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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) 2000 14TH ST ADDRESS (number and street) Check if different than previously **ARLINGTON** ٧A 22201 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00283135 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jennifer Murphy Type or Print Name of Treasurer Jennifer Murphy Electronically Filed by 0 1 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2010 Y Y Y		188966.64
(b	Cash on Hand at Begining of Reporting Period	82777.66	
(c	Total Receipts (from Line 19)	810.00	386641.18
(c	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83587.66	575607.82
To	otal Disbursements (from Line 31)	14000.00	506020.16
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	69587.66	69587.66
th	ebts and Obligations owed TO e committee (Itemize all on Chedule C and/or Schedule D)	0.00	
th	ebts and Obligations owed BY e committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

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

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

FE6AN026

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DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 9

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
	Contributions (other than loans) From: a) Individuals/Persons Other					
	Than Political Committees (i) Itemized (use Schedule A)	365.00	231797.68			
	(ii) Unitemized	445.00	154824.02			
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	810.00	386621.70			
(1	b) Political Party Committees	0.00	0.00			
,	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	810.00	386621.70			
	Fransfers From Affiliated/Other Party Committees	0.00	0.00			
3. <i>A</i>	All Loans Received	0.00	0.00			
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
to	o Federal candidates and Other Political Committees	0.00	0.00			
	Other Federal Receipts Dividends, Interest, etc.)	0.00	19.48			
	Fransfers from Non-Federal and Levin Funds					
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00			
(1	b) Levin Funds (from Schedule H5)	0.00	0.00			
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00			
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	810.00	386641.18			
	otal Federal Receipts Subtract Line 18(c) from Line 19)	810.00	386641.18			

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	15405 16
	Expenditures(c) Total Operating Expenditures	0.00	15485.16
	(add 21(a)(i), (a)(ii) and (b))	0.00	15485.16
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	14000.00	465000.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	2975.00
			200
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		0075.00
	(add Lines 28(a), (b), and (c))	0.00	2975.00
29.	Other Disbursements	0.00	22560.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14000.00	506020.16
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	14000.00	500000 10
	from Line 31)	14000.00	506020.16

DETAILED SUMMARY PAGE

of Disbursements

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	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)	810.00	386621.70		
34.	Total Contribution Refunds (from Line 28(d))	0.00	2975.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	810.00	383646.70		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	15485.16		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	15485.16		

FE6AN026

A.

FOR LINE NUMBER: PAGE 6/9 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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) John Wesley Fischer Date of Receipt Mailing Address 4515 Pine Lake Dr 10 8 0 2010 City State Zip Code Transaction ID: 10478 Saint Cloud FL 34769-1617 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer The Health Insurance Stor-Occupation President e, Inc Receipt For: Aggregate Year-to-Date Primary General 365.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	<u> </u>	365.00

SCHEDULE B (FEC FOIII 3X)		Use separate schedule(s)			R LINE eck onl	NUMBER: PAGE 7/9						
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		8b	24 28c		25 29	2 3
	y Information copied from such Reports and States or commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH	JNDERWRITERS PAC ((HUF	PAC)							
<u></u>	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE					Date	saction of Disb		/ '		0 1 0	Y
	Mailing Address PO BOX 8175					-				^		
	City METAIRIE	State Zip Code LA 70011				Amou	ınt of E	ach D	isburse	ement	this Pe	eriod
	Purpose of Disbursement 10.11 Event Candidate Name		1 —	01 ateg			•		•	500	0.00	
	X Senate President	ement For: 2010 Primary X General Other (specify)		Тур	-							
	State: LA District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF JIM MARSHALL					Date	saction of Disb				010	Υ
	Mailing Address 586 Orange Street					1 0		0 7		2 (010	_
	City Macon	State Zip Code GA 31201				Amou	ınt of E	ach D	isburse	ement	this Pe	erioc
	Purpose of Disbursement Contribution Candidate Name		-	01 ⁻		L.	0			250	0.00	
	JIM MARSHALL			Тур	Э							
	Office Sought: X House Senate President State: GA District: 08	ement For: 2010 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) JON BARELA FOR CONGRESS						of Disb	ursem			· · · · ·	·
	Mailing Address PO BOX 92413					1 [™] 0	M /	1 2		2 (0 1 0	
	City ALBUQUERQUE	State Zip Code NM 87199				Amou	ınt of E	ach D	isburse	-		erio
	Purpose of Disbursement Contribution Candidate Name		-	01			0			300	0.00	_
	JON BARELA			ateg Typ								
	Office Sought: X House Disburs Senate President State: NM District: 01	ement For: 2010 Primary X General Other (specify)										
_						-				1050		_

В.

C.

00UEDIU E D (EEO E 0V)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	le and address of any political	Committee to som	cit contributions from such committee
NATIONAL ASSOCIATION OF HEALTH	JNDERWRITERS PAC (I	HUPAC)	
Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE			Transaction ID: 10475 Date of Disbursement
Mailing Address P.O. BOX 1948			$\begin{bmatrix} \begin{smallmatrix} M & M \\ \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ \end{smallmatrix} \end{smallmatrix}] / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ Z & D & T & D \\ \end{smallmatrix}] $
City BOISE	State Zip Code ID 83701		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name MICHAEL D CRAPO		O11 Category/ Type	
X Senate President	ement For: 2010 Primary X General Other (specify) ▼		
State: ID District: 00			
Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE			Transaction ID: 10482 Date of Disbursement
Mailing Address PO Box 2696			$\begin{array}{c c} \begin{array}{ccccccccccccccccccccccccccccccccccc$
City Hobbs	State Zip Code NM 88241		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name STEVAN E. PEARCE		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		
State: NM District: 02			
Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS			Transaction ID: 10457 Date of Disbursement
Mailing Address PO Box 2			10 M / D 5 / Y 2 0 1 0 Y
City Chatham	State Zip Code VA 24531		Amount of Each Disbursement this Period
Purpose of Disbursement 10.5 Event		011	500.00
Candidate Name ROBERT HURT		Category/ Type	
Office Sought: X House Disburs Senate President	ement For: 2010 Primary X General Other (specify)		
State: VA District: 05			
SUBTOTAL of Disbursements This Page (optional)			3500.00

TOTAL This Period (last page this line number only)

14000.00

В.

District:

-			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMI (check only one)	23 24 25 26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION OF HEALTH L	INDERWRITERS PAC (HL	PAC)	
Full Name (Last, First, Middle Initial) Stakeholder Inc.		Da	te of Disbursement O D D D D D D D D D D D D
Mailing Address PO Box 20897		1	0 01 2010
City Indianapolis	State Zip Code IN 46220	Am	nount of Each Disbursement this Period
Purpose of Disbursement Invoice		001	2916.66
Candidate Name Stakeholder Inc.		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Stakeholder Inc.		Dai	Insaction ID: 10485 te of Disbursement
Mailing Address PO Box 20897		1 1 m	0 M / D 1 3 / Y 2 0 1 0 Y
City Indianapolis	State Zip Code IN 46220	Am	nount of Each Disbursement this Period
Purpose of Disbursement Invoice		001	17575.00
Candidate Name Stakeholder Inc.	-	Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	20491.66
TOTAL This Period (last page this line number only)	•	20491.66

State: