

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00283135

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period 03 01 2012 through 03 31 2012

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

Type or Print Name of Treasurer Jennifer Murphy

Signature of Treasurer Jennifer Murphy [Electronically Filed] Date 04 13 2012

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

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		186528.21
(b) Cash on Hand at Beginning of Reporting Period.....	202952.18	
(c) Total Receipts (from Line 19)	42060.16	186501.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	245012.34	373030.11
7. Total Disbursements (from Line 31).....	62336.32	190354.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	182676.02	182676.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19478.70	92526.40
(ii) Unitemized	22580.43	91971.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42059.13	184497.69
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42059.13	184497.69
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.03	4.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42060.16	186501.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42060.16	186501.90

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2336.32	7854.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2336.32	7854.09
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	181000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	62336.32	190354.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62336.32	190354.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42059.13	184497.69
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42059.13	184497.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2336.32	7854.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2336.32	7854.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
	<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. Jeff Ahrendsen		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P56916
Mailing Address 320 S Weber St		Amount of Each Receipt this Period 100.00
City Colorado Springs	State CO	Zip Code 80903-2153
FEC ID number of contributing federal political committee. C	Name of Employer Benefit Resources, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12542-P56501
Mailing Address 6102 82nd St Ste 6		Amount of Each Receipt this Period 170.00
City Lubbock	State TX	Zip Code 79424-0803
FEC ID number of contributing federal political committee. C	Name of Employer Ashmore & Associates Insurance Agency	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	Payroll Deduction (\$170.00 Monthly)

Full Name (Last, First, Middle Initial) C. Rick Bailey		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57210
Mailing Address 4390 Earney Rd Ste 240		Amount of Each Receipt this Period 135.00
City Woodstock	State GA	Zip Code 30188-5687
FEC ID number of contributing federal political committee. C	Name of Employer Rick Bailey & Company, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	Payroll Deduction (\$135.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	405.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Brock Baker
Full Name (Last, First, Middle Initial)

Mailing Address 4219 Hillsboro Pike Ste 213

City Nashville State TN Zip Code 37215-3326

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

Name of Employer Baker Benefits Corporation Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2012
Transaction ID : 12466

Amount of Each Receipt this Period
 500.00

B. Kathryn Beals
Full Name (Last, First, Middle Initial)

Mailing Address 1277 Deming Way

City Madison State WI Zip Code 53717-1971

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

Name of Employer Dean Health Plan Occupation Director Group Retention

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56430

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$170.00 Monthly)

C. Bruce Benton
Full Name (Last, First, Middle Initial)

Mailing Address 19528 Ventura Blvd # 596

City Tarzana State CA Zip Code 91356-2917

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

Name of Employer Genesis Financial & Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56435

Amount of Each Receipt this Period
 170.00

Payroll Deduction
 (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 840.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
<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. David A. Berman		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12542-P56436
Mailing Address 6510 N Shadeland Ave		Amount of Each Receipt this Period 85.00
City Indianapolis	State IN	Zip Code 46220-4369
FEC ID number of contributing federal political committee. C	Name of Employer Neace Lukens Holding Company, Inc.	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) B. Thomas Besselman		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57084
Mailing Address 6421 Perkins Rd Bldg A # 2B		Amount of Each Receipt this Period 250.00
City Baton Rouge	State LA	Zip Code 70808-6200
FEC ID number of contributing federal political committee. C	Name of Employer Besselman & Little Agency, LLC	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		Payroll Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) C. Robert Bishop		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P56941
Mailing Address 2785 E Desert Inn Rd Ste 260		Amount of Each Receipt this Period 100.00
City Las Vegas	State NV	Zip Code 89121-3693
FEC ID number of contributing federal political committee. C	Name of Employer KIA Insurance	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Payroll Deduction (\$100.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Donna J. Blizman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Racimo Dr
 City Sarasota State FL Zip Code 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Employee Benefits Marketing Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56369
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Victoria Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 5726 Fairley Hall Ct
 City Norcross State GA Zip Code 30092-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Braden Benefit Strategies, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56535
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

C. Jennifer W. Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A St Ste 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 03 / 07 / 2012
Transaction ID : 12436
 Amount of Each Receipt this Period 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Jennifer W. Bundy-Cobb
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 A St Ste 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wilson Agency, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56473
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

B. Joseph Buyalos
 Full Name (Last, First, Middle Initial)
 Mailing Address 9713 Key West Ave Ste 401
 City Rockville State MD Zip Code 20850-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Insurance Exchange, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57168
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Kareim Cade
 Full Name (Last, First, Middle Initial)
 Mailing Address 28411 Northwestern Hwy Ste 950
 City Southfield State MI Zip Code 48034-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Benefit Group Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56476
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. David Cagliola
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Liberty Ridge Dr Ste 321

City Wayne State PA Zip Code 19087-5574

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

Name of Employer Radnor Benefits Group, Inc. Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57171

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address PO Box 1547

City Americus State GA Zip Code 31709-1547

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

Name of Employer Russ Childers, CLU Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56428

Amount of Each Receipt this Period 95.00

Payroll Deduction (\$95.00 Monthly)

C. Rita H Cleveland
Full Name (Last, First, Middle Initial)

Mailing Address 3342 Greystone Way

City Valdosta State GA Zip Code 31605-1096

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

Name of Employer H&H Insurance Solutions, Inc. Occupation Benefits Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56990

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Dorothy Cociu		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P56995
Mailing Address PO Box 6677		Amount of Each Receipt this Period 85.00
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Advanced Benefit Consulting & Insuran	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Teresa Conto		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12542-P56397
Mailing Address 15800 Crabbs Branch Way # 350		Amount of Each Receipt this Period 85.00
City Rockville	State MD	Zip Code 20855-2604
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Independent Benefit	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Troy Cook		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12542-P56398
Mailing Address 12421 Meredith Dr		Amount of Each Receipt this Period 85.00
City Urbandale	State IA	Zip Code 50398-3344
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$85.00 Monthly)	
Name of Employer Marsh U.S. Consumer	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 72
	<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. Catherine Cooper

Mailing Address 39500 High Pointe Blvd Ste 400

City	State	Zip Code
Novi	MI	48375-5517

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

Name of Employer	Occupation
Health Care Administrators	Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P57001

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

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

Mailing Address 700 Larkspur Landing Cir Ste 285

City	State	Zip Code
Larkspur	CA	94939-1755

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

Name of Employer	Occupation
Copeland Insurance Services	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P57002

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 5880 Live Oak Pkwy Ste 250

City	State	Zip Code
Norcross	GA	30093-1740

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

Name of Employer	Occupation
HIRE Benefits, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56927

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	212.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 25 Rolling Oaks Dr Ste 110

City State Zip Code
Thousand Oaks CA 91361-1003

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

Name of Employer Occupation
Self Employed Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P56929

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Johnny L Dawkins
Full Name (Last, First, Middle Initial)

Mailing Address 921-C S McPherson Church Rd

City State Zip Code
Fayetteville NC 28303-5368

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

Name of Employer Occupation
Ebenconcepts Broker/Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
551.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P56657

Amount of Each Receipt this Period
142.00

Payroll Deduction
(\$142.00 Monthly)

C. Rush Dixon
Full Name (Last, First, Middle Initial)

Mailing Address 1375 Piccard Dr

City State Zip Code
Rockville MD 20850-4311

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P56625

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 397.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Russell Dixon
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 285
City Geneva State IL Zip Code 60134-0285
FEC ID number of contributing federal political committee. **C**
Name of Employer Colonial Life Occupation District Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **206.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P56626
Amount of Each Receipt this Period **27.00**
Payroll Deduction (\$27.00 Monthly)

B. Steve Dodder
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2069
City Monument State CO Zip Code 80132-2069
FEC ID number of contributing federal political committee. **C**
Name of Employer Assurant Health Occupation Regional Sales Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P56627
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

C. Sam Drysdale
Full Name (Last, First, Middle Initial)
Mailing Address 4520 S National
City Springfield State MO Zip Code 65810
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Health Plans Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **251.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P56631
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **154.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. Michael J. Dugan

Mailing Address 4549 Highway 17 Byp S

City Myrtle Beach State SC Zip Code 29577-6680

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

Name of Employer Ka-NoI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56632

Amount of Each Receipt this Period
10.00

Payroll Deduction
(\$10.00 Monthly)

Full Name (Last, First, Middle Initial)
B. John Fagen

Mailing Address PO Box 19

City Demotte State IN Zip Code 46310-0019

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

Name of Employer Financial Arts Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57274

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Cheryl Farmer

Mailing Address 5010 Carriage Dr

City Evansville State IN Zip Code 47715-2570

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

Name of Employer Health Resources Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56621

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Jeffrey Fishback
Full Name (Last, First, Middle Initial)

Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2

City	State	Zip Code
Marietta	GA	30068-4379

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

Name of Employer	Occupation
Purchasing Alliance Solutions, Inc.	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56642

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Barry J. Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 7343 El Camino Real

City	State	Zip Code
Atascadero	CA	93422-4697

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

Name of Employer	Occupation
Barry J. Fisher Insurance Marketing	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56643

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 131 Courtland Ave Apt 6

City	State	Zip Code
Stamford	CT	06902-3443

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

Name of Employer	Occupation
Find Medicare Plans	Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
681.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56644

Amount of Each Receipt this Period
172.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Bruce Frizen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 Grayscroft Dr
 City Waxhaw State NC Zip Code 28173-6678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Horizon Benefits Consultants, Inc
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 12544-P56720
 Amount of Each Receipt this Period: 45.00
 Payroll Deduction: (\$45.00 Monthly)

B. Joan Galletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 3342 Kori Rd
 City Jacksonville State FL Zip Code 32257-8883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: JP Perry Insurance, Inc.
 Occupation: Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 12544-P56903
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

C. James Garbina
 Full Name (Last, First, Middle Initial)
 Mailing Address 14010 Fnb Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Harry A. Koch Co.
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 12542-P56346
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Joy K Gardner		Date of Receipt
Mailing Address 9424 Double R Blvd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Reno	NV	89521-5977
FEC ID number of contributing federal political committee.		Transaction ID : 12542-P56347
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	Payroll Deduction
Comstock Insurance Agencies, Inc.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$40.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tom Garnett		Date of Receipt
Mailing Address 23361 Madero Ste 240		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mission Viejo	CA	92691-7900
FEC ID number of contributing federal political committee.		Transaction ID : 12561
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Garnett-Powers & Associates	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Charles Gartlan		Date of Receipt
Mailing Address PO Box 1268		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Toms River	NJ	08754-1268
FEC ID number of contributing federal political committee.		Transaction ID : 12544-P56909
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction
Emerson, Reid & Co.	Broker	
Receipt For:	Aggregate Year-to-Date ▼	(\$100.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="640.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Jeffrey W. Gennaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 W Happy Valley Rd Ste 141, P
 City Glendale State AZ Zip Code 85310-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Insurance Brokers, Inc. Occupation Pres.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56931
 Amount of Each Receipt this Period 78.00
 Payroll Deduction (\$78.00 Monthly)

B. James Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Dutch Square Blvd Ste 115
 City Columbia State SC Zip Code 29210-7337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson & Associates, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56935
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

C. Michael Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Dutch Square Blvd Ste 115
 City Columbia State SC Zip Code 29210-7337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gibson & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56934
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 333.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 113 Seaboard Ln Ste C-170

City Franklin State TN Zip Code 37067-8281

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

Name of Employer Cowan Benefit Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56937

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Ryan Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Sweetbay Dr

City Salisbury State MD Zip Code 21804-1663

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

Name of Employer Group Insurance Solutions Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56960

Amount of Each Receipt this Period 30.00

Payroll Deduction (\$30.00 Monthly)

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

Mailing Address 233 S 13th St Ste 1650

City Lincoln State NE Zip Code 68508-2036

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

Name of Employer The Harry A. Koch Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56379

Amount of Each Receipt this Period 125.00

Payroll Deduction (\$125.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 72
	<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. Patricia Griffey

Mailing Address 4404 Technology Dr

City South Bend State IN Zip Code 46628-9700

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

Name of Employer Page 1 Benefits, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56766

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
B. John Gross

Mailing Address 1703 Santa Fe Dr

City Weatherford State TX Zip Code 76086-6419

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

Name of Employer J. B. Gross Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56769

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Lorelei Gross

Mailing Address 1703 Santa Fe Dr

City Weatherford State TX Zip Code 76086-6419

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

Name of Employer J. B. Gross Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56770

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 4330 La Jolla Village Dr Ste 330

City San Diego	State CA	Zip Code 92122-6241
-------------------	-------------	------------------------

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

Name of Employer Auerbach & Gussin Insurance and Finan	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56967

Amount of Each Receipt this Period
95.00

Payroll Deduction
(\$95.00 Monthly)

B. Teresa Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 12833 Riverdance Dr

City Raleigh	State NC	Zip Code 27613-7093
-----------------	-------------	------------------------

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

Name of Employer IBS/White Bear Group	Occupation President/Managing Partner
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56969

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 8110 E 32nd St N Ste 100

City Wichita	State KS	Zip Code 67226-2616
-----------------	-------------	------------------------

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

Name of Employer Hardman Benefit Plans, Inc.	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

Transaction ID : 12414

Amount of Each Receipt this Period
675.00

SUBTOTAL of Receipts This Page (optional).....▶	855.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Hedy Hebert
Full Name (Last, First, Middle Initial)

Mailing Address 4816 Woodberry Ln

City Benton State LA Zip Code 71006-9361

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

Name of Employer Benefit Consulting Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56983

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Dan Heffley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 50031

City Henderson State NV Zip Code 89016-0031

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

Name of Employer Employer Benefit Source, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56985

Amount of Each Receipt this Period
 10.00

Payroll Deduction
 (\$10.00 Monthly)

C. Timothy Hendricks
Full Name (Last, First, Middle Initial)

Mailing Address 1605 S Eucalyptus Ave

City Broken Arrow State OK Zip Code 74012-5995

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

Name of Employer Business Planning Group Of OK Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56273

Amount of Each Receipt this Period
 100.00

Payroll Deduction
 (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 19310 Sonoma Hwy Ste 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 ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56785

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

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

Mailing Address 38176 Medical Center Ave

City Zephyrhills State FL Zip Code 33540-1380

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

Name of Employer The Canadian Drugstore Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56786

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. Peter Herkey
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4216

City Sunland State CA Zip Code 91041-4216

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

Name of Employer PGH Insurance Marketing Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 31 / 2012
Transaction ID : 12562

Amount of Each Receipt this Period 365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. John Hinck
Full Name (Last, First, Middle Initial)

Mailing Address 211 McLaws Cir Ste 2

City Williamsburg State VA Zip Code 23185-5649

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

Name of Employer Centaurus Financial, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57010

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

B. Kymberly Hopwood
Full Name (Last, First, Middle Initial)

Mailing Address 530 Water St Fl 7

City Oakland State CA Zip Code 94607-3524

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

Name of Employer Dealey, Renton & Associates Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57019

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Kay Hughes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3493

City Valdosta State GA Zip Code 31604-3493

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

Name of Employer H&H Insurance Solutions, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2012
Transaction ID : 12557

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	480.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John Humkey
Full Name (Last, First, Middle Initial)

Mailing Address 1029 Monarch St Ste 130

City Lexington State KY Zip Code 40513-1904

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

Name of Employer Employee Benefit Associates, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57022

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

B. Julie Jennings
Full Name (Last, First, Middle Initial)

Mailing Address 500 Faunce Corner Rd Bldg 100, Su

City Dartmouth State MA Zip Code 02747

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

Name of Employer Sylvia & Co. Ins. Agency, Inc. Occupation Vice President, Employee Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56815

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

C. David S Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1482 Baron Ct

City Stone Mountain State GA Zip Code 30087-3037

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

Name of Employer David S. Johnson Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56759

Amount of Each Receipt this Period 250.00

Payroll Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 420.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 72
	<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. Suzanne Johnson		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57026
Mailing Address 6235 Morrison Blvd Ste 302		Amount of Each Receipt this Period 42.00
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Strategic Employee Benefit Services	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.00	

Full Name (Last, First, Middle Initial) B. Roger J Kelley		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57037
Mailing Address 424 Lewis Hargett Cir Ste 100		Amount of Each Receipt this Period 72.00
City Lexington	State KY	Zip Code 40503-3683
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$42.00 Monthly)	
Name of Employer Northwestern Mutual Financial Network	Occupation Employee Benefits Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 716.00	

Full Name (Last, First, Middle Initial) C. Tamara Kennedy		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57043
Mailing Address 7740 N 16th St Ste 110		Amount of Each Receipt this Period 200.00
City Phoenix	State AZ	Zip Code 85020-4481
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200.00 Monthly)	
Name of Employer Rogers Benefit Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

SUBTOTAL of Receipts This Page (optional).....▶	314.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. John Kiebler
Full Name (Last, First, Middle Initial)

Mailing Address 300 W Vine St Ste 1600

City Lexington State KY Zip Code 40507-1814

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

Name of Employer Humana Occupation CHC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57048

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

B. Linda Rose Koehler
Full Name (Last, First, Middle Initial)

Mailing Address 516 Shelley St

City Livermore State CA Zip Code 94550-2368

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

Name of Employer Herzog Insurance Agency Occupation Health Benefits Insurance Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56290

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Eric Kohlsdorf
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Ingersoll Ave Ste 200

City Des Moines State IA Zip Code 50309-3102

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

Name of Employer Prisma Strategies Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56423

Amount of Each Receipt this Period
 50.00

Payroll Deduction
 (\$50.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Daniel LaBroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 6315 Crested Butte Dr
 City Dallas State TX Zip Code 75252-5764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ovation Health & Life Services, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57056
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Jim Lawless
 Full Name (Last, First, Middle Initial)
 Mailing Address 989 Governors Ln Ste 350
 City Lexington State KY Zip Code 40513-1173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Advisors dba Lawless Insuranc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57092
 Amount of Each Receipt this Period 42.00
 Payroll Deduction (\$42.00 Monthly)

C. Karen Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 50
 City Hackettstown State NJ Zip Code 07840-0050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leonard Financial Group, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57099
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Gary Looney
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St Ste D405

City San Antonio State TX Zip Code 78230-4820

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

Name of Employer Alamo Insurance Group Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012
Transaction ID : 12511

Amount of Each Receipt this Period
 500.00

B. Juan R Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 1851 E 1st St Ste 1100

City Santa Ana State CA Zip Code 92705-4051

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

Name of Employer Kaiser Permanente Occupation Area Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57103

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

C. Douglas Lubenow
Full Name (Last, First, Middle Initial)

Mailing Address 214 W Main St Ste 203

City Moorestown State NJ Zip Code 08057-2345

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

Name of Employer Lubenow Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56441

Amount of Each Receipt this Period
 30.00

Payroll Deduction
 (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<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. Maurice Lyons		Date of Receipt
Mailing Address 301 Madison Ave Fl 4		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10017-8103
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 12544-P57112
The Medical Link, Inc.	President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3900.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$250.00 Monthly)

Full Name (Last, First, Middle Initial) B. Victoria A. Major-Bell		Date of Receipt
Mailing Address PO Box 540034		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lake Worth	FL	33454-0034
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 12542-P56445
VMB Solutions	Broker	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="290.00"/>	<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Benji A. Marrs		Date of Receipt
Mailing Address 1151 Red Mile Rd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lexington	KY	40504-2649
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 12544-P57120
Benefit Insurance Marketing	Benefit Advisor	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>	<input type="text" value="85.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction
		(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="365.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 3300 Battleground Ave Ste 320

City Greensboro State NC Zip Code 27410-2491

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

Name of Employer EbenConcepts Company Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 23 / 2012**

Transaction ID : 12544-P57129

Amount of Each Receipt this Period **100.00**

Payroll Deduction
(\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Dwight M Mazzone

Mailing Address 8878 Haviland Rd

City Las Vegas State NV Zip Code 89123-0191

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

Name of Employer Dwight M. Mazzone - Insurance Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 23 / 2012**

Transaction ID : 12544-P56827

Amount of Each Receipt this Period **20.00**

Payroll Deduction
(\$20.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Ward McKalson

Mailing Address 532 Pajaro St

City Salinas State CA Zip Code 93901-3346

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

Name of Employer Leavitt Central Coast Insurance Servi Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 23 / 2012**

Transaction ID : 12544-P57134

Amount of Each Receipt this Period **85.00**

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	205.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. K. Brian McLaughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Elm St Ste 301
 City Manchester State NH Zip Code 03101-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Granite Group Benefits, LLC Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57136
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Daniel McMahon
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 N Riverpoint Blvd Ste. 403
 City Spokane State WA Zip Code 99202-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western States Jones & Mitchell Occupation Benefits Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P57137
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Keith H. McNeil
 Full Name (Last, First, Middle Initial)
 Mailing Address 7200 Redwood Blvd Ste 400
 City Novato State CA Zip Code 94945-3249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elite Brokerage Services, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56875
 Amount of Each Receipt this Period 100.00
 Payroll Deduction (\$100.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Griffin L. Meredith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2518 Wendell Ave
 City Louisville State KY Zip Code 40205-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FSAB Benefits Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56750
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Norman Michaels
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Business Park Dr Ste 306
 City Armonk State NY Zip Code 10504-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michaels & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57144
 Amount of Each Receipt this Period 250.00
 Payroll Deduction (\$250.00 Monthly)

C. David Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1006
 City Burlington State NC Zip Code 27216-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David R. Moore, CLU & Associates Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56294
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. David Mordo		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P56840
Mailing Address 718 River Road		Amount of Each Receipt this Period 20.00
City Fair Haven	State NJ	Zip Code 07704-
FEC ID number of contributing federal political committee. C	Name of Employer Walsh Benefits	Occupation Director, Small Group Operatio
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
		Payroll Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) B. Ray Musser		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57159
Mailing Address 404 N 2nd Ave Ste B		Amount of Each Receipt this Period 85.00
City Upland	State CA	Zip Code 91786-4793
FEC ID number of contributing federal political committee. C	Name of Employer Ray Musser & Associates Insurance Ser	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
		Payroll Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. John J. Nelson		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 Transaction ID : 12544-P57179
Mailing Address 32110 Agoura Rd		Amount of Each Receipt this Period 416.70
City Westlake Village	State CA	Zip Code 91361-4026
FEC ID number of contributing federal political committee. C	Name of Employer Warner Pacific Insurance Services	Occupation Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	
		Payroll Deduction (\$416.70 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	521.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 72
	<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. Penny Nikel		Date of Receipt
Mailing Address 917 S Main St Ste 200		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Longmont CO 80501-6400		Transaction ID : 12544-P57181
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer Nikel Insurance Associates LLC	Occupation Broker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	(\$20.00 Monthly)

Full Name (Last, First, Middle Initial) B. Sharon L. Orr		Date of Receipt
Mailing Address 2550 Denali St Ste 1404		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City State Zip Code Anchorage AK 99503-2753		Transaction ID : 12435
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer LifeWise Assurance Company	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. John C Parker		Date of Receipt
Mailing Address 47 Laurel Hill Dr		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Niantic CT 06357-1536		Transaction ID : 12542-P56492
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Parker Agency	Occupation Principal	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	(\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="370.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1112 Maple St

City West Des Moines State IA Zip Code 50265-4420

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P57189

Amount of Each Receipt this Period
350.00

Payroll Deduction
(\$350.00 Monthly)

B. Ross Pendergraft
Full Name (Last, First, Middle Initial)

Mailing Address 21600 Oxnard St Fl 8

City Woodland Hills State CA Zip Code 91367-4904

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

Name of Employer USI Insurance Services Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P57191

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. Tom Polenzani
Full Name (Last, First, Middle Initial)

Mailing Address 3452 E Foothill Blvd Ste 514

City Pasadena State CA Zip Code 91107-3163

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

Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P56846

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 605.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. John G. Prue
 Full Name (Last, First, Middle Initial)
 Mailing Address 12713 S Edinburgh St
 City Olathe State KS Zip Code 66062-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humana, Inc. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56249
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Kathy Rainwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 W Southwest Loop 323
 City Tyler State TX Zip Code 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 ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56504
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Jeffrey A. Ranf
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 W 33rd Ave Ste 210
 City Anchorage State AK Zip Code 99503-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wallace Insurance Group Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : 12428
 Amount of Each Receipt this Period 365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2108 W Laburnum Ave Ste 310

City	State	Zip Code
Richmond	VA	23227-4300

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P57222

Amount of Each Receipt this Period

170.00

Payroll Deduction
 (\$170.00 Monthly)

B. Dennis Recker
Full Name (Last, First, Middle Initial)

Mailing Address 971 N Perry St

City	State	Zip Code
Ottawa	OH	45875-1218

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

Name of Employer	Occupation
Fawcett, Lammon, Recker & Associates	Registered Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12542-P56509

Amount of Each Receipt this Period

30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 13800 Jackson Rd

City	State	Zip Code
Mishawaka	IN	46544-9195

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

Name of Employer	Occupation
Keystone Insurers Group	Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P57223

Amount of Each Receipt this Period

85.00

Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 72
	<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. Karen Reynolds

Mailing Address PO Box 196530

City Anchorage State AK Zip Code 99519-6530

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

Name of Employer Alaska USA Insurance Brokers Occupation Benefits Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : 12471

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Karen M Reynolds

Mailing Address PO Box 196530

City Anchorage State AK Zip Code 99519-6530

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

Name of Employer Alaska USA Insurance Brokers Occupation Benefits Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2012

Transaction ID : 12509

Amount of Each Receipt this Period
0

Full Name (Last, First, Middle Initial)
C. R Dane Rianhard

Mailing Address 1 E Pratt St Unit 902

City Baltimore State MD Zip Code 21202-1128

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

Name of Employer FranklinMorris Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 12544-P57234

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Shan Ricketts
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Johnson Ferry Rd Bldg C Ste 2
 City Marietta State GA Zip Code 30068-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Purchasing Alliance Solutions, Inc. Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P57239
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

B. Susan Rider
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 N Capitol Ave Ste 400
 City Indianapolis State IN Zip Code 46202-2375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gregory & Appel Insurance Occupation Senior Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P57241
 Amount of Each Receipt this Period **72.00**
 Payroll Deduction
 (\$42.00 Monthly)

C. Michael Rivera
 Full Name (Last, First, Middle Initial)
 Mailing Address 12200 Northwest Fwy Ste 662
 City Houston State TX Zip Code 77092-4927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest General Insurance Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P57247
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **242.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Sharon Robbins
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 530

City Asheville State NC Zip Code 28802-0530

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

Name of Employer Insurance Service of Asheville Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12542-P56518

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Joseph Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 7101 S 82nd St Ste B

City Lincoln State NE Zip Code 68516-6584

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 ▼
510.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12542-P56519

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

C. William Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 1775 E Palm Canyon Dr Ste 110 # 2

City Palm Springs State CA Zip Code 92264-1623

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

Name of Employer Palm Canyon Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12542-P56520

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 340.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 72
	<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. Mark L. Rose

Mailing Address 14432 SE Eastgate Way Ste 400

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer Baldwin Resource Group	Occupation Vice President Sales
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56853

Amount of Each Receipt this Period
170.00

Payroll Deduction
(\$170.00 Monthly)

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

Mailing Address 230 Lipan Way

City Boulder	State CO	Zip Code 80303-3635
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56854

Amount of Each Receipt this Period
42.00

Payroll Deduction
(\$42.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Francis Ruggiero

Mailing Address 15 Kennedy Dr

City Budd Lake	State NJ	Zip Code 07828-1438
-------------------	-------------	------------------------

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

Name of Employer Slattery GA a division of Bollinger	Occupation Director of Broker Education
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P57257

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	297.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Gregory Sailer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8623 Eagle Point Blvd
 City Lake Elmo State MN Zip Code 55042-8628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sailer Benefit Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P57261
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

B. Stephen Salamon
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Warren Road, Suite 14B
 City Hunt Valley State MD Zip Code 21030-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthPlan Headquarters Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **295.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P57262
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction (\$85.00 Monthly)

C. Raymer Sale
 Full Name (Last, First, Middle Initial)
 Mailing Address 1735 N Brown Rd Ste 175
 City Lawrenceville State GA Zip Code 30043-8153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E2E Benefits Services, Inc. Occupation Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P57263
 Amount of Each Receipt this Period **150.00**
 Payroll Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **320.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 2 Main St Ste 340

City Stoneham State MA Zip Code 02180-3336

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

Name of Employer Benefit Strategy Partners, LLC Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57267

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100.00 Monthly)

B. Gregory Schell
Full Name (Last, First, Middle Initial)

Mailing Address 13551 Triton Park Blvd Ste 1000

City Louisville State KY Zip Code 40223-4196

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

Name of Employer Arison Insurance services, Inc. Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P57268

Amount of Each Receipt this Period 85.00

Payroll Deduction (\$85.00 Monthly)

c. Mel Schlesinger
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21533

City Winston Salem State NC Zip Code 27120-1533

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

Name of Employer Self Employed Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56667

Amount of Each Receipt this Period 170.00

Payroll Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 355.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Kenneth Schmidt		Date of Receipt 03 / 09 / 2012 Transaction ID : 12447
Mailing Address 12213 Big Bend Rd		Amount of Each Receipt this Period 250.00
City Saint Louis	State MO	Zip Code 63122-6837
FEC ID number of contributing federal political committee. C	Name of Employer Mengel, Surdyke, Murphy and Finke	Occupation Benefits Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Kenneth Schmidt		Date of Receipt 03 / 15 / 2012 Transaction ID : 12470
Mailing Address 12213 Big Bend Road		Amount of Each Receipt this Period 150.00
City St.Louis	State MO	Zip Code 63122-6837
FEC ID number of contributing federal political committee. C	Name of Employer Mengel, Surdyke, Murphy and Finke	Occupation Benefits Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Chad P Schneider		Date of Receipt 03 / 23 / 2012 Transaction ID : 12544-P56668
Mailing Address 4238 N Limberlost PI		Amount of Each Receipt this Period 42.00
City Tucson	State AZ	Zip Code 85705-1626
FEC ID number of contributing federal political committee. C	Name of Employer AFLAC	Occupation Broker Development Coordinator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	
		Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	442.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Alan Schulman
Full Name (Last, First, Middle Initial)
Mailing Address 2003 Little Haven Ct
City Oney State MD Zip Code 20832-1634
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Benefits & Advisors Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **405.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P56756
Amount of Each Receipt this Period **85.00**
Payroll Deduction (\$85.00 Monthly)

B. Gregory J Seifert
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 189
City Vancouver State WA Zip Code 98666-0189
FEC ID number of contributing federal political committee. **C**
Name of Employer Biggs Insurance Services Occupation Broker
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **635.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P56857
Amount of Each Receipt this Period **170.00**
Payroll Deduction (\$170.00 Monthly)

C. Steven Selinsky
Full Name (Last, First, Middle Initial)
Mailing Address 28638 Oak Point Dr
City Farmington Hills State MI Zip Code 48331-2706
FEC ID number of contributing federal political committee. **C**
Name of Employer BeneSys, Inc Occupation Director of Sales and Marketin
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **302.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12544-P56859
Amount of Each Receipt this Period **42.00**
Payroll Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **297.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address PO Box 1559

City Wheaton State IL Zip Code 60187-1559

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

Name of Employer Business Insurance Underwriters, Inc. Occupation Senior Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 12544-P56695

Amount of Each Receipt this Period
85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address PO Box 370

City Lincoln State IL Zip Code 62656-0370

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

Name of Employer Group Marketing Services Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 12544-P56697

Amount of Each Receipt this Period
30.00

Payroll Deduction
 (\$30.00 Monthly)

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

Mailing Address 100 Queen St

City Southington State CT Zip Code 06489-2052

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

Name of Employer AmeriBen Alliance, LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 12544-P56700

Amount of Each Receipt this Period
125.00

Payroll Deduction
 (\$125.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Sam Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 56149
 City Sherman Oaks State CA Zip Code 91413-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis Financial Insurance Services Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56696
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Sher Sparano
 Full Name (Last, First, Middle Initial)
 Mailing Address 7020 108th St # 5-0
 City Forest Hills State NY Zip Code 11375-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Advisory Service Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56707
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Eugene Starks
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Crescent Cir Ste 201
 City Ridgeland State MS Zip Code 39157-8635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefit Administration Services, Ltd. Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56315
 Amount of Each Receipt this Period 105.00
 Payroll Deduction (\$105.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. James Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVS Consulting Occupation Leadership Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56317
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Marilyn Stenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Victoria Drive
 City Bridgewater State NJ Zip Code 08807-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVS Consulting Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56318
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. David L. Stratton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 W 33rd Ave Ste 210
 City Anchorage State AK Zip Code 99503-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Financial Advisors Occupation Managing Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : 12429
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	505.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. James Sugden
 Full Name (Last, First, Middle Initial)
 Mailing Address Kennedy, Michener Benefits, LLC 9
 City Denver State CO Zip Code 80246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Michener Benefits, LLC Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56239
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Mark W. Sulpizio
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 Riverton Rd
 City Cinnaminson State NJ Zip Code 08077-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Innovative Benefit Planning Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56809
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. James Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Market Sales, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56240
 Amount of Each Receipt this Period 125.00
 Payroll Deduction (\$125.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. William Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Interpark Blvd
 City San Antonio State TX Zip Code 78216-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Wortham Insurance & Risk Management
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 12544-P56728
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: (\$100.00 Monthly)

B. Tom Swayne
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 31029
 City Charleston State SC Zip Code 29417-1029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: David M. Gilston Insurance Agency, In
 Occupation: Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 12544-P56730
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: (\$100.00 Monthly)

C. Ryan Swinton
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 S 82nd St
 City Lincoln State NE Zip Code 68516-6584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Midlands Financial Benefits
 Occupation: Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 12544-P56731
 Amount of Each Receipt this Period: 85.00
 Payroll Deduction: (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. F. Todd Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 2924 Emerywood Pkwy Ste 200

City Richmond	State VA	Zip Code 23294-3746
------------------	-------------	------------------------

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

Name of Employer Medical Society of Virginia Insurance	Occupation Sales/Service Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56737

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

Mailing Address 1001 4th Ave Ste 3200

City Seattle	State WA	Zip Code 98154-1003
-----------------	-------------	------------------------

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

Name of Employer Tellesbo & Company	Occupation Broker
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56738

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

C. David Terpening
Full Name (Last, First, Middle Initial)

Mailing Address 22850 Crenshaw Blvd Ste 206

City Torrance	State CA	Zip Code 90505-3056
------------------	-------------	------------------------

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

Name of Employer California Health Plans	Occupation Broker
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12544-P56740

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Harry Thal
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2137

City Kernville State CA Zip Code 93238-2137

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

Name of Employer Harry P. Thal Insurance Agency Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12544-P56741

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

B. Ryan Thorn
Full Name (Last, First, Middle Initial)
Mailing Address 10342 Springcrest Ln

City South Jordan State UT Zip Code 84095-4538

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

Name of Employer Ryan P. Thorn Insurance Planning, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12542-P56319

Amount of Each Receipt this Period
40.00

Payroll Deduction
(\$40.00 Monthly)

C. Jennifer Toups
Full Name (Last, First, Middle Initial)
Mailing Address 1 Galleria Blvd Ste 1224

City Metairie State LA Zip Code 70001-7582

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

Name of Employer Humana Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
03 / 23 / 2012
Transaction ID : 12542-P56321

Amount of Each Receipt this Period
85.00

Payroll Deduction
(\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Janet Trautwein
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 14th St N Ste 450
 City Arlington State VA Zip Code 22201-2573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12542-P56247
 Amount of Each Receipt this Period **170.00**
 Payroll Deduction
 (\$170.00 Monthly)

B. Rand Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 12603 Southwest Fwy Ste 620
 City Stafford State TX Zip Code 77477-3838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Health Plans, Ltd. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12542-P56267
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction
 (\$100.00 Monthly)

C. Jessica F Waltman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 14th St N Ste 450
 City Arlington State VA Zip Code 22201-2573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAHU Occupation VP, Policy and State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 23 / 2012**
Transaction ID : 12542-P56338
 Amount of Each Receipt this Period **85.00**
 Payroll Deduction
 (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **355.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. M. Hughes Waren
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7661
 City State Zip Code
 Wilmington NC 28406-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ebenconcepts, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56322
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

B. John Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 Mangrove Ave Ste B
 City State Zip Code
 Chico CA 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 John Warwick Insurance Services Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56882
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

C. Charles A. Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 S Jefferson St
 City State Zip Code
 Roanoke VA 24011-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Benefits Group, Inc. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56887
 Amount of Each Receipt this Period
 85.00
 Payroll Deduction
 (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dan Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 Office Park Dr Ste 350
 City Bakersfield State CA Zip Code 93309-0644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Webb Insurance Group Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12542-P56327
 Amount of Each Receipt this Period 170.00
 Payroll Deduction (\$170.00 Monthly)

B. Trei Wild
 Full Name (Last, First, Middle Initial)
 Mailing Address 2745 Dallas Pkwy Ste 500
 City Plano State TX Zip Code 75093-8731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurant Employee Benefits Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56790
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

C. Mike Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 S 36th St Ste 105
 City Omaha State NE Zip Code 68131-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williams Deras Associates, Inc Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 23 / 2012
Transaction ID : 12544-P56791
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Paula Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Paula Wilson, Inc. Occupation Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12542-P56280
 Amount of Each Receipt this Period 85.00
 Payroll Deduction (\$85.00 Monthly)

B. Shelly Winson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1914
 City Chandler State AZ Zip Code 85244-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer True Choice Benefits LLC Occupation Benefit Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56795
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

C. Dennis Woehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Main St
 City Evansville State IN Zip Code 47708-1464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ONB Insurance Group, Inc. Occupation Group Benefits Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56797
 Amount of Each Receipt this Period 30.00
 Payroll Deduction (\$30.00 Monthly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 72
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Barbara Wright
Full Name (Last, First, Middle Initial)

Mailing Address 111 E Ludwig Rd Ste 108

City Fort Wayne State IN Zip Code 46825-4240

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

Name of Employer Intrahealthsolutions, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56889

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address 11617 Coldwater Rd Ste 103

City Fort Wayne State IN Zip Code 46845-1256

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

Name of Employer IntraHealth Solutions, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012
Transaction ID : 12544-P56888

Amount of Each Receipt this Period
 85.00

Payroll Deduction
 (\$85.00 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	19478.70

**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

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. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Service Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : 12604

Amount of Each Disbursement this Period

626.68

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Service Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2012

Transaction ID : 12605

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Service Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2012

Transaction ID : 12603

Amount of Each Disbursement this Period

1318.87

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

1953.50

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

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. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Banking Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 12606

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
Breakfast 3/17

011

Candidate Name

GARLAND "ANDY" BARR

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : 12459

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement
Breakfast 3/20/12

011

Candidate Name

BILL NELSON

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2012

Transaction ID : 12503

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BILL OWENS FOR CONGRESS

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement
Lunch 3/20

011

Candidate Name

WILLIAM OWENS

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2012

Transaction ID : 12501

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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. BOB CASEY FOR SENATE INC

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement
Lunch 4/17

011

Category/
Type

Candidate Name

ROBERT P JR CASEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2012

Transaction ID : 12530

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BONGINO FOR SENATE

Mailing Address PO BOX 827

City SEVERNA PARK State MD Zip Code 21146

Purpose of Disbursement
HUPAC BOT Disbursement

011

Category/
Type

Candidate Name

DANIEL J BONGINO

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2012

Transaction ID : 12457

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CANTOR FOR CONGRESS

Mailing Address P.O. BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement
Breakfast 3/2 Richmond CC

011

Category/
Type

Candidate Name

ERIC CANTOR

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2012

Transaction ID : 12456

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM			Date of Disbursement <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">03</td> <td></td> <td style="text-align: center;">23</td> <td></td> <td style="text-align: center;">2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		23		2012
M M M	/	D D D	/	Y Y Y Y Y										
03		23		2012										
Mailing Address 2015 DIETZ PL NW			Transaction ID : 12513											
City ALBUQUERQUE	State NM	Zip Code 87107	Amount of Each Disbursement this Period <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table>		1000.00									
1000.00														
Purpose of Disbursement BOT Disbursement		Category/Type <table border="1" style="border-collapse: collapse; width: 60px;"> <tr> <td style="text-align: center;">011</td> </tr> </table>	011											
011														
Candidate Name MICHELLE LUJAN GRISHAM			Disbursement For: 2012											
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: NM District: 01														

Full Name (Last, First, Middle Initial) B. DAVE CAMP FOR CONGRESS			Date of Disbursement <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">03</td> <td></td> <td style="text-align: center;">27</td> <td></td> <td style="text-align: center;">2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		27		2012
M M M	/	D D D	/	Y Y Y Y Y										
03		27		2012										
Mailing Address 5915 EASTMAN AVENUE			Transaction ID : 12517											
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td style="text-align: right;">2500.00</td> </tr> </table>		2500.00									
2500.00														
Purpose of Disbursement Dinner 3/27		Category/Type <table border="1" style="border-collapse: collapse; width: 60px;"> <tr> <td style="text-align: center;">011</td> </tr> </table>	011											
011														
Candidate Name DAVID LEE CAMP			Disbursement For: 2012											
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: MI District: 04														

Full Name (Last, First, Middle Initial) C. FITZPATRICK FOR CONGRESS			Date of Disbursement <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">03</td> <td></td> <td style="text-align: center;">12</td> <td></td> <td style="text-align: center;">2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		12		2012
M M M	/	D D D	/	Y Y Y Y Y										
03		12		2012										
Mailing Address PO BOX 185			Transaction ID : 12454											
City LANGHORNE	State PA	Zip Code 19047	Amount of Each Disbursement this Period <table border="1" style="border-collapse: collapse; width:100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table>		1000.00									
1000.00														
Purpose of Disbursement Dinner 3/22		Category/Type <table border="1" style="border-collapse: collapse; width: 60px;"> <tr> <td style="text-align: center;">011</td> </tr> </table>	011											
011														
Candidate Name MICHAEL G. FITZPATRICK			Disbursement For: 2012											
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: PA District: 08														

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

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. FRIENDS OF FRANK GUINTA

Mailing Address P.O. BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Dinner 3/18

011

Category/
Type

Candidate Name

FRANK GUINTA

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : 12458

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. HELLER FOR SENATE

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement
Reception 1/24/12

011

Category/
Type

Candidate Name

DEAN HELLER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 12512

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. HOEKSTRA FOR SENATE

Mailing Address 190 MONROE AVENUE NW SUITE 300

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
Lunch 3/22

011

Category/
Type

Candidate Name

PETER HOEKSTRA

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : 12453

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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. JOE WALSH FOR CONGRESS COMMITTEE, INC.

Mailing Address 830 W. ROUTE 22 -BOX 56

City LAKE ZURICH State IL Zip Code 60047

Purpose of Disbursement
Dinner 3/6

011

Candidate Name

JOE WALSH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

Transaction ID : 12433

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LINDA LINGLE SENATE COMMITTEE

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANEHOE State HI Zip Code 96744

Purpose of Disbursement
Dinner 3/6

011

Candidate Name

LINDA LINGLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

Transaction ID : 12432

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LINDA LINGLE SENATE COMMITTEE

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANEHOE State HI Zip Code 96744

Purpose of Disbursement
Dinner 3/6

011

Candidate Name

LINDA LINGLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

Transaction ID : 12431

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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. LUNGREN FOR CONGRESS

Mailing Address 9321 SILVERBEND LANE

City ELK GROVE State CA Zip Code 95624

Purpose of Disbursement
District event 3/13

011

Candidate Name
DANIEL E. LUNGREN

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : 12420

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LUNGREN FOR CONGRESS

Mailing Address 9321 SILVERBEND LANE

City ELK GROVE State CA Zip Code 95624

Purpose of Disbursement
District event 3/13

011

Candidate Name
DANIEL E. LUNGREN

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2012

Transaction ID : 12421

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Dinner 3/13

011

Candidate Name
MITCH MCCONNELL

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : 12455

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. MONTANANS FOR REHBERG

Mailing Address PO BOX 1597

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Breakfast 3/21

011

Candidate Name

DENNIS RAY REHBERG

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : 12449

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Renewal 2012

011

Candidate Name

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2012

Transaction ID : 12434

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. PRICE FREEDOM FUND

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement
Dinner 3/28

011

Candidate Name

THOMAS EDMUNDS PRICE

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2012

Transaction ID : 12451

Amount of Each Disbursement this Period

1000.00

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

17000.00

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

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. ROGERS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 12 / 2012
Mailing Address PO BOX 581		Transaction ID : 12452
City BRIGHTON	State MI	
Zip Code 48116	Purpose of Disbursement Lunch 3/27	Amount of Each Disbursement this Period 2000.00
Candidate Name MICHAEL J ROGERS	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 08		

Full Name (Last, First, Middle Initial) B. TIM MURPHY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2012
Mailing Address P.O. BOX 24551		Transaction ID : 12409
City PITTSBURGH	State PA	
Zip Code 15234	Purpose of Disbursement Dinner 2/29	Amount of Each Disbursement this Period 2000.00
Candidate Name TIM MURPHY	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 18		

Full Name (Last, First, Middle Initial) C. VAN HOLLEN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 27 / 2012
Mailing Address 10537 ST. PAUL ST.		Transaction ID : 12521
City KENSINGTON	State MD	
Zip Code 20895	Purpose of Disbursement Breakfast 3/29	Amount of Each Disbursement this Period 2500.00
Candidate Name CHRIS VAN HOLLEN	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 08		

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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. VARGAS FOR CONGRESS 2012

Mailing Address 5429 MADISON AVE

City State Zip Code
SACRAMENTO CA 95841

Purpose of Disbursement
Lunch 3/21

011

Candidate Name

JUAN C. VARGAS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

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

Transaction ID : 12450

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City State Zip Code
MISHAWAKA IN 46546

Purpose of Disbursement
Reception 3/20/12

011

Candidate Name

JACKIE (SWIHART) WALORSKI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	2

Transaction ID : 12502

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. WILSON FOR SENATE

Mailing Address PO BOX 10248

City State Zip Code
ALBUQUERQUE NM 87184

Purpose of Disbursement
Lunch 3/29

011

Candidate Name

HEATHER A WILSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

Transaction ID : 12524

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

5	8	5	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. THE GOODWIN COMMITTEE

Mailing Address PO BOX 27841

City RALEIGH State NC Zip Code 27661

Purpose of Disbursement
BOT Disbursement

011

Category/
Type

Candidate Name

Wayne Goodwin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

Transaction ID : 12514

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

1500.00

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

1500.00
