



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		186528.21
(b) Cash on Hand at Beginning of Reporting Period.....	186528.21	
(c) Total Receipts (from Line 19) .....	95374.62	95374.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	281902.83	281902.83
7. Total Disbursements (from Line 31).....	60749.33	60749.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	221153.50	221153.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51385.00	51385.00
(ii) Unitemized .....	43987.43	43987.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	95372.43	95372.43
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	95372.43	95372.43
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.19	2.19
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	95374.62	95374.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	95374.62	95374.62

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	1749.33	1749.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1749.33	1749.33
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59000.00	59000.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60749.33	60749.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60749.33	60749.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	95372.43	95372.43
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	95372.43	95372.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1749.33	1749.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1749.33	1749.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Robelynn Abadie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10616 Timberlake Dr  
 City Baton Rouge State LA Zip Code 70810-6614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Abadie Financial Svcs, LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12234**  
 Amount of Each Receipt this Period  
 250.00

**B. Elizabeth Ashmore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6102 82nd St Ste 6  
 City Lubbock State TX Zip Code 79424-0803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ashmore & Associates Insurance Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12208**  
 Amount of Each Receipt this Period  
 150.00

**C. Randolph Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4151 Executive Pkwy Ste 210  
 City Westerville State OH Zip Code 43081-3872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National United Brokers Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2012  
**Transaction ID : 12187**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kathryn Beals**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1277 Deming Way  
 City Madison State WI Zip Code 53717-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dean Health Plan Occupation Director Group Retention  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 01 / 24 / 2012  
**Transaction ID : 12200-P54321**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**B. Lori Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 Bedford Rd Ste 350  
 City Pleasantville State NY Zip Code 10570-3041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bell Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 28 / 2012  
**Transaction ID : 12215**  
 Amount of Each Receipt this Period 1500.00

**C. David Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6167 Bristol Pkwy Ste 370  
 City Culver City State CA Zip Code 90230-4891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DCB Insurance Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 13 / 2012  
**Transaction ID : 12088**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2670.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David A. Berman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6510 N Shadeland Ave  
 City Indianapolis State IN Zip Code 46220-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neace Lukens Holding Company, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 24 / 2012  
**Transaction ID : 12200-P54327**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction (\$85.00 Monthly)

**B. Thomas Besselman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Perkins Rd Bldg A # 2B  
 City Baton Rouge State LA Zip Code 70808-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Besselman & Little Agency, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2012  
**Transaction ID : 12202-P54920**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction (\$250.00 Monthly)

**C. Andrew Biernat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 231  
 City Rome State NY Zip Code 13442-0231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown & Brown Insurance Occupation Vice President, Employee Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 23 / 2012  
**Transaction ID : 12188**  
 Amount of Each Receipt this Period 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Laura Blomgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 E Woodfield Rd Ste 625  
 City Schaumburg State IL Zip Code 60173-5435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peridot Financial Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 01 / 24 / 2012  
**Transaction ID : 12202-P54796**  
 Amount of Each Receipt this Period 300.00  
 Payroll Deduction (\$30.00 Monthly)

**B. Jennifer Borislow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Griffin Brook Dr  
 City Methuen State MA Zip Code 01844-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jennifer A. Borislow Ins. Agency, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2012  
**Transaction ID : 12294**  
 Amount of Each Receipt this Period 1000.00

**C. Quincy Branch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2480 N Decatur Blvd Ste 140  
 City Las Vegas State NV Zip Code 89108-2988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Branch Benefits Consultants Occupation President / CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2012  
**Transaction ID : 12111**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1530.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<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. Quincy L. Branch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2480 N Decatur Blvd Ste 140  
 City Las Vegas State NV Zip Code 89108-2988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Branch Benefits Consultants Occupation President / CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2012  
**Transaction ID : 12174**  
 Amount of Each Receipt this Period  
 0

**B. Shawn F. Brashears**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 International Cir  
 City Hunt Valley State MD Zip Code 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kelly & Associates Insurance Group Occupation Director of Business Developme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12293**  
 Amount of Each Receipt this Period  
 240.00

**C. Hazel Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1470 Enea Cir # 1725  
 City Concord State CA Zip Code 94520-5290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HB Resources Insurance Service Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2012  
**Transaction ID : 12072**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 740.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Edward Byrd</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2012 <b>Transaction ID : 12284</b>
Mailing Address PO Box 1396		Amount of Each Receipt this Period 1000.00
City Irmo	State SC	Zip Code 29063
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1000.00	
Name of Employer Southeastern Insurance Consultants, L	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Colleen Callahan</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2012 <b>Transaction ID : 12285</b>
Mailing Address 3435 Mt Diablo Blvd Ste 210		Amount of Each Receipt this Period 365.00
City Lafayette	State CA	Zip Code 94549
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 365.00	
Name of Employer Colleen Callahan Insurance Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Russell Childers</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12200-P54319</b>
Mailing Address PO Box 1547		Amount of Each Receipt this Period 95.00
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 220.00	
Name of Employer Russ Childers, CLU	Occupation Broker	Payroll Deduction (\$95.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1460.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 59
	<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. Rita Cleveland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3342 Greystone Way  
City Valdosta State GA Zip Code 31605-1096  
FEC ID number of contributing federal political committee. **C**  
Name of Employer H&H Insurance Solutions, Inc. Occupation Benefits Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 12 / 2012  
**Transaction ID : 12073**  
Amount of Each Receipt this Period  
350.00

**B. Bill Collosky**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 20897  
City Indianapolis State IN Zip Code 46220-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stakeholder, Inc. Occupation IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2012  
**Transaction ID : 12108**  
Amount of Each Receipt this Period  
175.00

**C. Bill Collosky**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 20897  
City Indianapolis State IN Zip Code 46220-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stakeholder, Inc. Occupation IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2012  
**Transaction ID : 12109**  
Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 15800 Crabbs Branch Way # 350

City Rockville State MD Zip Code 20855-2604

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

Name of Employer Independent Benefit Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 24 / 2012**  
**Transaction ID : 12200-P54286**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 12421 Meredith Dr

City Urbandale State IA Zip Code 50398-3344

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

Name of Employer Marsh U.S. Consumer Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 24 / 2012**  
**Transaction ID : 12200-P54287**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

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

Mailing Address 39500 High Pointe Blvd Ste 400

City Novi State MI Zip Code 48375-5517

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

Name of Employer Health Care Administrators Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 24 / 2012**  
**Transaction ID : 12202-P54850**

Amount of Each Receipt this Period  
**42.00**

Payroll Deduction  
 (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **212.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Johnny L Dawkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921-C S McPherson Church Rd  
 City Fayetteville State NC Zip Code 28303-5368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ebenconcepts Occupation Broker/Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt 01 / 24 / 2012  
**Transaction ID : 12202-P54528**  
 Amount of Each Receipt this Period 142.00  
 Payroll Deduction (\$142.00 Monthly)

**B. Michael Deagle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 Charles St  
 City Geneva State IL Zip Code 60134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coordinated Benefits Company Occupation Senior Benefits Strategist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2012  
**Transaction ID : 12241**  
 Amount of Each Receipt this Period 325.00

**C. Rush Dixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1375 Piccard Dr  
 City Rockville State MD Zip Code 20850-4311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Early Cassidy and Schilling Occupation VP of Employee Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 01 / 24 / 2012  
**Transaction ID : 12202-P54500**  
 Amount of Each Receipt this Period 170.00  
 Payroll Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 637.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 5407 Trillium Blvd Ste 250

City Hoffman Estates	State IL	Zip Code 60192-3415
-------------------------	-------------	------------------------

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

Name of Employer American Worker Plans, Inc.	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

**Transaction ID : 12209**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 2170

City Conway	State AR	Zip Code 72033-2170
----------------	-------------	------------------------

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

Name of Employer Conway Financial Services, Inc.	Occupation Owner/President
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2012

**Transaction ID : 12298**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ronald Dutton**

Mailing Address 9401 Indian Creek Pkwy Ste 1050

City Overland Park	State KS	Zip Code 66210
-----------------------	-------------	-------------------

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

Name of Employer RJDutton Incorporated	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

**Transaction ID : 12237**

Amount of Each Receipt this Period  
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 59
	<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. Matthew Fair</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2012 <b>Transaction ID : 12292</b>
Mailing Address 40 Richards Ave		Amount of Each Receipt this Period 365.00
City Norwalk	State CT	Zip Code 06854
FEC ID number of contributing federal political committee. C	Name of Employer Pierson & Smith	Occupation Partner
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>B. Blair Farwell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2012 <b>Transaction ID : 12236</b>
Mailing Address 1501 E Woodfield Rd Ste 110		Amount of Each Receipt this Period 750.00
City Schaumburg	State IL	Zip Code 60173
FEC ID number of contributing federal political committee. C	Name of Employer Resource Brokerage LLC	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Barry J. Fisher</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2012 <b>Transaction ID : 12238</b>
Mailing Address 7343 El Camino Real		Amount of Each Receipt this Period 150.00
City Atascadero	State CA	Zip Code 93422
FEC ID number of contributing federal political committee. C	Name of Employer Barry J. Fisher Insurance Marketing	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1265.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Erin Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 Courtland Ave Apt 6

City State Zip Code  
Stamford CT 06902-3443

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

Name of Employer Occupation  
Find Medicare Plans Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2012  
**Transaction ID : 12031**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 131 Courtland Ave Apt 6

City State Zip Code  
Stamford CT 06902-3443

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

Name of Employer Occupation  
Find Medicare Plans Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2012  
**Transaction ID : 12032**

Amount of Each Receipt this Period  
125.00

**C. Erin B. Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 Courtland Ave Apt 6

City State Zip Code  
Stamford CT 06902-3443

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

Name of Employer Occupation  
Find Medicare Plans Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
337.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 24 / 2012  
**Transaction ID : 12202-P54517**

Amount of Each Receipt this Period  
87.00

Payroll Deduction  
(\$87.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 337.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Randy R. Flem**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 68787  
 City Seattle State WA Zip Code 98168-0787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Underwriters Corp. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2012  
**Transaction ID : 12046**  
 Amount of Each Receipt this Period  
 500.00

**B. Eva Jean Fomalont**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4101 Indian School Rd NE  
 City Albuquerque State NM Zip Code 87110-3988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lovelace Health Plan Occupation Mgr., Sales/Retention Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12211**  
 Amount of Each Receipt this Period  
 150.00

**C. Eva Jean Fomalont**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4101 Indian School Rd NE  
 City Albuquerque State NM Zip Code 87110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lovelace Health Plan Occupation Mgr., Sales/Retention Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12239**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
	<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. Jonathan Frisch**  
Full Name (Last, First, Middle Initial)

Mailing Address 618 Oakleaf Office Ln Ste 200

City	State	Zip Code
Memphis	TN	38117

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

Name of Employer	Occupation
Zalowitz Frisch Benefits Group	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

**Transaction ID : 12249**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1706 Grayscroft Dr

City	State	Zip Code
Waxhaw	NC	28173-6678

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

Name of Employer	Occupation
Horizon Benefits Consultants, Inc	Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

**Transaction ID : 12202-P54587**

Amount of Each Receipt this Period  
45.00

Payroll Deduction  
(\$45.00 Monthly)

**C. Joan Galletta**  
Full Name (Last, First, Middle Initial)

Mailing Address 3342 Kori Rd

City	State	Zip Code
Jacksonville	FL	32257-8883

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

Name of Employer	Occupation
JP Perry Insurance, Inc.	Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

**Transaction ID : 12202-P54755**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Joy K Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9424 Double R Blvd  
 City Reno State NV Zip Code 89521-5977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comstock Insurance Agencies, Inc. Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **01 / 24 / 2012**  
**Transaction ID : 12200-P54237**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction (\$40.00 Monthly)

**B. Mark Gaunya**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Griffin Brook Dr  
 City Methuen State MA Zip Code 01844-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Borislow Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 30 / 2012**  
**Transaction ID : 12295**  
 Amount of Each Receipt this Period **1000.00**

**C. Richard Girdler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Seaboard Ln Ste C-170  
 City Franklin State TN Zip Code 37067-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cowan Benefit Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **01 / 24 / 2012**  
**Transaction ID : 12202-P54788**  
 Amount of Each Receipt this Period **85.00**  
 Payroll Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **1125.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<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. Donald Goldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 721 S Parker St Ste 300

City Orange State CA Zip Code 92868-4732

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

Name of Employer Word and Brown Occupation VP of Word & Brown University

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12212**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 4851 Lyndon B Johnson Fwy Ste 1100

City Dallas State TX Zip Code 75244-6025

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

Name of Employer BenefitMall TX Occupation EVP - Marketing Ops.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2012  
**Transaction ID : 12185**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 233 S 13th St Ste 1650

City Lincoln State NE Zip Code 68508-2036

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

Name of Employer The Harry A. Koch Company Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12200-P54269**

Amount of Each Receipt this Period  
 125.00

Payroll Deduction  
 (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<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. Cynthia Guld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2026 Yankee Dr  
 City Windsor State CO Zip Code 80550-4685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : 12129**  
 Amount of Each Receipt this Period  
 190.00

**B. Cynthia Guld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2026 Yankee Dr  
 City Windsor State CO Zip Code 80550-4685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : 12128**  
 Amount of Each Receipt this Period  
 190.00

**C. Scott Hafetz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 New Rd Ste D  
 City Linwood State NJ Zip Code 08221-1250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hafetz & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2012  
**Transaction ID : 12189**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 880.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard Haisha**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2903

City Spring Valley State CA Zip Code 91979

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

Name of Employer Haisha Insurance Services Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12266**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 8110 E 32nd St N Ste 100

City Wichita State KS Zip Code 67226-2616

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

Name of Employer Hardman Benefit Plans, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2012  
**Transaction ID : 12060**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 8110 E 32nd St N Ste 100

City Wichita State KS Zip Code 67226

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

Name of Employer Hardman Benefit Plans, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12267**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Harrison</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12202-P54830</b>
Mailing Address 921-C S McPherson Church Rd		Amount of Each Receipt this Period 410.00
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C	Name of Employer Ebenconcepts Company	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
		Payroll Deduction (\$410.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Craig Hasday</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2012 <b>Transaction ID : 12139</b>
Mailing Address 350 Hudson St		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10014-4504
FEC ID number of contributing federal political committee. C	Name of Employer Frenkel Benefits LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Craig Hasday</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2012 <b>Transaction ID : 12268</b>
Mailing Address 350 Hudson St		Amount of Each Receipt this Period 150.00
City New York	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C	Name of Employer Frenkel Benefits LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Hedy Hebert</b>		Date of Receipt
Mailing Address 4816 Woodberry Ln		M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2012
City Benton	State LA	Zip Code 71006
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 12270</b>
Name of Employer Benefit Consulting Services		Amount of Each Receipt this Period
Occupation Broker		150.00
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. Hedy Hebert</b>		Date of Receipt
Mailing Address 4816 Woodberry Ln		M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2012
City Benton	State LA	Zip Code 71006
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 12271</b>
Name of Employer Benefit Consulting Services		Amount of Each Receipt this Period
Occupation Broker		125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		305.00

Full Name (Last, First, Middle Initial) <b>C. John Hinck</b>		Date of Receipt
Mailing Address 211 McLaws Cir Ste 2		M M M / D D D / Y Y Y Y Y Y 01 / 24 / 2012
City Williamsburg	State VA	Zip Code 23185-5649
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 12202-P54857</b>
Name of Employer Centaurus Financial, Inc.		Amount of Each Receipt this Period
Occupation Broker		30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)
		Aggregate Year-to-Date ▼
		205.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Robert Hurley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 E Middlefield Rd  
 City Mountain View State CA Zip Code 94043-4006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer eHealth Insurance Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2012  
**Transaction ID : 12061**  
 Amount of Each Receipt this Period  
 325.00

**B. Keith James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6055 Primacy Pkwy Ste 300  
 City Memphis State TN Zip Code 38119-5773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The James Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : 12127**  
 Amount of Each Receipt this Period  
 1000.00

**C. Keith James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6055 Primacy Pkwy Ste 300  
 City Memphis State TN Zip Code 38119-5773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The James Group, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : 12126**  
 Amount of Each Receipt this Period  
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David S Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1482 Baron Ct  
 City Stone Mountain State GA Zip Code 30087-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David S. Johnson Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12202-P54619**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction (\$200.00 Monthly)

**B. Philip Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4723 Spottswood Ave  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Argyle Benefits Consultants, LLC Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12274**  
 Amount of Each Receipt this Period 365.00

**C. Suzanne Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6235 Morrison Blvd Ste 302  
 City Charlotte State NC Zip Code 28211-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategic Employee Benefit Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12232**  
 Amount of Each Receipt this Period 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 59
	<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. Jack Kalosy**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Hollyhock Way

City State Zip Code  
Newton NJ 07860

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

Name of Employer Occupation  
BenefitMall Senior Broker Sales Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 28 / 2012  
**Transaction ID : 12275**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 424 Lewis Hargett Cir Ste 100

City State Zip Code  
Lexington KY 40503-3683

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

Name of Employer Occupation  
Northwestern Mutual Financial Network Employee Benefits Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 10 / 2012  
**Transaction ID : 12053**

Amount of Each Receipt this Period  
500.00

**C. Roger J Kelley**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 Lewis Hargett Cir Ste 100

City State Zip Code  
Lexington KY 40503-3683

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

Name of Employer Occupation  
Northwestern Mutual Financial Network Employee Benefits Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
572.00

Date of Receipt  
01 / 24 / 2012  
**Transaction ID : 12202-P54879**

Amount of Each Receipt this Period  
72.00

Payroll Deduction  
(\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 822.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 59
	<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. Tamara Kennedy</b>		Date of Receipt
Mailing Address 7740 N 16th St Ste 110		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Phoenix	AZ	85020-4481
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12202-P54884</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	Payroll Deduction
Rogers Benefit Group, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	(\$200.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lawrence Kitts</b>		Date of Receipt
Mailing Address 6500 City West Pkwy Ste 100		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Eden Prairie	MN	55344
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12258</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Horizon Agency, Inc	Principal	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jim Lawless</b>		Date of Receipt
Mailing Address 989 Governors Ln Ste 350		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lexington	KY	40513-1173
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12202-P54927</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	Payroll Deduction
Benefit Advisors dba Lawless Insuranc	Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="217.00"/>	(\$42.00 Monthly)
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="742.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Christopher Leahy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10800 Midlothian Tpke Ste 260  
 City Richmond State VA Zip Code 23235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leahy Consulting Services Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12279**  
 Amount of Each Receipt this Period  
 365.00

**B. Douglas Lubenow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 W Main St Ste 203  
 City Moorestown State NJ Zip Code 08057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lubenow Agency Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12280**  
 Amount of Each Receipt this Period  
 200.00

**C. Maurice Lyons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Madison Ave Fl 4  
 City New York State NY Zip Code 10017-8103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medical Link, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2012  
**Transaction ID : 12066**  
 Amount of Each Receipt this Period  
 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3565.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<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. Maurice Lyons</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2012 <b>Transaction ID : 12230</b>
Mailing Address 301 Madison Ave Fl 4		Amount of Each Receipt this Period 150.00
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C	Name of Employer The Medical Link, Inc.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3400.00	

Full Name (Last, First, Middle Initial) <b>B. Maurice Lyons</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12202-P54944</b>
Mailing Address 301 Madison Ave Fl 4		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C	Name of Employer The Medical Link, Inc.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00	
		Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Victoria A. Major-Bell</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12200-P54336</b>
Mailing Address PO Box 540034		Amount of Each Receipt this Period 30.00
City Lake Worth	State FL	Zip Code 33454-0034
FEC ID number of contributing federal political committee. C	Name of Employer VMB Solutions	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Payroll Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 59
	<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. Lisa Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Old Graves Mill Rd

City Lynchburg State VA Zip Code 24502-4317

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

Name of Employer Scott Insurance Occupation RHU Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2012**

**Transaction ID : 12033**

Amount of Each Receipt this Period  
**175.00**

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

Mailing Address 501 N Riverpoint Blvd Ste. 403

City Spokane State WA Zip Code 99202-1649

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

Name of Employer Western States Jones & Mitchell Occupation Benefits Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 24 / 2012**

**Transaction ID : 12202-P54967**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction  
 (\$85.00 Monthly)

**C. Keith Mcneil**  
Full Name (Last, First, Middle Initial)

Mailing Address 7200 Redwood Blvd Ste 400

City Novato State CA Zip Code 94945

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

Name of Employer McNeil Benefits Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2012**

**Transaction ID : 12282**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 59
	<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. Norman Michaels**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 Business Park Dr Ste 306

City Armonk	State NY	Zip Code 10504
----------------	-------------	-------------------

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

Name of Employer Michaels & Associates	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

**Transaction ID : 12283**

Amount of Each Receipt this Period  
150.00

**B. Norman Michaels**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 Business Park Dr Ste 306

City Armonk	State NY	Zip Code 10504-1705
----------------	-------------	------------------------

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

Name of Employer Michaels & Associates	Occupation Broker
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

**Transaction ID : 12202-P54971**

Amount of Each Receipt this Period  
250.00

Payroll Deduction  
(\$250.00 Monthly)

**C. Donald Mucci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1601 Alliant Ave

City Louisville	State KY	Zip Code 40299-6338
--------------------	-------------	------------------------

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

Name of Employer Garrett-Stotz Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2012

**Transaction ID : 12214**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Lindsay Norvell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2012 <b>Transaction ID : 12286</b>
Mailing Address 6152 Saint John Ln		Amount of Each Receipt this Period 365.00
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Name of Employer BB&T	Occupation Broker
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>B. Edward Oleksiak</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2012 <b>Transaction ID : 12052</b>
Mailing Address 3333 Lee Pkwy		Amount of Each Receipt this Period 285.00
City Dallas	State TX	Zip Code 75219-5111
FEC ID number of contributing federal political committee. C	Name of Employer Holmes Murphy & Assoc	Occupation Vice President
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>C. Gary J. Osborn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2012 <b>Transaction ID : 12299</b>
Mailing Address 1525 E Republic Rd Ste A100		Amount of Each Receipt this Period 500.00
City Springfield	State MO	Zip Code 65804-6521
FEC ID number of contributing federal political committee. C	Name of Employer Osborn & Associates	Occupation Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John C. Osborn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1525 E Republic Rd Ste A100  
 City Springfield State MO Zip Code 65804-6521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Osborn & Associates Occupation Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 12300**  
 Amount of Each Receipt this Period  
 500.00

**B. John Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Laurel Hill Dr  
 City Niantic State CT Zip Code 06357-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parker Agency Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2012  
**Transaction ID : 12050**  
 Amount of Each Receipt this Period  
 125.00

**C. John Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Laurel Hill Dr  
 City Niantic State CT Zip Code 06357-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parker Agency Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2012  
**Transaction ID : 12051**  
 Amount of Each Receipt this Period  
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 47 Laurel Hill Dr

City Niantic State CT Zip Code 06357-1536

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

Name of Employer Parker Agency Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12200-P54380**

Amount of Each Receipt this Period  
 100.00

Payroll Deduction  
 (\$100.00 Monthly)

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

Mailing Address 1112 Maple St

City West Des Moines State IA Zip Code 50265-4420

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12202-P55001**

Amount of Each Receipt this Period  
 350.00

Payroll Deduction  
 (\$350.00 Monthly)

**C. Susan M Rash**  
Full Name (Last, First, Middle Initial)

Mailing Address 2108 W Laburnum Ave Ste 310

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 ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12202-P55030**

Amount of Each Receipt this Period  
 170.00

Payroll Deduction  
 (\$170.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59
	<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. Dennis Recker</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12200-P54397</b>
Mailing Address 971 N Perry St		Amount of Each Receipt this Period 30.00
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C	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 ▼ 205.00	Payroll Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. R Dane Rianhard</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12202-P55041</b>
Mailing Address 1 E Pratt St Unit 902		Amount of Each Receipt this Period 85.00
City Baltimore	State MD	Zip Code 21202-1128
FEC ID number of contributing federal political committee. C	Name of Employer FranklinMorris	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Michael Rivera</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12202-P55051</b>
Mailing Address 12200 Northwest Fwy Ste 662		Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77092-4927
FEC ID number of contributing federal political committee. C	Name of Employer Northwest General Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 230 Lipan Way

City State Zip Code  
Boulder CO 80303

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

Name of Employer Occupation  
Insurance for Asset Protection Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2012  
**Transaction ID : 12259**

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO Box 1396

City State Zip Code  
Irmo SC 29063

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

Name of Employer Occupation  
Southeastern Insurance Consultants, L Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2012  
**Transaction ID : 12287**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Sarah Rutledge**

Mailing Address 1919 Aksarben Drive PO Box 3248

City State Zip Code  
Omaha NE 68180

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

Name of Employer Occupation  
Blue Cross and Blue Shield of Nebraska Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2012  
**Transaction ID : 12289**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1565.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 59
	<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. Stephen Salamon</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12202-P55066</b>
Mailing Address 12 Cherrywood Ct		Amount of Each Receipt this Period 85.00
City Hunt Valley	State MD	Zip Code 21030-1930
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Landmark Insurance & Financial Group	Occupation Broker	
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. Mel Schlesinger</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2012 <b>Transaction ID : 12202-P54540</b>
Mailing Address PO Box 21533		Amount of Each Receipt this Period 170.00
City Winston Salem	State NC	Zip Code 27120-1533
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$170.00 Monthly)	
Name of Employer Self Employed	Occupation Broker	
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. Kenneth Schmidt</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2012 <b>Transaction ID : 12242</b>
Mailing Address 12213 Big Bend Road		Amount of Each Receipt this Period 125.00
City St.Louis	State MO	Zip Code 63025-1051
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mengel, Surdyke, Murphy and Finke	Occupation Benefits Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2003 Little Haven Ct

City Oney State MD Zip Code 20832

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

Name of Employer Insurance Benefits & Advisors Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
01 / 28 / 2012  
**Transaction ID : 12251**

Amount of Each Receipt this Period  
150.00

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

Mailing Address PO Box 189

City Vancouver State WA Zip Code 98666-0189

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

Name of Employer Biggs Insurance Services Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
01 / 24 / 2012  
**Transaction ID : 12202-P54710**

Amount of Each Receipt this Period  
170.00

Payroll Deduction  
(\$170.00 Monthly)

**C. Jerrad T Setser**  
Full Name (Last, First, Middle Initial)

Mailing Address 1479 Executive Place Suite A

City Springdale State AR Zip Code 72762

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

Name of Employer Brown & Brown Insurance Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 20 / 2012  
**Transaction ID : 12170**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 59
<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. Patrick Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2739 Brookside Ln  
City McKinney State TX Zip Code 75070-4213  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Patrick Skinner & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 165.00

Date of Receipt  
01 / 28 / 2012  
**Transaction ID : 12231**  
Amount of Each Receipt this Period  
165.00

**B. Patrick Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2739 Brookside Ln  
City McKinney State TX Zip Code 75070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Patrick Skinner & Associates Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
01 / 28 / 2012  
**Transaction ID : 12247**  
Amount of Each Receipt this Period  
200.00

**C. David Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1012 Alemany Street  
City Morrisville State NC Zip Code 27560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ebenconcepts Company Occupation Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 24 / 2012  
**Transaction ID : 12201-P54432**  
Amount of Each Receipt this Period  
250.00  
Payroll Deduction  
(\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 615.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Gregory Smith**

Mailing Address PO Box 370

City Lincoln State IL Zip Code 62656-0370

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

Name of Employer Group Marketing Services Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 24 / 2012**

**Transaction ID : 12202-P54565**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction  
 (\$30.00 Monthly)

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

Mailing Address 25B Hanover Rd Ste 220

City Florham Park State NJ Zip Code 07932-1443

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

Name of Employer Savoy Associates Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2012**

**Transaction ID : 12206**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 100 Queen St

City Southington State CT Zip Code 06489-2052

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

Name of Employer AmeriBen Alliance, LLC Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 24 / 2012**

**Transaction ID : 12202-P54568**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction  
 (\$125.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Sher Sparano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7020 108th St # 5-0  
 City Forest Hills State NY Zip Code 11375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefits Advisory Service Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12248**  
 Amount of Each Receipt this Period  
**200.00**

**B. James Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 Eisenhower Parkway Suite 2850  
 City Livingston State NJ Zip Code 07039-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BenefitMall Occupation Director of Business Developme  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **295.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12200-P54206**  
 Amount of Each Receipt this Period  
**170.00**  
 Payroll Deduction  
 (\$170.00 Monthly)

**c. Marilyn Stenger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Victoria Drive  
 City Bridgewater State NJ Zip Code 08807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVS Consulting Occupation Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12216**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1370.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 59
	<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. Marilyn Stenger**  
Full Name (Last, First, Middle Initial)

Mailing Address 381 Victoria Drive

City State Zip Code  
Bridgewater NJ 08807-

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

Name of Employer Occupation  
MVS Consulting Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2012  
**Transaction ID : 12200-P54207**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

**B. Gerald Stricker II**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 E 5th St Ste 1000

City State Zip Code  
Cincinnati OH 45202

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

Name of Employer Occupation  
Walter P. Dolle Ins. Agency Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2012  
**Transaction ID : 12250**

Amount of Each Receipt this Period  
365.00

**C. Michelle Sweeney**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Warder St # 200PO # 209

City State Zip Code  
Springfield OH 45504-2500

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

Name of Employer Occupation  
Wallace & Turner Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2012  
**Transaction ID : 12218**

Amount of Each Receipt this Period  
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Marsha Tellesbo**

Mailing Address 1001 4th Ave Ste 3200

City State Zip Code  
Seattle WA 98154-1003

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

Name of Employer Occupation  
Tellesbo & Company Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2012  
**Transaction ID : 12202-P54606**

Amount of Each Receipt this Period  
85.00

Payroll Deduction  
(\$85.00 Monthly)

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

Mailing Address PO Box 1110

City State Zip Code  
Denton NC 27239

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

Name of Employer Occupation  
Triune Technologies, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2012  
**Transaction ID : 12252**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Lawrence Ulvila**

Mailing Address 151 West St Ste 303

City State Zip Code  
Annapolis MD 21401-2853

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

Name of Employer Occupation  
Insurance Solutions, Inc. Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2012  
**Transaction ID : 12220**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 37

City Milford State NH Zip Code 03055

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12253**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 1396

City Irmo State SC Zip Code 29063

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

Name of Employer Southeastern Insurance Consultants, L Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12254**

Amount of Each Receipt this Period  
 1000.00

**C. Sherrie Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 13224 Twilight Trail PI NE

City Albuquerque State NM Zip Code 87111

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

Name of Employer Williams Sales & Services, LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12256**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 59
	<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. Shelly Winson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1914

City Chandler State AZ Zip Code 85244

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

Name of Employer True Choice Benefits LLC Occupation Benefit Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12257**

Amount of Each Receipt this Period  
 175.00

**B. Dennis E Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 11617 Coldwater Rd Ste 103

City Fort Wayne State IN Zip Code 46845-1256

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

Name of Employer IntraHealth Solutions, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2012  
**Transaction ID : 12202-P54738**

Amount of Each Receipt this Period  
 85.00

Payroll Deduction  
 (\$85.00 Monthly)

**C. William E Zinsmeyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 3519 Paesanos Pkwy

City San Antonio State TX Zip Code 78231-1225

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

Name of Employer AMCORP Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012  
**Transaction ID : 12296**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	760.00
<b>TOTAL</b> This Period (last page this line number only).....▶	51385.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2012

Transaction ID : 12348

Amount of Each Disbursement this Period

258.37

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2012

Transaction ID : 12349

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2012

Transaction ID : 12347

Amount of Each Disbursement this Period

1092.58

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

1358.90

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Bank Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12350**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALLEN WEST FOR CONGRESS**

Mailing Address PO BOX 1028

City DEERFIELD BEACH State FL Zip Code 33443

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**ALLEN B WEST**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

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

**Transaction ID : 12168**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**ANDREW P HARRIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

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

**Transaction ID : 12153**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**BENJAMIN L CARDIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

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

**Transaction ID : 12146**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BILL JOHNSON FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**BILL JOHNSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

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

**Transaction ID : 12172**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CANSECO FOR CONGRESS**

Mailing Address 10004 WURZBACH ROAD #366

City SAN ANTONIO State TX Zip Code 78230

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**FRANCISCO CANSECO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

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

**Transaction ID : 12144**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. COFFMAN FOR CONGRESS**

Mailing Address 9249 SOUTH BROADWAY

City HIGHLANDS RANCH State CO Zip Code 80129

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**MIKE COFFMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

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

**Transaction ID : 12173**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVENUE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**JOSEPH CROWLEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 12147

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DUTCH RUPPERSBERGER FOR CONGRESS**

Mailing Address 22 WEST PADONIA ROAD SUITE C-141

City TIMONIUM State MD Zip Code 21093

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**DUTCH RUPPERSBERGER**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 12163

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FORBES FOR CONGRESS**

Mailing Address PO BOX 15100

City CHESAPEAKE State VA Zip Code 23328

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**J. RANDY FORBES**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 12149

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 188

City CARMEL State NY Zip Code 10512

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**NAN HAYWORTH**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2012

Transaction ID : 12155

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF RICH NUGENT**

Mailing Address PO BOX 15668

City BROOKSVILLE State FL Zip Code 34604

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**RICHARD B NUGENT**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2012

Transaction ID : 12162

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. GARDNER FOR CONGRESS**

Mailing Address PO BOX 2408

City LOVELAND State CO Zip Code 80539

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**CORY GARDNER**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2012

Transaction ID : 12151

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Reception 1/24/12

011

Category/  
Type

Candidate Name

**S. BRETT HON. GUTHRIE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	20	/	2012

Transaction ID : 12152

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. HELLER FOR CONGRESS**

Mailing Address PO BOX 531086

City HENDERSON State NV Zip Code 89053

Purpose of Disbursement  
Reception 1/24/12

011

Category/  
Type

Candidate Name

**DEAN HELLER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	20	/	2012

Transaction ID : 12156

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. JEFF FLAKE FOR US SENATE INC**

Mailing Address PO BOX 12512

City TEMPE State AZ Zip Code 85284

Purpose of Disbursement  
Reception 1/24/12

011

Category/  
Type

Candidate Name

**JEFF FLAKE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	20	/	2012

Transaction ID : 12148

Amount of Each Disbursement this Period

2000.00
---------

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

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

6000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KING FOR CONGRESS**

Mailing Address 116 N MAIN ST.

City EARLY State IA Zip Code 50535

Purpose of Disbursement  
Member Event - Patton

011

Candidate Name

**STEVE MR. KING**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

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

**Transaction ID : 12077**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**KURT SCHRADER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

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

**Transaction ID : 12165**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. LEE TERRY FOR CONGRESS**

Mailing Address PO BOX 540098

City OMAHA State NE Zip Code 68154

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**LEE TERRY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

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

**Transaction ID : 12167**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. BOX 1

City LUMBERTON State NC Zip Code 28359

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name  
**MIKE REP. MCINTYRE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2012

Transaction ID : 12160

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name  
**PATRICK L. MR. JR. MEEHAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2012

Transaction ID : 12161

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. ROB ANDREWS U.S. HOUSE COMMITTEE**

Mailing Address 215 FOURTH AVENUE

City HADDON HEIGHTS State NJ Zip Code 07076

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name  
**ROBERT E. MR. ANDREWS**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2012

Transaction ID : 12143

Amount of Each Disbursement this Period

2000.00

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

6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROB WITTMAN FOR CONGRESS**

Mailing Address P.O. BOX 999

City: **MONTROSS** State: **VA** Zip Code: **22520**

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**ROBERT J WITTMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **VA** District: **01**

Date of Disbursement

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

**Transaction ID : 12169**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. SANDY ADAMS FOR CONGRESS**

Mailing Address P. O. BOX 1566

City: **ORLANDO** State: **FL** Zip Code: **32802**

Purpose of Disbursement  
1/24/12 Reception

011

Candidate Name

**SANDY ADAMS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **FL** District: **24**

Date of Disbursement

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

**Transaction ID : 12141**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. SCOTT BROWN FOR US SENATE COMMITTEE INC**

Mailing Address P.O. BOX 395

City: **WRENTHAM** State: **MA** Zip Code: **02903**

Purpose of Disbursement  
HUPAC Reception 1/24/12

011

Candidate Name

**SCOTT P BROWN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: **MA** District: **00**

Date of Disbursement

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

**Transaction ID : 12197**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement  
Local Member Event 1/30/11

Candidate Name  
**WILLIAM STEVE II SOUTHERLAND**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: FL District: 02

Date of Disbursement

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

**Transaction ID : 12302**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. STUTZMAN FOR CONGRESS**

Mailing Address 0250 W 600 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement  
YAHU Event 1/23/12

Candidate Name  
**MARLIN A STUTZMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

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

**Transaction ID : 12195**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. STUTZMAN FOR CONGRESS**

Mailing Address 0250 W 600 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement  
HUPAC Reception 1/24/12

Candidate Name  
**MARLIN A STUTZMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

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

**Transaction ID : 12196**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0


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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TFP-FOJB COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**JOHN A BOEHNER**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2012

**Transaction ID : 12171**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. VICKY HARTZLER FOR CONGRESS**

Mailing Address P.O. BOX 415004

City KANSAS CITY State MO Zip Code 64141

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**VICKY HARTZLER**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2012

**Transaction ID : 12154**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

7000.00

59000.00