Code  
Lexington KY 40544-4510

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

Name of Employer Occupation  
Al Torstrick Insurance Ag- Insurance Agent  
ency Inc.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID: 16757700**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 300 West Vine Street

City State Zip Code  
Lexington KY 40507-1621

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

Name of Employer Occupation  
CHA Health Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID: 16757701**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY SHERROD</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 1203-B West Loop 281, Suite 103		<b>Transaction ID: 16757707</b>
City State Zip Code Longview TX 75604	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Principal Life Insurance Co.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. TAMELA L. SOUTHAN</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 8431 San Leandro Drive		<b>Transaction ID: 16757708</b>
City State Zip Code Dallas TX 75218-4320	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer CONEXIS	Occupation Client Delivery New Business Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. JIM BOWMAN</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 2701 West 15th Street, # 554		<b>Transaction ID: 16757709</b>
City State Zip Code Plano TX 75075-7523	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Bowman & Bowman Consultants Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. BARBARA WONG</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1311 L Street		<b>Transaction ID: 16757711</b>	
City State Zip Code Anchorage AK 99501		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Capital Management Benefits Corp.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. DENNIS E. WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 111 East Ludwig Road, Suite 108		<b>Transaction ID: 16757725</b>	
City State Zip Code Fort Wayne IN 46825-4240		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer IntraHealth Solutions Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES R STENGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 268 South Street		<b>Transaction ID: 16757729</b>	
City State Zip Code Morristown NJ 07960-6019		Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NAS Financial Services		Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 68
	<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 D. JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 3510 Willow Ridge Drive		<b>Transaction ID: 16757733</b>
City State Zip Code Arlington TX 76017	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BenefitPort Southwest	Occupation Life & Health Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. H Luke MCDERMOTT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 883 West Baxter Drive		<b>Transaction ID: 16757735</b>
City State Zip Code South Jordan UT 84095-8506	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McDermott Company & Associates	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN R MCCONNAUGHEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 805		<b>Transaction ID: 16757756</b>
City State Zip Code West Chester OH 45071-0805	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer JRM & Associates Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
ANNE P SPERLING

Mailing Address 25 Antigua Road

City State Zip Code  
Santa Fe NM 87508-2201

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

Name of Employer Daniels Insurance Inc. Occupation Employee Benefits Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID: 16757758**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ALFONSO C. SCHIEBEL

Mailing Address 200 Sandy Springs Pl., # 300A

City State Zip Code  
Atlanta GA 30328-5918

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

Name of Employer Ashford Advisors Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID: 16757759**

Amount of Each Receipt this Period  
33.00

**C.** Full Name (Last, First, Middle Initial)  
ALBERT J TRAVASOS

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code  
Boca Raton FL 33431-7379

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

Name of Employer John Hancock Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID: 16757760**

Amount of Each Receipt this Period  
45.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 / 68
<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. SHERI S HOKIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 3330 Dundee Road, Suite C-3		<b>Transaction ID: 16757762</b>	
City State Zip Code Northbrook IL 60062-2328	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hokin Sternberg Insurance Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. TRACY Q BRADFORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 119 South Main Street, Suite 560		<b>Transaction ID: 16757767</b>	
City State Zip Code Memphis TN 38103	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Synaxis Polk & Sullivan Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C. RICK D. BAILEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 4390 Earney Road, Suite 240		<b>Transaction ID: 16757768</b>	
City State Zip Code Woodstock GA 30188-5687	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rick Bailey & Company Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 68
	<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. RAYMER M SALE, JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 424420 1255 Lakes Pkwy, Ste 120 Zip 3004		Transaction ID: 16757775
City State Zip Code Lawrenceville GA 30042	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer E2E Benefits Services In- c.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00	

Full Name (Last, First, Middle Initial) <b>B. DONALD B THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 9700 Ormsby Station Rd., # 200		Transaction ID: 16757776
City State Zip Code Louisville KY 40223-4207	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Thompson Associates Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. BOB G SHUPE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 2344		Transaction ID: 16757780
City State Zip Code Brentwood TN 37024-2344	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ESP Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
EDWARD L. ROLING

Mailing Address 343 Six Forks Road

City Raleigh State NC Zip Code 27609-7800

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

Name of Employer Delta Dental of North Carolina Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2006

**Transaction ID: 16757782**

Amount of Each Receipt this Period  
 30.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT J BISHOP

Mailing Address 2785 East Desert Inn Rd., # 134

City Las Vegas State NV Zip Code 89121-3623

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

Name of Employer KIA Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2006

**Transaction ID: 16757789**

Amount of Each Receipt this Period  
 84.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS W LANE

Mailing Address PO Box 5504

City Maryville State TN Zip Code 37802-5504

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

Name of Employer NAHU Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2006

**Transaction ID: 16757793**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
WALTER T. HALE

Mailing Address 211 East Church Street

City State Zip Code  
Morrilton AR 72110-3419

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

Name of Employer Hawkins Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 16757795

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JON C RAUSER

Mailing Address 400 East Wisconsin Avenue, # 200

City State Zip Code  
Milwaukee WI 53202-4499

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

Name of Employer The Rauser Agency Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 16757796

Amount of Each Receipt this Period  
170.00

**C.** Full Name (Last, First, Middle Initial)  
PETER VINTON

Mailing Address 9480 Deereco Road

City State Zip Code  
Timonium MD 21093-2102

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

Name of Employer Corporate Coverage LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 16757802

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
SUSAN MALEY Maley RASH

Mailing Address 2108 West Laburnum Avenue, Suite 3

City Richmond State VA Zip Code 23227-4300

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757803

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID S JOHNSON

Mailing Address P. O. Box 871129

City Stone Mountain State GA Zip Code 30087-0029

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

Name of Employer David S. Johnson Insurance Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757806

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
GERARD R. GERSHONOWITZ

Mailing Address 980 Broadway, Suite 608

City Thornwood State NY Zip Code 10594-1313

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

Name of Employer Morrell Consulting Group Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757807

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JAIME D HERNANDEZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 804 S. Bel Aire Drive		<b>Transaction ID: 16757809</b>
City State Zip Code Burbank CA 91501-1522	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Jardez Financal & Insurance Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. ROSS W KRAFT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 41 Notre Dame Lane		<b>Transaction ID: 16757812</b>
City State Zip Code Utica NY 13502	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Meridian Group of New York Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. MARK D. KENNEDY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1173 Brittmoore Road		<b>Transaction ID: 16757814</b>
City State Zip Code Houston TX 77043-5003	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	215.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CHARLES TROGDON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 7910 North Ingram Avenue, Suite 20		<b>Transaction ID: 16757816</b>
City State Zip Code Fresno CA 93711-5828	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Gallagher Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID S. CLULEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2220 Glen Echo, SE		<b>Transaction ID: 16757819</b>
City State Zip Code Grand Rapids MI 49546-5521	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PPOM	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. OWEN W. WINGATE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 155 Professional Dr		<b>Transaction ID: 16757820</b>
City State Zip Code Ponte Vedra Beach FL 32082-6217	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wingate Insurance Group Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. NICOLE FAIRBAIRN WONNELL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 14701 Cumberland Road, Suite 180		<b>Transaction ID: 16757823</b>
City State Zip Code Noblesville IN 46060-8715	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Creative Insurance Concepts Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS SHORES</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 8596 W Bolsa Ct.		<b>Transaction ID: 16757824</b>
City State Zip Code Boise ID 83709-5196	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer T.A. Shores Inc.	Occupation Business Growth Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY R. MILES</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 578 Washington Blvd., #801		<b>Transaction ID: 16757827</b>
City State Zip Code Marina del Rey CA 90292-5442	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Miles Organization Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 68
	<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. WILLIS H. GLAROS</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 184		<b>Transaction ID: 16757830</b>
City State Zip Code Dyer IN 46311-0184	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Employer Benefit Systems	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. DAN WEBB</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 2108 24th St Ste 2		<b>Transaction ID: 16757833</b>
City State Zip Code Bakersfield CA 93301-3748	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Webb Insurance Group	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS A. BRYON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 9820 Metcalf Ave., # 110		<b>Transaction ID: 16757839</b>
City State Zip Code Overland Park KS 66212	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SS&G and Associates Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 68
	<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. RYAN R. MCDERMOTT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 883 West Baxter Drive		<b>Transaction ID: 16757840</b>	
City State Zip Code South Jordan UT 84095-8506	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McDermott Company & Associates	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN A. GRIM</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address P O Box 1105		<b>Transaction ID: 16757842</b>	
City State Zip Code Virginia Beach VA 23451-0105	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mid-Atlantic Agency Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA A GRIFFEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 227 Dixie Way North Suite 210		<b>Transaction ID: 16757860</b>	
City State Zip Code South Bend IN 46637	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Page 1 Benefits Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 68
	<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. MICHELLE S HOWARD</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 2850 West Grand Boulevard		<b>Transaction ID: 16757861</b>	
City State Zip Code Detroit MI 48202-2643	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance Plan	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. RON J. NEZAT</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address PO Box 91180		<b>Transaction ID: 16757863</b>	
City State Zip Code Lafayette LA 70509-1180	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Global Financial Resources Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00		

Full Name (Last, First, Middle Initial) <b>C. CAROLYN L GOODWIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 4851 LBJ Freeway, Suite 800		<b>Transaction ID: 16757865</b>	
City State Zip Code Dallas TX 75244-6004	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROSEMARY DEININGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 12801 N. Central Expressway, Suite		<b>Transaction ID: 16757866</b>
City State Zip Code Dallas TX 75243-1741	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Waldman Brothers	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. ROSANNE WOLFE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 4600 East Swans Nest Road		<b>Transaction ID: 16757867</b>
City State Zip Code Tucson AZ 85718-6248	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wolfe Insurance & Consultants LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. SHEILA H HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 21700 Oxnard St., # 1270		<b>Transaction ID: 16757868</b>
City State Zip Code Woodland Hills CA 91367-3669	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Financial Independence Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
CAROLYNNE E. MULDOON

Mailing Address 457 Main Street

City State Zip Code  
Longmont CO 80501-5534

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

Name of Employer Milestone Insurance Agency Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757869

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS L VOITER

Mailing Address 100 Amaryllis Drive

City State Zip Code  
Lafayette LA 70503-3215

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

Name of Employer Physician's Mutual Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757870

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
SYDNEY BRILEY

Mailing Address 605 E Van Buren Street

City State Zip Code  
Broken Arrow OK 74011-7261

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

Name of Employer Employee Benefit Solutions Inc. Occupation Benefits Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757873

Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
RANDY C. JOPIE

Mailing Address 5075 Cascade Road SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer  
Collins & Associates Corporation  
Occupation  
Director of Employee Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

**Transaction ID: 16757874**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCIS A RUGGIERO

Mailing Address 15 Kennedy Drive

City State Zip Code  
Budd Lake NJ 07828-1438

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

Name of Employer  
The Ruggiero Group LLC  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

**Transaction ID: 16757878**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
TERRI Dumas ADAMS

Mailing Address PO Box 1290

City State Zip Code  
Prairieville LA 70769-1290

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

Name of Employer  
Benefit Strategies  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

**Transaction ID: 16757882**

Amount of Each Receipt this Period  
40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 68
	<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. NORMAN D. SPRINGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 1626 East 203rd Street		<b>Transaction ID: 16757888</b>	
City State Zip Code Westfield IN 46074-9687	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Community Mutual	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. PHYLLIS SWEZY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address P O Box 1769		<b>Transaction ID: 16757889</b>	
City State Zip Code Morganton NC 28680-1769	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Black & Associates LLC	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA A GRIFFEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 227 Dixie Way North Suite 210		<b>Transaction ID: 16757890</b>	
City State Zip Code South Bend IN 46637	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Page 1 Benefits Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 68
	<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. JOHN Philip GARVEN</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 11715 East Main Street - PO Box 8		<b>Transaction ID: 16757892</b>
City State Zip Code Huntley IL 60142-6913	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Benico LTD	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. ZAVEN KAZAZIAN</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 35 North Lake Avenue, Suite 720		<b>Transaction ID: 16757895</b>
City State Zip Code Pasadena CA 91101-1856	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer Garner Insurance Services	Occupation Insurance Agent	
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. BRIAN W. LIECHTY</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 120 East Washington Street		<b>Transaction ID: 16757902</b>
City State Zip Code Plymouth IN 46563-1744	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer KL Benefits	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD P COBURN

Mailing Address 19 Minor Court

City State Zip Code  
San Rafael CA 94903-3716

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

Name of Employer Word & Brown Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757903

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN L WARWICK

Mailing Address PO Box 272  
1907 B Mangrove Ave.

City State Zip Code  
Chico CA 95927-0272

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

Name of Employer John Warwick Insurance Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 755.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757915

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
ERIC J JOHNSON

Mailing Address P.O. Box 244261

City State Zip Code  
Anchorage AK 99503-2647

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

Name of Employer Innovative Benefit Design Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757916

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
SUSAN T. COOK

Mailing Address 3495 Piedmont Road, NE  
9 Piedmont Center

City Atlanta State GA Zip Code 30305-1773

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

Name of Employer Kaiser Permanente Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

**Transaction ID:** 16757917

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
DANIEL W. MCMAHON

Mailing Address 123 East 2nd Avenue

City Spokane State WA Zip Code 99202-1504

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

Name of Employer Jones & Mitchell Insurance Occupation Benefits Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

**Transaction ID:** 16757924

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
GREG A YODER

Mailing Address 1055 Minnesota Avenue

City San Jose State CA Zip Code 95125-2451

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

Name of Employer Ray Silva Insurance Associates Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

**Transaction ID:** 16757930

Amount of Each Receipt this Period  
100.00

<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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 / 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM D ROBINSON

Mailing Address 739 East Jackson Street

City State Zip Code  
Martinsville IN 46151-2033

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

Name of Employer American Community Mutual Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID:** 16757933

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY R. GROSSNICKLE

Mailing Address 1405 North College Avenue

City State Zip Code  
Bloomington IN 47404-2417

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

Name of Employer First Insurance Group Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID:** 16757934

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
ALINE H. ROBERTS

Mailing Address 3537 Old Conejo Road Suite 114

City State Zip Code  
Newberry Park CA 91320

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

Name of Employer Insurance Dimensions  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID:** 16757936

Amount of Each Receipt this Period  
170.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
TERESA F DEBRUIN

Mailing Address 5880 Live Oak Parkway  
Suite 230

City Norcross State GA Zip Code 30092-2188

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

Name of Employer DeBruin Benefit Services Inc./ AA LaR Occupation Insurance Agent

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

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757937

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
GREG J. SEIFERT

Mailing Address PO Box 189  
916 Main Street

City Vancouver State WA Zip Code 98666-0189

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

Name of Employer Biggs Insurance Services Occupation Insurance Agent

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

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757938

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL E. SMITH

Mailing Address 124 Washington Street

City Middletown State CT Zip Code 06457-2820

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

Name of Employer AmeriBen Alliance LLC Occupation Insurance Agent

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

Date of Receipt  
08 / 30 / 2006

Transaction ID: 16757948

Amount of Each Receipt this Period  
85.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 68
	<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. JUAN LOPEZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1851 E. First Suite 1100		Transaction ID: 16757957
City Orange State CA Zip Code 92868-1538	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kaiser Permanente Occupation Manager	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RONALD M LEVINE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3965 Johns Creek Ct., Suite- A		Transaction ID: 16757962
City Suwanee State GA Zip Code 30024	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ARINSO International Occupation Vice President of Sales, SE	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JIMMY G CHANDLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 10 Oriole Glen		Transaction ID: 16757964
City Swannanoa State NC Zip Code 28778	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Health & Disability Specialists Occupation Insurance Agent	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CHARLES T GARTLAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address PO Box 1268		<b>Transaction ID: 16757969</b>	
City State Zip Code Toms River NJ 08754-1268		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer BenefitPort LLC		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES C BOSIER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 1230		<b>Transaction ID: 16757970</b>	
City State Zip Code Waterloo IA 50704-1230		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Net Worth Advisors		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. MEL A SCHLESINGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address PO Box 30100		<b>Transaction ID: 16757979</b>	
City State Zip Code Winston Salem NC 27130-0100		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Rainmakers Group Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 690.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 68
	<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. RUSH DAVID DIXON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 1375 Piccard Drive		<b>Transaction ID: 16757986</b>	
City State Zip Code Rockville MD 20850-4311	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Early Cassidy and Schilling	Occupation VP of Employee Benefits		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. JAMES D SCHULZ</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 7101 S. 82nd St.		<b>Transaction ID: 16757994</b>	
City State Zip Code Lincoln NE 68516-6574	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midlands Financial Benefits	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL E MATZNICK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address PO Box 38248 3300 Battleground Ave. #200 (2741)		<b>Transaction ID: 16757995</b>	
City State Zip Code Greensboro NC 27438-8248	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EbenConcepts Company	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	265.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 68
	<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. CHRISTOPHER HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 921-C South McPherson Church Road		<b>Transaction ID: 16757996</b>
City State Zip Code Fayetteville NC 28303-5368	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ebenconcepts Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. HUGH HENDRICKSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1019 Pacific Ave. Suite 1110		<b>Transaction ID: 16758001</b>
City State Zip Code Tacoma WA 98402-4468	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Strategic Employee Benefit Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. JESSE A PATTON</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1112 Maple Street		<b>Transaction ID: 16758003</b>
City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Associations Marketing Group Inc.	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2160.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	345.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
CRISTY RUSSELL RUSSELL GUPTO

Mailing Address 357 Sanford Drive

City State Zip Code  
Morganton NC 28655

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

Name of Employer Flexible Benefit Management  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

**Transaction ID:** 16758005

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
KERRY D ALDRIDGE

Mailing Address 1501 N. Limestone, Suite 100

City State Zip Code  
Lexington KY 40505-3200

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

Name of Employer CKBS Insurance Group  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

**Transaction ID:** 16758009

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
M HUGHES WARREN, JR

Mailing Address P.O. Box 7661

City State Zip Code  
Wilmington NC 28406-7661

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

Name of Employer Ebenconcepts Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

**Transaction ID:** 16758010

Amount of Each Receipt this Period  
40.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CLAUDIA MACIUK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 2040 Terry Street, Suite 101		<b>Transaction ID: 16758013</b>	
City State Zip Code Longmont CO 80501-1890	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Volk & Associates Insurance Agency In	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address PO Box 8357		<b>Transaction ID: 16758014</b>	
City State Zip Code Tyler TX 75711-8357	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

Full Name (Last, First, Middle Initial) <b>C. ROBERT A ZIFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 17 North Delmorr Avenue		<b>Transaction ID: 16758015</b>	
City State Zip Code Morrisville PA 19067-6278	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Avanti Benefits Corp	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 62 / 68	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
ELEANOR BROCKHURST

Mailing Address 1212 East Osborn Road, Suite 110

City	State	Zip Code
Phoenix	AZ	85014-5533

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

Name of Employer Brockhurst & Associates Inc.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: 16758017

Amount of Each Receipt this Period

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11307.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 68

<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) <b>A. Merchant Services</b>		<b>Transaction ID:</b> 16869475 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 425.01
City Knoxville State TN Zip Code 37920-6612	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Processing Fee

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 16869570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 111.45
City Clinton State MD Zip Code 20735	Purpose of Disbursement Account Analysis Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Account Analysis Fee

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 16869601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 93.66
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Processing Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	630.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	630.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Friends Of Blanche Lincoln</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 1</p>		<p>Transaction ID: 16330940</p> <p>Date of Disbursement</p> <p>08 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Contribution</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B.</b> Thelma Drake For Congress</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 61480</p> <p>City Virginia Beach State VA Zip Code 23466</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Thelma D. Drake</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 2</p>		<p>Transaction ID: 16330939</p> <p>Date of Disbursement</p> <p>08 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Contribution</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C.</b> Committee To Re-Elect Vito Fossella</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 120197</p> <p>City Staten Island State NY Zip Code 10312</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Vito J. Fossella</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 13</p>		<p>Transaction ID: 16330996</p> <p>Date of Disbursement</p> <p>08 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Contribution</p> <p>011 Category/ Type</p> <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>3000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

# 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) <b>A. Committee To Re-Elect Bobby Jindal</b>		<b>Transaction ID:</b> 16331172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00 Contribution
City Metairie State LA Zip Code 70011		
Purpose of Disbursement Contribution Candidate Name Rep. Bobby Jindal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 1	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sandhills Political Action Committee</b>		<b>Transaction ID:</b> 16330931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 1310 G Street, NW Suite 600		Amount of Each Disbursement this Period 1500.00 Contribution
City Washington State DC Zip Code 20005		
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Friends For Mike McGavick</b>		<b>Transaction ID:</b> 16331174 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 1000.00 Contribution
City Seattle State WA Zip Code 98109		
Purpose of Disbursement Contribution Candidate Name Mr. Michael McGavick Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 2	011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Steele For Maryland Inc</b>		<b>Transaction ID:</b> 16330882 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 1350 Dorsey Rd. Bldg. A Suite A		Amount of Each Disbursement this Period 1000.00 Contribution
City Hanover State MD Zip Code 21076	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Mr. Michael Steele		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. New Republican Majority Fund</b>		<b>Transaction ID:</b> 16331175 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 201 North Union Street, Suite 530		Amount of Each Disbursement this Period 1000.00 Contribution
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Boehner</b>		<b>Transaction ID:</b> 16507959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 500.00 Contribution
City West Chester State OH Zip Code 45069	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Rep. John A. Boehner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Wally Herger For Congress Committee</b>		<b>Transaction ID:</b> 16507955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1500		Amount of Each Disbursement this Period 1000.00 Contribution
City Chico State CA Zip Code 95927	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Wally Herger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committe To Re-Elect Ed Towns</b>		<b>Transaction ID:</b> 16508040 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Brooklyn State NY Zip Code 11233	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Edolphus Towns		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Thelma Drake For Congress</b>		<b>Transaction ID:</b> 16508042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO Box 61480		Amount of Each Disbursement this Period 1000.00 Contribution
City Virginia Beach State VA Zip Code 23466	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thelma D. Drake		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal For Congress</b>		<b>Transaction ID:</b> 16591018 Date of Disbursement 08 / 28 / 2006
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2000.00
City Gainesville State GA Zip Code 30503	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nathan Deal Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee Inc</b>		<b>Transaction ID:</b> 16591015 Date of Disbursement 08 / 28 / 2006
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Orrin G. Hatch Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 1		

Full Name (Last, First, Middle Initial) <b>C. Bob Goodlatte For Congress Committee</b>		<b>Transaction ID:</b> 16948248 Date of Disbursement 08 / 31 / 2006
Mailing Address P.O. Box 292		Amount of Each Disbursement this Period -500.00
City Roanoke State VA Zip Code 24002	Void - check dated 4/28/2006	
Purpose of Disbursement Void - check dated 4/28/2006 Candidate Name Rep. Robert W. Goodlatte Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14500.00</b>