

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Wade S. Williams Signature of Treasurer Electronically Filed by Wade S. Williams Date 04 14 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		31951.44
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	31951.44									
(c) Total Receipts (from Line 19)	98707.26	98707.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	130658.70	130658.70								
7. Total Disbursements (from Line 31)	69105.04	69105.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61553.66	61553.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	42642.00	42642.00
(i) Itemized (use Schedule A)	56025.36	56025.36
(ii) Unitemized	98667.36	98667.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	98667.36	98667.36
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.90	39.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98707.26	98707.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98707.26	98707.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12640.04	12640.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12640.04	12640.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	54000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	465.00	465.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	465.00	465.00
29. Other Disbursements.....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	69105.04	69105.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	69105.04	69105.04

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	98667.36	98667.36
34. Total Contribution Refunds (from Line 28(d))	465.00	465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98202.36	98202.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12640.04	12640.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12640.04	12640.04

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dennis Butler

Mailing Address 5651 South 59th Street Suite B

City Lincoln State NE Zip Code 68516-2388

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

Name of Employer Daubert & Butler Associates Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2006

Transaction ID: 12208329

Amount of Each Receipt this Period
1000.00

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

Mailing Address 26610 Agoura Rd. # 290

City Calabasas State CA Zip Code 91302-3802

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

Name of Employer Insurance Neighborhood Occupation Senior Vice President, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 12712176

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JESSE A PATTON

Mailing Address 2175 NW 86th St., Suite 14

City Des Moines State IA Zip Code 50325-5557

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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 12789949

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)	▶	2225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MICHAEL D. GRAY		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 13098116
City Lincoln State NE Zip Code 68508-2017	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Kenneth G. Kuhni		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1139 South Orem Blvd.		Transaction ID: 12870152
City Orem State UT Zip Code 84058-6976	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer First West Benefit Solutions	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) THELMA KACZMAREK		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 345 P O Box 345		Transaction ID: 12870604
City Ravenna State OH Zip Code 44266-1684	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kaczmarek Ins. Services Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JOSEPH K. ROBERTS

Mailing Address 7101 South 82nd Street

City Lincoln State NE Zip Code 68516-6574

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 12870626

Amount of Each Receipt this Period
400.00

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

Mailing Address 736 Johnson Ferry Rd., C-200 Building C Suite 200

City Marietta State GA Zip Code 30068-5618

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

Name of Employer Purchasing Alliance Solutions Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 12870642

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6711 Berry Rd

City Ravenna State OH Zip Code 44266-1684

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

Name of Employer Kaczmarek Insurance Services Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 12870605

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	1475.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<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. CONSTANCE Nelson ZARKOWSKI		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 2277 Townsgate Rd., Ste 212		Transaction ID: 12870631	
City State Zip Code Westlake Village CA 91361-2421	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Easy Insurance Marketing Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. ED N. ZUREK		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 500 Lake Cook Road Suite 270		Transaction ID: 12870601	
City State Zip Code Deerfield IL 60015-4959	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Goldstein Financial Corp.	Occupation Insurance Agent		
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) C. Charles A Webb		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 15 S. Jefferson Street		Transaction ID: 12870398	
City State Zip Code Roanoke VA 24011-1303	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benefits Group Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark M. Newbold		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1206 North Lincoln Street Suite 2		Transaction ID: 12929021
City State Zip Code Spokane WA 99201-2559	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Corkery & Jones Benefits Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Judith A Hayes		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1802 West Crescent Drive		Transaction ID: 12929020
City State Zip Code Odessa TX 79761-1566	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hayes Insurance Services	Occupation Insurance Agent	
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) C. DAVID S JOHNSON		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 871129		Transaction ID: 12935481
City State Zip Code Stone Mountain GA 30087-0029	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer David S. Johnson Insurance	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional) ▶	1225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1401 North Central Expressway
Suite 230

City Richardson State TX Zip Code 75080-4669

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

Name of Employer Reaves Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 12934927

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Glenn E. Wells

Mailing Address 1220 Moyview Road

City Pittsburgh State PA Zip Code 15241

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

Name of Employer Single Source Benefits, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 12937013

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KATHRYN ANDERSON

Mailing Address P. O. Box 7648

City Tyler State TX Zip Code 75711-7648

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

Name of Employer Strategies In Employee Benefits Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

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

Transaction ID: 12994383

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	1440.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TRACY Q BRADFORD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 866 Ridgeway Loop Rd., Ste 200		Transaction ID: 13124544
City State Zip Code Little Rock AR 72221	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. ALINE ROBERTS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 13124751
City State Zip Code Newbury Park CA 91320-6189	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Insurance Dimensions	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. DAVID S JOHNSON		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 871129		Transaction ID: 13124561
City State Zip Code Stone Mountain GA 30087-0029	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer David S. Johnson Insurance	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional) ▶	270.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<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. JESSE A PATTON		Date of Receipt MM / DD / YYYY 02 / 28 / 2006
Mailing Address 2175 NW 86th St., Suite 14		Transaction ID: 13209012
City State Zip Code Des Moines IA 50325-5557	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group Inc. Occupation CEO/President	Aggregate Year-to-Date 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KATHRYN ANDERSON		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address P. O. Box 7648		Transaction ID: 13115172
City State Zip Code Tyler TX 75711-7648	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Strategies In Employee Benefits Inc. Occupation Insurance Agent	Aggregate Year-to-Date 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Timothy J. Finnell		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 3400 Players Club Parkway # 110		Transaction ID: 13269769
City State Zip Code Memphis TN 38125-8915	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00
Name of Employer Executive Financial Services Occupation Insurance Agent	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	905.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<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. WESLEY P. MOORE, III		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address P O Box 604		Transaction ID: 13115189	
City State Zip Code Darlington SC 29540-0604		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation W P Moore Agency President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. JOHN C. PARKER		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 47 Laurel Hill Drive		Transaction ID: 13115171	
City State Zip Code Niantic CT 06357-1536		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Parker Agency Principal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. JOSEPH K. ROBERTS		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 7101 South 82nd Street		Transaction ID: 13115214	
City State Zip Code Lincoln NE 68516-6574		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Midlands Financial Benefits Registered Representative			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael R. Stephens		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 7712 South Yale Avenue Suite 200		Transaction ID: 13269767	
City State Zip Code Tulsa OK 74136-8226	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Medical Security	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MARILYN A. VAN SANT		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 13115245	
City State Zip Code Fairfield NJ 07004-2475	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Stratford Financial Group	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) C. ELIZABETH ASHMORE		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 7606 University Avenue Suite B		Transaction ID: 13115115	
City State Zip Code Lubbock TX 79423-2128	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ashmore Agency Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	485.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
THOMAS M EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code
Omaha NE 68164-9684

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

Name of Employer
BlueCross Blue Shield of Nebraska

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 13115112

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
BRUCE L. GARDNER

Mailing Address 1502 West Avenue

City State Zip Code
Austin TX 78701-1561

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

Name of Employer
Bruce Gardner Insurance & Investments

Occupation
Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 13115151

Amount of Each Receipt this Period
80.00

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

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-1684

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

Name of Employer
Kaczmarek Insurance Services Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 13115154

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO Box 45279

City State Zip Code
Omaha NE 68145-0279

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 13115096

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
SHARON L MCDERMOTT

Mailing Address 21425 Chancellor Road

City State Zip Code
Elkorn NE 68022-4677

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

Name of Employer Occupation
Diversified Benefits Group Inc President

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 13115100

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
WILLIAM T. ROBINSON

Mailing Address Mail: 100 S. Sunrise Way PMB 364
Office: 1276 No Palm Canyon Dr #2

City State Zip Code
Palm Springs CA 92262

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

Name of Employer Occupation
Palm Canyon Insurance Agency Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 13115150

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) C.L. WESTMORELAND		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address PO Box 925		Transaction ID: 13115144	
City Jackson	State MS	Zip Code 39205-0925	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Public Life Insurance Company	Occupation Director of Agency Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

B. Full Name (Last, First, Middle Initial) DAVID R. PERRY		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1634 Ryan Street		Transaction ID: 13361017	
City Lake Charles	State LA	Zip Code 70601-5949	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Perry Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

C. Full Name (Last, First, Middle Initial) KENNETH L. SCHMIDT		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1332 Hunters Hollow Court		Transaction ID: 13360998	
City Eureka	State MO	Zip Code 63025-1051	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer MSM&F	Occupation Benefits Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	310.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 272
1907 B Mangrove Ave.

City Chico State CA Zip Code 95927-0272

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

Name of Employer John Warwick Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: 13361028

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
EUGENE D. EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City Gretna State LA Zip Code 70053-4900

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

Name of Employer Ebersole & Associates In-c. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: 13360986

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
EUGENE D. EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City Gretna State LA Zip Code 70053-4900

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

Name of Employer Ebersole & Associates In-c. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: 13360988

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<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. DAVID L. FEAR		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 11160 Sun Center Drive Suite A		Transaction ID: 13361008	
City State Zip Code Rancho Cordova CA 95670-6121		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CIMS Strategic Distribution Division		Occupation Director of Strategic Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. JESSE A PATTON		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 2175 NW 86th St., Suite 14		Transaction ID: 13360993	
City State Zip Code Des Moines IA 50325-5557		Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Associations Marketing Group Inc.		Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) C. SCOTT A SHALEK		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address PO Box 67 6817 Barnard Mill Rd.		Transaction ID: 13360999	
City State Zip Code Ringwood IL 60072-0067		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Shalek Financial Services		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LISA HUGHES		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 549 Patton Avenue		Transaction ID: 13361012	
City State Zip Code San Jose CA 95128	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Warner Pacific Insurance Services	Occupation Sales		
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. JOSEPH K. ROBERTS		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 7101 South 82nd Street		Transaction ID: 13419262	
City State Zip Code Lincoln NE 68516-6574	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Registered Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. JESSE A PATTON		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 2175 NW 86th St., Suite 14		Transaction ID: 13418281	
City State Zip Code Des Moines IA 50325-5557	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associations Marketing Group Inc.	Occupation CEO/President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00		

SUBTOTAL of Receipts This Page (optional) ▶	580.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MICHAEL R. GROSS		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 8575 West 100 St., Ste. 102		Transaction ID: 13451212	
City State Zip Code Overland Park KS 66210-2620	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Medical Security	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. ALINE ROBERTS		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 13451217	
City State Zip Code Newbury Park CA 91320-6189	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Dimensions	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. CHARLES G. WAGNER		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address PO Box 9		Transaction ID: 13451218	
City State Zip Code Burwell NE 68823-0009	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Town and Country Insurance Agency Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DAVID L. FEAR

Mailing Address 11160 Sun Center Drive Suite A

City Rancho Cordova State CA Zip Code 95670-6121

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 13451213

Amount of Each Receipt this Period
340.00

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

Mailing Address 19310 Sonoma Highway #A

City Sonoma State CA Zip Code 95476-5454

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

Name of Employer RealCare Insurance Marketing Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2006

Transaction ID: 13453158

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BRIAN W. LIECHTY

Mailing Address 120 East Washington Street

City Plymouth State IN Zip Code 46563-1744

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

Name of Employer KL Benefits Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2006

Transaction ID: 13469519

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	1415.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. JOHN C. PARKER		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006
Mailing Address 47 Laurel Hill Drive		Transaction ID: 13469520
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Parker Agency	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. MARILYN A. VAN SANT		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 13469521
City Fairfield	State NJ	Zip Code 07004-2475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Stratford Financial Group	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. JOAN L GALLETTA		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006
Mailing Address 3342 Kori Road		Transaction ID: 13505693
City Jacksonville	State FL	Zip Code 32257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer JP Perry Insurance, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<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. JEFFREY GENNARO		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address PO Box 10315		Transaction ID: 13749400	
City State Zip Code Phoenix AZ 87064	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capitol Insurance Brokers Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. MICHAEL D. GRAY		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 13591682	
City State Zip Code Lincoln NE 68508-2017	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Harry A. Koch Company	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) C. WESLEY P. MOORE, III		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address P O Box 604		Transaction ID: 13592134	
City State Zip Code Darlington SC 29540-0604	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer W P Moore Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ▶	185.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<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. CHUB A. NEIMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 361 West Market Street P.O.Box 3		Transaction ID: 13505688
City York State PA Zip Code 17401-1031	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charles A. Neiman & Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MEL A SCHLESINGER		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address PO Box 30100		Transaction ID: 13591862
City Winston Salem State NC Zip Code 27130-0100	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Rainmakers Group Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. KENNETH L. SCHMIDT		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 1332 Hunters Hollow Court		Transaction ID: 13591979
City Eureka State MO Zip Code 63025-1051	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MSM&F Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Benefits Consultant Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	290.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
CHARLES TROGDON

Mailing Address 2950 E. Richmond

City State Zip Code
Fresno CA 93720

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

Name of Employer Occupation
Gallagher Benefit Services Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 13505691

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DENNIS WRIGHT

Mailing Address 111 East Ludwig Rd., Suite 108

City State Zip Code
Ft. Wayne IN 46825-4240

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

Name of Employer Occupation
IntraHealth Solutions In-c. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 13506122

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
DENNIS WRIGHT

Mailing Address 111 East Ludwig Rd., Suite 108

City State Zip Code
Ft. Wayne IN 46825-4240

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

Name of Employer Occupation
IntraHealth Solutions In-c. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 13749397

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DONALD JONES

Mailing Address 2435 E. VEntura Blvd. #F

City State Zip Code
Camarillo CA 93010-6697

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

Name of Employer Donald M. Jones Ins. Services
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: 13749359

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
SUE LARSEN

Mailing Address 4995 Torero Rd.

City State Zip Code
Santa Barbara CA 93111-1925

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

Name of Employer Larsen Insurance
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: 13748577

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
SUE LARSEN

Mailing Address 4995 Torero Rd.

City State Zip Code
Santa Barbara CA 93111-1925

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

Name of Employer Larsen Insurance
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: 13878034

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$75.00 This changes the YTD Total to \$175.00

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JESSE A PATTON

Mailing Address 2175 NW 86th St., Suite 14

City State Zip Code
Des Moines IA 50325-5557

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 ▼ 810.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: 13592137

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
ALBERTA Joan PRIEST

Mailing Address 5725 Wood Drive SW

City State Zip Code
Albuquerque NM 87105

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

Name of Employer AMP Consultants Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: 13594034

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
KATHY M. RAINWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701-9455

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

Name of Employer Threlkeld & Company Insurance Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: 13506091

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
KIRK ROUSE

Mailing Address PO Box 71628

City Albany State GA Zip Code 31708-1628

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

Name of Employer Doherty Duggan & Rouse Insurors Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 13506112

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
JAMES STENGER

Mailing Address 268 South Street

City Morristown State NJ Zip Code 07960

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

Name of Employer NAS Financial Services Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 13749385

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
JON W HICKS

Mailing Address 3620 Mountainside Drive

City Colorado Springs State CO Zip Code 80918

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

Name of Employer Hicks Benefit Group Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 13711847

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	760.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Bill B. Mason

Mailing Address 721 South Parker Street, Suite 300

City State Zip Code
Orange CA 92868-4732

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

Name of Employer
Word & Brown Insurance Administrators

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 13682115

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOSEPH K. ROBERTS

Mailing Address 7101 South 82nd Street

City State Zip Code
Lincoln NE 68516-6574

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

Name of Employer
Midlands Financial Benefits

Occupation
Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
882.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 13711845

Amount of Each Receipt this Period
132.00

C. Full Name (Last, First, Middle Initial)
RYAN P. THORN

Mailing Address 10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

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

Name of Employer
Ryan P. Thorn Insurance Planning Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 13711851

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	532.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code
Boca Raton FL 33431-7379

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

Name of Employer Occupation
John Hancock Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 645.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 13711841

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carla R. Whaley

Mailing Address 201 West Main Street 6th Floor

City State Zip Code
Louisville KY 40202-1366

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

Name of Employer Occupation
Humana Ky Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 13711837

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
CHARLES T GARTLAN

Mailing Address PO Box 1268

City State Zip Code
Toms River NJ 08754

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

Name of Employer Occupation
BenefitPort LLC Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 13711843

Amount of Each Receipt this Period
520.00

SUBTOTAL of Receipts This Page (optional)	▶	1620.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carol T Hayes		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 736 Johnson Ferry Road Building C Suite 200		Transaction ID: 13711857	
City Marietta State GA Zip Code 30068-4379	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Purchasing Alliance Solutions Inc.	Occupation VP - Brokerage Services		
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. PATRICIA MILLER		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address PO Box 8357		Transaction ID: 13711854	
City Tyler State TX Zip Code 75711-8357	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hibbs-Hallmark & Company	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00		

Full Name (Last, First, Middle Initial) C. KATHY M. RAINWATER		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 515 West Southwest Loop 323		Transaction ID: 13711853	
City Tyler State TX Zip Code 75701-9455	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Threlkeld & Company Insurance	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional) ▶	565.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
KATHY M. RAINWATER

Mailing Address 515 West Southwest Loop 323

City State Zip Code
Tyler TX 75701-9455

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

Name of Employer Threlkeld & Company Insurance
Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 13878036

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$25.00 This changes the YTD Total to \$480.00

B. Full Name (Last, First, Middle Initial)
RAYMER M SALE, JR

Mailing Address PO Box 424420
1255 Lakes Pkwy Ste 120 Zip 3004

City State Zip Code
Lawrenceville GA 30042

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

Name of Employer E2E Benefits Services Inc.
Occupation Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 13681421

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
WILLIAM Chester ANDERSON

Mailing Address 498 Palm Springs Drive Suite 210

City State Zip Code
Altamonte Springs FL 32701-7805

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

Name of Employer Benefit Port
Occupation Marketing Representative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726216

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. KATHRYN ANDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address P. O. Box 7648		Transaction ID: 13726214	
City State Zip Code Tyler TX 75711-7648		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Strategies In Employee Benefits Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) B. DAVID C. BENSON		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 6167 Bristol Parkway, #370		Transaction ID: 13686594	
City State Zip Code Culver City CA 90232		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer DCB Insurance Services		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. MICHAEL D. GRAY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 233 South 13th Street Suite 1500		Transaction ID: 13726283	
City State Zip Code Lincoln NE 68508-2017		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Harry A. Koch Company		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.00	

SUBTOTAL of Receipts This Page (optional) ▶	780.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
STEPHEN A GRIM

Mailing Address PO Box 1105

City State Zip Code
Virginia Beach VA 23451-0105

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

Name of Employer Occupation
Mid-Atlantic Agency Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13752685

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
LISA HELLMAN

Mailing Address 376 Overlook Point Drive

City State Zip Code
Dahlonega GA 30533

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

Name of Employer Occupation
Benefit Designs Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726293

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
JON W HICKS

Mailing Address 3620 Mountainside Drive

City State Zip Code
Colorado Springs CO 80918

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

Name of Employer Occupation
Hicks Benefit Group Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13752749

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<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. DONNA D. HILL		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address PO Box 724		Transaction ID: 13726299
City State Zip Code Snellville GA 30078-0724	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DDH Associates LLC	Occupation Health Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. RANDY JOPPIE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 6868 Blue Hummingbird Way 5075 Cascade Road SE		Transaction ID: 13752728
City State Zip Code Belding MI 48809	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Collins & Associates Corp- oration	Occupation Director of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. THELMA KACZMAREK		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address PO Box 345 P O Box 345		Transaction ID: 13726319
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kaczmarek Ins. Services Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<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. JOHN A. KALOSY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 11 Hollyhock Way		Transaction ID: 13686592
City State Zip Code Newton NJ 07860	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00
Name of Employer NJ Small Business Development	Occupation New Business Manager	
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. ZAVEN KAZAZIAN		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 35 N Lake Avenue, #720		Transaction ID: 13752748
City State Zip Code Pasadena CA 91101-1856	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Garner Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. WESLEY P. MOORE, III		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address P O Box 604		Transaction ID: 13726354
City State Zip Code Darlington SC 29540-0604	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO Box 999
295 E Palmer Street

City Franklin State NC Zip Code 28744-0999

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

Name of Employer Wayah Insurance Agency Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726371

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
JOHN C. PARKER

Mailing Address 47 Laurel Hill Drive

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 ▼ 435.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726377

Amount of Each Receipt this Period
90.00

C. Full Name (Last, First, Middle Initial)
DAVID R. PERRY

Mailing Address 1634 Ryan Street

City Lake Charles State LA Zip Code 70601-5949

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

Name of Employer The Perry Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726382

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JEFFREY A. RANF

Mailing Address 2600 Devali St, Suite 102

City Anchorage State AK Zip Code 99502

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

Name of Employer Marsh USA, Inc. Occupation SVP - Employee Benefit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
03 / 30 / 2006

Transaction ID: 13686601

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
ALINE ROBERTS

Mailing Address 3537 Old Conejo Road, Suite 114

City Newbury Park State CA Zip Code 91320-6189

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

Name of Employer Insurance Dimensions Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
03 / 30 / 2006

Transaction ID: 13752778

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
JOSEPH K. ROBERTS

Mailing Address 7101 South 82nd Street

City Lincoln State NE Zip Code 68516-6574

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

Name of Employer Midlands Financial Benefits Occupation Registered Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 982.00

Date of Receipt
03 / 30 / 2006

Transaction ID: 13726406

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBIN W. TELESKO		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 461 E 12100 South		Transaction ID: 13686599	
City State Zip Code Draper UT 84020		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Benefits Unlimited Insurance Svcs., LL		Occupation Insurance Agent	
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. RYAN P. THORN		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 10342 South Springcrest Lane		Transaction ID: 13726445	
City State Zip Code South Jordan UT 84095-4538		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thorn Insurance Planning Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. MARILYN A. VAN SANT		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 13726456	
City State Zip Code Fairfield NJ 07004-2475		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Stratford Financial Group		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
CHARLES G. WAGNER

Mailing Address PO Box 9

City State Zip Code
Burwell NE 68823-0009

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

Name of Employer
Town and Country Insurance Agency Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 13834614

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 272
1907 B Mangrove Ave.

City State Zip Code
Chico CA 95927-0272

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

Name of Employer
John Warwick Insurance

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 13752750

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
JENNIFER L. WENKE

Mailing Address 1395 Panther Lane, Suite 100

City State Zip Code
Naples FL 34109

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

Name of Employer
Lutgert Smith Leshner Insurance Inc.

Occupation
Sr. Customer Service Rep - L & H

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 13686596

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 7606 University Avenue Suite B

City Lubbock State TX Zip Code 79423-2128

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

Name of Employer Ashmore Agency Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726217

Amount of Each Receipt this Period
100.00

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

Mailing Address 6510 N. Shadeland Avenue

City Indianapolis State IN Zip Code 46220

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726223

Amount of Each Receipt this Period
60.00

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

Mailing Address PO Box 101422

City Anchorage State AK Zip Code 99510-1422

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

Name of Employer Calco Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726238

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
RUSSELL B. CHILDERS

Mailing Address PO Box 1547

City State Zip Code
Americus GA 31709-1547

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

Name of Employer Occupation
Russ Childers CLU Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726243

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
EUGENE D. EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City State Zip Code
Gretna LA 70053-4900

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

Name of Employer Occupation
Ebersole & Associates In-c. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726264

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
THOMAS M EVANS

Mailing Address 7261 Mercy Rd.

City State Zip Code
Omaha NE 68164-9684

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

Name of Employer Occupation
BlueCross Blue Shield of Nebraska Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726269

Amount of Each Receipt this Period
80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<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. DAVID L. FEAR		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 11160 Sun Center Drive Suite A		Transaction ID: 13726271	
City State Zip Code Rancho Cordova CA 95670-6121		Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CIMS Strategic Distribution Division		Occupation Director of Strategic Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) B. BRUCE L. GARDNER		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 1502 West Avenue		Transaction ID: 13726276	
City State Zip Code Austin TX 78701-1561		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bruce Gardner Insurance & Investments		Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. SHEILA HARTMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 21300 Victory Blvd., Suite 215		Transaction ID: 13752722	
City State Zip Code Woodland Hills CA 91367-3669		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Financial Independence Company		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Timothy Hendricks		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 1605 S Eucalyptus Ave		Transaction ID: 13726294	
City State Zip Code Broken Arrow OK 74012-5906		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Business Planning Group Of OK Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. RICHARD L HILL		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 13726300	
City State Zip Code Lincoln NE 68510-1842		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer UNICO Financial Services Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. LARRY KACZMAREK		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 6711 Berry Rd		Transaction ID: 13726318	
City State Zip Code Ravenna OH 44266-1684		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kaczmarek Insurance Services Inc. Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional) ▶	260.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 45279

City State Zip Code
Omaha NE 68145-0279

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726322

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
SHARON L MCDERMOTT

Mailing Address 21425 Chancellor Road

City State Zip Code
Elkorn NE 68022-4677

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

Name of Employer Occupation
Diversified Benefits Group Inc President

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726345

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOHN M. RICE

Mailing Address 300 N. Dakota Ave, Suite 216

City State Zip Code
Sioux Falls SD 57104-6023

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

Name of Employer Occupation
Rice Insurance Agency In-c. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 13686584

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)	3180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WILLIAM T. ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address Mail: 100 S. Sunrise Way PMB 364 Office: 1276 No Palm Canyon Dr #2		Transaction ID: 13726412
City State Zip Code Palm Springs CA 92262	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Palm Canyon Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. GREG SEIFERT		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 916 Main Street 916 Main Street		Transaction ID: 13752781
City State Zip Code Vancouver WA 98666-0189	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Biggs Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. THOMAS L VOITER		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 100 Amaryllis Drive		Transaction ID: 13752724
City State Zip Code Lafayette LA 70503-3215	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Physician's Mutual Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 925

City State Zip Code
Jackson MS 39205-0925

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726465

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
TREI WILD

Mailing Address 3724 Hearst Castle

City State Zip Code
Plano TX 75025

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

Name of Employer Safeguard Health Plans
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 13686587

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PAULA L WILSON

Mailing Address PO Box 892740

City State Zip Code
Temecula CA 92589-2740

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726475

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	1110.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1055 Minnesota Avenue

City State Zip Code
San Jose CA 95125-2451

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13752770

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JANT TRAUTWEIN-STOKES

Mailing Address 2000 N 14th Street

City State Zip Code
Arlington VA 22201

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

Name of Employer NAHU Occupation Executive VP, CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 13726452

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
KEERRY D ALDRIDGE

Mailing Address 1501 N Limestone, Suite 100

City State Zip Code
Lexington KY 40505-3200

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

Name of Employer CKBS Insurance Group Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753115

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID BAKER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 2646 Highway Avenue		Transaction ID: 13686802
City State Zip Code Highland IN 46322-1661	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Professional Insurance Mgt. Co.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. TRACY Q BRADFORD		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 866 Ridgeway Loop Rd., Ste 200		Transaction ID: 13750592
City State Zip Code Little Rock AR 72221	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Clay & Land Insurance, Inc.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. JOAN L GALLETTA		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 3342 Kori Road		Transaction ID: PR80642816348
City State Zip Code Jacksonville FL 32257	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer JP Perry Insurance, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	370.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JOAN L GALLETTA

Mailing Address 3342 Kori Road

City State Zip Code
Jacksonville FL 32257

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

Name of Employer Occupation
JP Perry Insurance, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13750563

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
GERARD GERSHONOWITZ

Mailing Address 980 Broadway, Suite 608

City State Zip Code
Thornwood NY 10594-1313

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

Name of Employer Occupation
Morrell Consulting Group Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13750695

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
THOMAS M HARTE

Mailing Address 20 Mary E Clark Drive, #10

City State Zip Code
Hampstead NH 03841

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

Name of Employer Occupation
Landmark Benefits Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753121

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KAREN T KANE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 829 SE 182nd Aven, #100		Transaction ID: 13686797	
City State Zip Code Portland OR 97230-4409	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Solutions NW Inc.	Occupation Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. MARK KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 1173 Brittmoore Road		Transaction ID: 13750712	
City State Zip Code Houston TX 77043-5003	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Concepts Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. ROSS W KRAFT		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 41 Notre Dame Lane		Transaction ID: 13750708	
City State Zip Code Utica NY 13502	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Meridian Group of New York, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	310.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
CHERYL LOMBARDI

Mailing Address 1331 North California Blvd, Ste 30

City State Zip Code
Walnut Creek CA 94596-4536

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

Name of Employer
Claremont Insurance Services

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2006

Transaction ID: 13750579

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
MAURICE LYONS

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103

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

Name of Employer
The Medical Link Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

Transaction ID: PR80680966348

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Weekly)

C. Full Name (Last, First, Middle Initial)
MAURICE LYONS

Mailing Address 301 Madison Avenue, 4th Floor

City State Zip Code
New York NY 10017-8103

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

Name of Employer
The Medical Link Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
03 / 31 / 2006

Transaction ID: 13750574

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MEL A SCHLESINGER

Mailing Address PO Box 30100

City State Zip Code
Winston Salem NC 27130-0100

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

Name of Employer Occupation
The Rainmakers Group Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753082

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
MEL A SCHLESINGER

Mailing Address PO Box 30100

City State Zip Code
Winston Salem NC 27130-0100

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

Name of Employer Occupation
The Rainmakers Group Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13878039

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$25.00 This changes the YTD Total to \$265.00

C. Full Name (Last, First, Middle Initial)
JAMES D SCHULZ

Mailing Address 7101 S. 82nd Street

City State Zip Code
Lincoln NE 68516-6574

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

Name of Employer Occupation
Midlands Financial Benefits Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753100

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
PAUL SMITH

Mailing Address 169 Hawthorne Drive

City State Zip Code
Berlin CT 06457

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

Name of Employer Occupation
AmeriBen Alliance LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686792

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES F. SUMMERS

Mailing Address 15316 Pine

City State Zip Code
Omaha NE 48144

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

Name of Employer Occupation
Senior Market Sales Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686781

Amount of Each Receipt this Period
250.00

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

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code
Boca Raton FL 33431-7379

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

Name of Employer Occupation
John Hancock Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 690.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR80740356348

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	395.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2255 Glades Road, Suite 420A

City State Zip Code
Boca Raton FL 33431-7379

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

Name of Employer Occupation
John Hancock Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
03 / 31 / 2006

Transaction ID: 13750572

Amount of Each Receipt this Period
45.00

B. Full Name (Last, First, Middle Initial)
CHARLES TROGDON

Mailing Address 2950 E. Richmond

City State Zip Code
Fresno CA 93720

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

Name of Employer Occupation
Gallagher Benefit Services Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
/ /

Transaction ID: PR80740686348

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Weekly)

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

Mailing Address 2950 E. Richmond

City State Zip Code
Fresno CA 93720

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

Name of Employer Occupation
Gallagher Benefit Services Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
03 / 31 / 2006

Transaction ID: 13750717

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 93
	<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. PETER VINTON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 9480 Deereco Road		Transaction ID: 13750684	
City State Zip Code Timonium MD 21093-2102	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Corporate Coverage LLC	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. CHARLES G. WAGNER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address PO Box 9		Transaction ID: 13686794	
City State Zip Code Burwell NE 68823-0009	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Town and Country Insurance Agency Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. H WHITEIS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 7820 S Granite Avenue		Transaction ID: 13686791	
City State Zip Code Tulsa OK 74136-8456	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Whiteis Benefits	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	845.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
VICKEY L. WOLLAN

Mailing Address 708 Briarcliff Drive

City State Zip Code
Orange City FL 32763

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

Name of Employer Insurance Office of America Inc. Occupation Humana Small Group Sales Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686789

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
DENNIS WRIGHT

Mailing Address 111 East Ludwig Rd., Suite 108

City State Zip Code
Ft. Wayne IN 46825-4240

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 ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR80753016348

Amount of Each Receipt this Period
10.00

P/R Deduction (\$85.00 Weekly)

C. Full Name (Last, First, Middle Initial)
RUSH DAVID DIXON

Mailing Address 1375 Piccard Drive

City State Zip Code
Rockville MD 20850-4311

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753089

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
EUGENE D. EBERSOLE

Mailing Address 405 Gretna Blvd, Suite 103A

City Gretna State LA Zip Code 70053-4900

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

Name of Employer Ebersole & Associates In-c. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686786

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
CHARLES T GARTLAN

Mailing Address PO Box 1268

City Toms River State NJ Zip Code 08754

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

Name of Employer BenefitPort LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753069

Amount of Each Receipt this Period
40.00

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

Mailing Address PO Box 871129

City Stone Mountain State GA Zip Code 30087-0029

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

Name of Employer David S. Johnson Insurance Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR80772486348

Amount of Each Receipt this Period
50.00

P/R Deduction (\$85.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 871129

City State Zip Code
Stone Mountain GA 30087-0029

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

Name of Employer Occupation
David S. Johnson Insurance Account Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 530.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13750697

Amount of Each Receipt this Period
85.00

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

Mailing Address 6711 Berry Rd

City State Zip Code
Ravenna OH 44266-1684

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

Name of Employer Occupation
Kaczmarek Insurance Services Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686787

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
MICHAEL E MATZNICK

Mailing Address PO Box 38248
3300 Battleground Ave. #200 (2741)

City State Zip Code
Greensboro NC 27438-8248

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

Name of Employer Occupation
EbenConcepts Company Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753102

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
PATRICIA MILLER

Mailing Address PO Box 8357

City State Zip Code
Tyler TX 75711-8357

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

Name of Employer Occupation
Hibbs-Hallmark & Company Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753122

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
RAY M. MUSSER

Mailing Address 404 N Second Ave., Suite B

City State Zip Code
Upland CA 91786-4701

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

Name of Employer Occupation
Ray M. Musser & Associates Inc. Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686798

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN J. NELSON

Mailing Address 32110 Agoura Rd.

City State Zip Code
Westlake Village CA 91361-4026

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

Name of Employer Occupation
Warner Pacific Insurance Services Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686782

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	6020.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JESSE A PATTON

Mailing Address 2175 NW 86th St., Suite 14

City State Zip Code
Des Moines IA 50325-5557

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 ▼ 1035.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 13753109

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
ALBERTA Joan PRIEST

Mailing Address 5725 Wood Drive SW

City State Zip Code
Albuquerque NM 87105

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

Name of Employer AMP Consultants Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 13686784

Amount of Each Receipt this Period
100.00

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

Mailing Address 400 East Wisconsin Ave., Suite #20

City State Zip Code
Milwaukee WI 53202-4499

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

Name of Employer The Rauser Agency Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY

Transaction ID: PR80782096348

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	495.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 400 East Wisconsin Ave., Suite #20

City State Zip Code
Milwaukee WI 53202-4499

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

Name of Employer Occupation
The Rauser Agency Inc. Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13750667

Amount of Each Receipt this Period
170.00

B. Full Name (Last, First, Middle Initial)
SUSAN A. REED

Mailing Address 2067 Renpoint Way

City State Zip Code
Roseville CA 95661-4082

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

Name of Employer Occupation
Blue Cross of California Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686799

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
STEPHEN J. SALAMON

Mailing Address PO Box 4252

City State Zip Code
Timonium MD 21094-4252

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

Name of Employer Occupation
Heritage Financial Consultants LLC Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 13686800

Amount of Each Receipt this Period
760.00

SUBTOTAL of Receipts This Page (optional)	▶	1295.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 68 / 93	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT A ZIFF

Mailing Address 17 North Delmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

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

Name of Employer Occupation
Avanti Benefits Corp President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: 13753123

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	42642.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 93

<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. Merchant Services		Transaction ID: 12716044 Date of Disbursement																					
Mailing Address 7300 Chapman Hwy		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	3		2	0	0	6														
City Knoxville	State TN	Zip Code 37920-6612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	277.90																				
Candidate Name		Credit Card Processing Fee																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: 13121691 Date of Disbursement																					
Mailing Address 7300 Chapman Hwy		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	1		2	0	0	6														
City Knoxville	State TN	Zip Code 37920-6612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001	277.28																				
Candidate Name		Credit Card Processing Fee																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Joseph A. Kelliher		Transaction ID: 12831788 Date of Disbursement																					
Mailing Address 15 South Jefferson St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	0		2	0	0	6														
City Roanoke	State VA	Zip Code 24011-1303	Amount of Each Disbursement this Period																				
Purpose of Disbursement Conference Travel Expense Reimbursement		Category/ Type 002	888.82																				
Candidate Name		Conference Travel Expense Reimbursement																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	1444.00
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 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. Bank of America		Transaction ID: 13121771 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 39.59
City Clinton State MD Zip Code 20735	Category/Type 001	
Purpose of Disbursement Account Analysis Fee Candidate Name		Account Analysis Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: 13834959 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 386.89
City Knoxville State TN Zip Code 37920-6612	Category/Type 001	
Purpose of Disbursement Credit Card Processing Fee Candidate Name		Credit Card Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ModernLitho		Transaction ID: 13209397 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address PO Box 2170		Amount of Each Disbursement this Period 616.82
City Jefferson City State MO Zip Code 65102-2170	Category/Type 003	
Purpose of Disbursement Printing Expenses Candidate Name		Printing Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1043.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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. Bank of America		Transaction ID: 13834961 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 7810 Old Branch Avenue		Amount of Each Disbursement this Period 159.09
City Clinton State MD Zip Code 20735	Purpose of Disbursement Account Analysis Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Account Analysis Fee
Category/Type: 001		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 13834982 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 230.05
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Processing Fee
Category/Type: 001		

Full Name (Last, First, Middle Initial) C. Callaway Transportation Inc.		Transaction ID: 13475029 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 7566 Main Street Suite 302		Amount of Each Disbursement this Period 1467.75
City Sykesville State MD Zip Code 21784	Purpose of Disbursement Transportation Expense: Mt. Vernon Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transportation Expense: Mt. Vernon
Category/Type: 002		

SUBTOTAL of Disbursements This Page (optional) ▶	1856.89
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 93

<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. Mount Vernon Inn		Transaction ID: 13475048 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 110		Amount of Each Disbursement this Period 7425.00
City Mount Vernon State VA Zip Code 22121	Purpose of Disbursement Catering Cost: Mt. Vernon Tour and Buffet Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type Catering Cost: Mt. Vernon Tour and Buffet

Full Name (Last, First, Middle Initial) B. Marco		Transaction ID: 13475923 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 2640 Commerce Dr		Amount of Each Disbursement this Period 368.47
City Harrisburg State PA Zip Code 17110-9368	Purpose of Disbursement 2006 Capitol Conference Ribbons Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	006 Category/ Type 2006 Capitol Conference Ribbons

SUBTOTAL of Disbursements This Page (optional) ►

7793.47

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

12137.66

**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. Castle Campaign Fund		Transaction ID: 12251823 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 1000.00
City Wilmington State DE Zip Code 19899	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael N. Castle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District: 1		011 Category/Type

Full Name (Last, First, Middle Initial) B. Santorum 2006		Transaction ID: 12252287 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 1000.00
City West Conshohocken State PA Zip Code 19428	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Rick Santorum Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 2		011 Category/Type

Full Name (Last, First, Middle Initial) C. A Lot Of People Who Support Jeff Bingaman		Transaction ID: 12252015 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address PO Box 16210		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Jeff Bingaman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 2		011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Heather Wilson For Congress Full Name (Last, First, Middle Initial) Heather Wilson For Congress Mailing Address P.O. Box 14070 City Albuquerque State NM Zip Code 87191 Purpose of Disbursement Contribution - Fundraiser Candidate Name Rep. Heather A. Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12551453 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution - Fundraiser
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B. Mike Dewine For US Senate Full Name (Last, First, Middle Initial) Mike Dewine For US Senate Mailing Address PO Box 340188 City Columbus State OH Zip Code 43234 Purpose of Disbursement Contribution: Mike DeWine (OH-R) Candidate Name Sen. Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12736191 Date of Disbursement 02 / 02 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution: Mike DeWine (OH-R)
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C. Virginia Foxx For Congress Full Name (Last, First, Middle Initial) Virginia Foxx For Congress Mailing Address P.O. Box 1750 City Blowing Rock State NC Zip Code 28605 Purpose of Disbursement Contribution: Virginia Foxx (NC-5-R) Candidate Name Rep. Virginia Foxx Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12736266 Date of Disbursement 02 / 02 / 2006 Amount of Each Disbursement this Period 500.00 Contribution: Virginia Foxx (NC-5-R)
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SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ameripac		Transaction ID: 12736265 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 140 Covant #2		Amount of Each Disbursement this Period 1000.00
City Manchester State NH Zip Code 03102	Contribution: Ameripac	
Purpose of Disbursement Contribution: Ameripac		Category/ Type 011
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Hayes For Congress		Transaction ID: 12752660 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 1000.00
City Concord State NC Zip Code 28026	Contribution: Robin Hayes (NC-8-R)	
Purpose of Disbursement Contribution: Robin Hayes (NC-8-R)		Category/ Type 011
Candidate Name Rep. Robin C. Hayes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 8		

Full Name (Last, First, Middle Initial) C. Nelson for U.S. Senate		Transaction ID: 12752663 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P O Box 8666		Amount of Each Disbursement this Period 1000.00
City Omaha State NE Zip Code 68103	Contribution:	
Purpose of Disbursement		Category/ Type 011
Candidate Name Sen. E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Congressional Majority Committee Full Name (Last, First, Middle Initial) Mailing Address PO Box 746 City Bakersfield State CA Zip Code 93302 Purpose of Disbursement Contribution: Congressional Majority Com Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12751503 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 Contribution: Congressional Majority Committee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

B. Northup For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 7313 City Louisville State KY Zip Code 40257 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Anne M. Northup Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12835921 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

C. Friends Of John Peterson Full Name (Last, First, Middle Initial) Mailing Address 114 W. State Street PO Box 295 City Pleasantville State PA Zip Code 16341 Purpose of Disbursement Campaign Contribution Candidate Name Rep. John E. Peterson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12835922 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Campaign Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cantor For Congress		Transaction ID: 12835939 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00	
City Richmond State VA Zip Code 23226	Purpose of Disbursement Campaign Contribution	011 Category/Type	
Candidate Name Rep. Eric I. Cantor	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Campaign Contribution		

Full Name (Last, First, Middle Initial) B. Mark Kennedy 06		Transaction ID: 12835923 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 2000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement Campaign Contribution	011 Category/Type	
Candidate Name Mr. Mark Kennedy	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Campaign Contribution		

Full Name (Last, First, Middle Initial) C. Steele For Maryland Inc		Transaction ID: 12835959 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 150 South Street Suite 100		Amount of Each Disbursement this Period 2500.00	
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Campaign Contribution	011 Category/Type	
Candidate Name Mr. Michael Steele	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Campaign Contribution		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

**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. Cmte for the Preservation of Capitalism		Transaction ID: 12835960 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 810 First Street, NE Suite 530		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	PAC Contribution	
Purpose of Disbursement PAC Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Earl Pomeroy For Congress		Transaction ID: 12939629 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 1000.00
City Fargo State ND Zip Code 58106	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Earl Pomeroy		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Jack Kingston		Transaction ID: 12939631 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31402	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Jack Kingston		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Whitfield For Congress Committee		Transaction ID: 12939576 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00
City Hopkinsville State KY Zip Code 42241	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Lamberti For Congress		Transaction ID: 12939623 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 785		Amount of Each Disbursement this Period 1000.00
City Ankeny State IA Zip Code 50021	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Mr. Jeffrey Lamberti Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. People With Hart Inc		Transaction ID: 12939634 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Melissa A. Hart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Matheson For Congress		Transaction ID: 12939628 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Musgrave For Congress		Transaction ID: 12939626 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 118 W Charlotte St		Amount of Each Disbursement this Period 1000.00
City Johnstown State CO Zip Code 80534	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Marilyn N. Musgrave Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Rob Bishop For Congress		Transaction ID: 12939632 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 2004		Amount of Each Disbursement this Period 1000.00
City Brigham City State UT Zip Code 84302	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Robert Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Tom Kean For US Senate Inc		Transaction ID: 12939585 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1000.00
City Colonia State NJ Zip Code 07067	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Mr. Thomas Kean Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. National Republican Campaign Committee (NRCC)		Transaction ID: 12939581 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 320 First Street		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Re-Elect Brian Bilbray For Congress		Transaction ID: 12998359 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 970 Seacoast Dr #7		Amount of Each Disbursement this Period 1000.00
City Imperial Beach State CA Zip Code 91932	Campaign Fundraiser	
Purpose of Disbursement Campaign Fundraiser Candidate Name Rep. Brian P. Bilbray Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lee Terry For Congress		Transaction ID: 12998365 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 2500.00 Contribution
City Omaha State NE Zip Code 68154		
Purpose of Disbursement Contribution Candidate Name Rep. Lee Terry Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 2		

Full Name (Last, First, Middle Initial) B. Pete Sessions For Congress 2006		Transaction ID: 12998218 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1000.00 Contribution
City Dallas State TX Zip Code 75238		
Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32		

Full Name (Last, First, Middle Initial) C. Nelson for U.S. Senate		Transaction ID: 12998362 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address P O Box 8666		Amount of Each Disbursement this Period 1000.00 Fundraiser
City Omaha State NE Zip Code 68103		
Purpose of Disbursement Fundraiser Candidate Name Sen. E. Benjamin Nelson Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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. Rely On Your Beliefs Fund		Transaction ID: 13089855 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Johnson For Congress Committee		Transaction ID: 13089861 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Nancy L. Johnson		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Heather Wilson For Congress		Transaction ID: 13089862 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Heather A. Wilson		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jeb Bradley For Congress		Transaction ID: 13089863 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 1000.00
City Wolfeboro State NH Zip Code 03894	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Jeb Bradley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Jon Kyl For U S Senate		Transaction ID: 13089860 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85064	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Sen. Jon Kyl Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Friends For Mike McGavick		Transaction ID: 13089859 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98109	Campaign Contribution	
Purpose of Disbursement Campaign Contribution Candidate Name Mr. Michael McGavick Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jim Jordan For Congress		Transaction ID: 13089865 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 1709 State Route 560 S		Amount of Each Disbursement this Period 1000.00
City Urbana State OH Zip Code 43078	Campaign Contribution	
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name Mr. James Jordan		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 4		

Full Name (Last, First, Middle Initial) B. John Lewis For Congress		Transaction ID: 13125098 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 1520 Pinehurst Drive Sw		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30311	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. John Lewis		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5		

Full Name (Last, First, Middle Initial) C. Rogers For Congress		Transaction ID: 13402766 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Michael J. Rogers		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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<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. Pryce For Congress		Transaction ID: 13412244 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Deborah Pryce Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

Full Name (Last, First, Middle Initial) B. Dave Camp For Congress 2006		Transaction ID: 13413321 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
City Midland State MI Zip Code 48640		
Purpose of Disbursement Campaign Contribution Candidate Name Rep. David Lee Camp Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 4		

Full Name (Last, First, Middle Initial) C. Andrews For Congress Committee		Transaction ID: 13412239 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 215 Fourth Avenue Suite 200		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
City Haddon Heights State NJ Zip Code 08035		
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Robert E. Andrews Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Heather Wilson For Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 14070 City Albuquerque State NM Zip Code 87191 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Heather A. Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 13412194 Date of Disbursement 03 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Campaign Contribution
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B. Chafee For Senate Full Name (Last, First, Middle Initial) Mailing Address PO Box 7329 City Warwick State RI Zip Code 02887 Purpose of Disbursement Campaign Contribution Candidate Name Sen. Lincoln Chafee Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 13412530 Date of Disbursement 03 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Campaign Contribution
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C. Volunteer PAC (VOLPAC) Full Name (Last, First, Middle Initial) Mailing Address PO Box 158552 City Nashville State TN Zip Code 37215 Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 13412085 Date of Disbursement 03 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Campaign Contribution
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SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Sessions Senate Committee Inc		Transaction ID: 13412125 Date of Disbursement 03 / 16 / 2006	
Mailing Address P O Box 4278		Amount of Each Disbursement this Period 1000.00	
City Montgomery State AL Zip Code 36103	Purpose of Disbursement Campaign Contribution Candidate Name Sen. Jeff Sessions	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution	

Full Name (Last, First, Middle Initial) B. Steele For Maryland Inc		Transaction ID: 13412246 Date of Disbursement 03 / 16 / 2006	
Mailing Address 150 South Street Suite 100		Amount of Each Disbursement this Period 1000.00	
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Campaign Contribution Candidate Name Mr. Michael Steele	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution	

Full Name (Last, First, Middle Initial) C. Steele For Maryland Inc		Transaction ID: 13412931 Date of Disbursement 03 / 16 / 2006	
Mailing Address 150 South Street Suite 100		Amount of Each Disbursement this Period 500.00	
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Campaign Contribution Candidate Name Mr. Michael Steele	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Campaign Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Steele For Maryland Inc		Transaction ID: 13412932 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 150 South Street Suite 100		Amount of Each Disbursement this Period 500.00 Campaign Contribution
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Campaign Contribution Category/Type 011	
Candidate Name Mr. Michael Steele		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 2		

Full Name (Last, First, Middle Initial) B. Harold Ford Jr For Tennessee		Transaction ID: 13412081 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 5120 Barry Road Suite 1300		Amount of Each Disbursement this Period 1000.00 Campaign Contribution
City Memphis State TN Zip Code 38117	Purpose of Disbursement Campaign Contribution Category/Type 011	
Candidate Name Mr. Harold Ford		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 2		

Full Name (Last, First, Middle Initial) C. Chocola For Congress Inc		Transaction ID: 13451504 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00 Contribution
City South Bend State IN Zip Code 46660	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Christopher Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Melissa Bean For Congress		Transaction ID: 13460727 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Louie Gohmert For Congress Committee		Transaction ID: 13844213 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 8060		Amount of Each Disbursement this Period -1000.00
City Tyler State TX Zip Code 75711	Void - Louie Gohmert For Congress Committee	
Purpose of Disbursement Void - Louie Gohmert For Congress Commit Candidate Name Rep. Louie Gohmert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus		Transaction ID: 13844214 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period -1000.00
City Springfield State IL Zip Code 62705	Void - Volunteers For Shimkus	
Purpose of Disbursement Void - Volunteers For Shimkus Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	-1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Musgrave For Congress

Mailing Address 118 W Charlotte St

City Johnstown State CO Zip Code 80534

Purpose of Disbursement
Void - Musgrave For Congress

Candidate Name
Rep. Marilyn N. Musgrave

Office Sought: House
 Senate
 President

State: CO District: 4

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 13844212

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Musgrave For Congress

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

54000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MEL A SCHLESINGER		Transaction ID: 13412076 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO Box 30100		Amount of Each Disbursement this Period 25.00
City Winston Salem State NC Zip Code 27130-0100	Over-charged Mt Vernon Trip 010 Category/Type	
Purpose of Disbursement Over-charged Mt Vernon Trip Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) B. KATHY M. RAINWATER		Transaction ID: 13412073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 515 West Southwest Loop 323		Amount of Each Disbursement this Period 25.00
City Tyler State TX Zip Code 75701-9455	Over-charged Mt Vernon Trip 010 Category/Type	
Purpose of Disbursement Over-charged Mt Vernon Trip Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. SUE LARSEN		Transaction ID: 13478301 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 4995 Torero Rd.		Amount of Each Disbursement this Period 75.00
City Santa Barbara State CA Zip Code 93111-1925	Refund AMX 2006 Capitol Conference Mt Vernon 010 Category/Type	
Purpose of Disbursement Refund AMX 2006 Capitol Conference Mt Ve Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	125.00
TOTAL This Period (last page this line number only) ▶	125.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 Mitroff		Transaction ID: 12255101 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 26W465 Harrison Avenue		Amount of Each Disbursement this Period 500.00	
City Winfield State IL Zip Code 60190-1317	Purpose of Disbursement Pamela Mitroff, STATE HOUSE 95th IL Candidate Name Pamela Mitroff Category/Type 011	Pamela Mitroff, STATE HOUSE 95th IL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 95	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens for Bill Brady		Transaction ID: 12735132 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address PO Box 5314		Amount of Each Disbursement this Period 500.00	
City Bloomington State IL Zip Code 61702-5314	Purpose of Disbursement William Brady, GOVERNOR IL Candidate Name William E Brady Category/Type 011	William Brady, GOVERNOR IL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Governor Heineman Committee		Transaction ID: 12752662 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address PO Box 540076		Amount of Each Disbursement this Period 1000.00	
City Omaha State NE Zip Code 54076	Purpose of Disbursement Dave Heineman, GOVERNOR NE Candidate Name Gov. Dave Heineman Category/Type 011	Dave Heineman, GOVERNOR NE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00