

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

National Association of Health Underwriters PAC (HUPAC)

ADDRESS (Number and street)

P. O. Box 7135

X (Check if address is changed)

Washington

DC

20044

7135

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

HUPAC@NAHU.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.HUPAC.ORG

COMMITTEE'S FAX NUMBER

301-866-5810

2. DATE 10 / 17 / 2005

3. FEC IDENTIFICATION NUMBER C C00283135

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams

Date 11 / 14 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**National Association of Health Underwriters** \_\_\_\_\_

Mailing Address \_\_\_\_\_ 2000 14th Street, Suite 450 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Arlington \_\_\_\_\_ VA \_\_\_\_\_ 22201 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | **Connected** \_\_\_\_\_

Type of Connected Organization:

- |                         |   |                    |
|-------------------------|---|--------------------|
| Corporation             | Corporation w/o Capital Stock                         | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative        |

Write or Type Committee Name

**National Association of Health Underwriters PAC (HUPAC)**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **PAC Services, LLC**

Mailing Address **7700 Old Branch Avenue, Suite D-108**

**Clinton** **MD** **20735**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Custodian of Records** Telephone number **301** - **868** - **1888**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Wade S. Williams**

Mailing Address **PAC Services, LLC**

**7700 Old Branch Avenue, Suite D-108**

**Clinton** **MD** **20735**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** Telephone number **301** - **868** - **1888**

Full Name of Designated Agent **Jennifer B. Murphy, CPA**

Mailing Address **Nat'l Assoc. of Health Underwriters**

**2000 14th Street, Suite 450**

**Arlington** **VA** **22201**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer** Telephone number **703** - **276** - **3880**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Virginia Commerce Bank

Mailing Address

2930 Wilson Blvd.

Arlington

VA

22201 -

CITY Δ

STATE Δ

ZIP CODE Δ

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Bank of America

Mailing Address

7810 Old Branch Avenue

Clinton

MD

20735

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number 0 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_