CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

National Association of Health Underwriters PAC (HUPAC)
Name (print)

Office (if applicable)

District (if applicable)

PO Box 7135 Washington, DC 20044
Mailing Address (include city and zip code)

Telephone No

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP

☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

☐ **Annual Filing - Due January 15, 2006**
Period: January 1, 2005 – December 31, 2005

☐ **Report #1 — Due August 8, 2006***
Period: Jan. 1, 2006 — Aug 3, 2006

☒ **Report #2 Due — October 31, 2006***
Period: Aug. 4, 2006 — Oct. 26, 2006

☐ **Report #3 Due — January 15, 2007*/****
Period: Oct. 27 2006 — Dec. 31, 2006

☐ **Annual Filing – Due January 15, 2007**
Period: January 1, 2006 – December 31, 2006

FILED # Jaf
OCT 31 2006
IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE
FOR OFFICE USE ONLY

14083

*** These Reports are filed by Incumbents/candidates running for office in the 2006 election cycle**
**** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2**

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received In Excess of $100 (See page 1 of instruction sheet)	0.00	$1,069.00
2. Total Monetary Contributions Received of $100 or Less (See page 2 of instruction sheet)	0.00	$580.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	0.00	0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	0.00	0.00

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) (See page 2 of instruction sheet)			0.00	$1,649.00
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	0.00	0.00		
7. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet)	0.00	0.00		

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet)			0.00	$1,000.00
9. Total Monetary Expenses Paid of $100 or Less (See page 2 of instruction sheet)			0.00	0.00
10. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) (See page 2 of instruction sheet)			0.00	$1,000.00
11. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)	0.00	0.00		
12. Disposition of Unspent Contributions **(Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)** (See page 3 of instruction sheet)	N/A			

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

10/31/06
Date

EL201.doc Revised: Sep-05

POLITICAL ACTION COMMITTEE SERVICES

FACSIMILE TRANSMITTAL SHEET

TO: NV Elections Division	FROM: Jeanne Parr
COMPANY: National Association of Health Underwriters PAC (HUPAC)	DATE: 10/31/2006
FAX NUMBER: 775-684-5718	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 301-868-1888 ext 115
RE: NV Report #2 2006	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please find attached the Nevada Report #2 for the National Association of Health Underwriters PAC.

Should you have any questions, please do not hesitate to call

Jeanne

7700 OLD BRANCH AVENUE D-103 * CLINTON, MD 20735 * PHONE: (301) 868-1888 * FAX: (301) 868-5810