

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188966.64
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	82777.66									
(c) Total Receipts (from Line 19)	810.00	386641.18								
(d) 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								
7. Total Disbursements (from Line 31)	14000.00	506020.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69587.66	69587.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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)	365.00	231797.68
(ii) Unitemized	445.00	154824.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	810.00	386621.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	810.00	386621.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	19.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	810.00	386641.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	810.00	386641.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 9	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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.	Full Name (Last, First, Middle Initial) John Wesley Fischer		Date of Receipt																					
	Mailing Address 4515 Pine Lake Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	8	/	2	0	1	0														
	City	State	Zip Code		Transaction ID: 10478																			
	Saint Cloud	FL	34769-1617																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer The Health Insurance Store, Inc		Occupation President		<input type="text" value="365.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>																						

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="365.00"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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)

A. Full Name (Last, First, Middle Initial)
DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement
10.11 Event

Candidate Name
DAVID VITTER

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 10460
Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM MARSHALL

Mailing Address 586 Orange Street

City Macon State GA Zip Code 31201

Purpose of Disbursement
Contribution

Candidate Name
JIM MARSHALL

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 10477
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
JON BARELA FOR CONGRESS

Mailing Address PO BOX 92413

City ALBUQUERQUE State NM Zip Code 87199

Purpose of Disbursement
Contribution

Candidate Name
JON BARELA

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 10480
Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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)

A.	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE			Transaction ID: 10475 Date of Disbursement																						
	Mailing Address P.O. BOX 1948			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	6	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	1	0	/	0	6	/	2	0	1	0																
City BOISE	State ID	Zip Code 83701	Amount of Each Disbursement this Period																							
Purpose of Disbursement Contribution			<table border="1"> <tr> <td>011</td> </tr> </table>			011																				
011																										
Candidate Name MICHAEL D CRAPO			Category/ Type																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: ID District: 00																										
B.	Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE			Transaction ID: 10482 Date of Disbursement																						
	Mailing Address PO Box 2696			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	1	0	/	1	2	/	2	0	1	0																
City Hobbs	State NM	Zip Code 88241	Amount of Each Disbursement this Period																							
Purpose of Disbursement Contribution			<table border="1"> <tr> <td>011</td> </tr> </table>			011																				
011																										
Candidate Name STEVAN E. PEARCE			Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: NM District: 02																										
C.	Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS			Transaction ID: 10457 Date of Disbursement																						
	Mailing Address PO Box 2			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	1	0	/	0	5	/	2	0	1	0																
City Chatham	State VA	Zip Code 24531	Amount of Each Disbursement this Period																							
Purpose of Disbursement 10.5 Event			<table border="1"> <tr> <td>011</td> </tr> </table>			011																				
011																										
Candidate Name ROBERT HURT			Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

<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)

A. Full Name (Last, First, Middle Initial) Stakeholder Inc. <hr/> Mailing Address PO Box 20897 <hr/> City Indianapolis State IN Zip Code 46220 <hr/> Purpose of Disbursement Invoice Candidate Name Stakeholder Inc.	Transaction ID: 10467 Date of Disbursement 10 / 01 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
B. Full Name (Last, First, Middle Initial) Stakeholder Inc. <hr/> Mailing Address PO Box 20897 <hr/> City Indianapolis State IN Zip Code 46220 <hr/> Purpose of Disbursement Invoice Candidate Name Stakeholder Inc.	Transaction ID: 10485 Date of Disbursement 10 / 13 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

20491.66

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

20491.66