

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 2000 14TH ST ARLINGTON VA 22201

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2011 through 01 31 2011

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 Electronically Filed by Jennifer Murphy Date 02 10 2011

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 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		111303.33
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	111303.33									
(c) Total Receipts (from Line 19) .....	41205.46	41205.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	152508.79	152508.79								
7. Total Disbursements (from Line 31) .....	3241.75	3241.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	149267.04	149267.04								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	11416.70	11416.70
(ii) Unitemized .....	29787.26	29787.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41203.96	41203.96
(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) .....	41203.96	41203.96
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.) .....	1.50	1.50
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)) .....	41205.46	41205.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41205.46	41205.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1491.75	1491.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1491.75	1491.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1750.00	1750.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
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))..	3241.75	3241.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3241.75	3241.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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) .....	41203.96	41203.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41203.96	41203.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1491.75	1491.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1491.75	1491.75

**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 / 21
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Ashmore		Date of Receipt
	Mailing Address 6102 82nd St Ste 6		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 3 1 / 2 0 1 1
	City	State	Zip Code
	Lubbock	TX	79424-0803
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 10774</b>
Name of Employer Ashmore & Associates Insurance Agency		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 150.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce D. Benton		Date of Receipt
	Mailing Address 20161 Delita Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 6 / 2 0 1 1
	City	State	Zip Code
	Woodland Hills	CA	91364-3521
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 10719</b>
Name of Employer Genesis SmithBenton Insurance & Finan		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	<input type="text"/> 125.00

<b>C.</b>	Full Name (Last, First, Middle Initial) David A Berman		Date of Receipt
	Mailing Address 6510 N Shadeland Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 7 / 2 0 1 1
	City	State	Zip Code
	Indianapolis	IN	46220-4369
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 10753</b>
Name of Employer Neace Lukens Holding Company, Inc.		Occupation agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 21  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code  
Baton Rouge LA 70808-6200

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

Name of Employer Occupation  
Besselman & Little Agency Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2011

**Transaction ID:** 10720

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Besselman

Mailing Address 6421 Perkins Rd Bldg A # 2B

City State Zip Code  
Baton Rouge LA 70808-6200

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

Name of Employer Occupation  
Besselman & Little Agency Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2011

**Transaction ID:** 10767-P42350

Amount of Each Receipt this Period  
250.00

Payroll Deduction  
(\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Catherine L. Cooper

Mailing Address 17232 Brookview Dr

City State Zip Code  
Livonia MI 48152-4543

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

Name of Employer Occupation  
Health Care Administrators agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2011

**Transaction ID:** 10722

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 / 21
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt
	Mailing Address 1375 Piccard Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rockville	MD	20850-4311
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Early Cassidy and Schilling		Occupation VP of Employee Benefits	<b>Transaction ID:</b> 10767-P42424
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 295.00	<input type="text"/> 170.00
			Payroll Deduction
			(\$170.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Bill Eastin		Date of Receipt
	Mailing Address 1504 Hackberry Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Metairie	LA	70001-3318
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Agent	<b>Transaction ID:</b> 10775
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 515.00	<input type="text"/> 150.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Bill Eastin		Date of Receipt
	Mailing Address 1504 Hackberry Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Metairie	LA	70001-3318
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Agent	<b>Transaction ID:</b> 10776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 365.00	<input type="text"/> 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 685.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
James M. Edwards

Mailing Address 3390 Colton Drive, # A

City State Zip Code  
Helena MT 00000-

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

Name of Employer Mountain West Benefit Solutions Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2011

Transaction ID: 10777

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Albert C Ertel

Mailing Address 5101 Peachtree Road

City State Zip Code  
Atlanta GA 30341-

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

Name of Employer Alliant Health Plans Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2011

Transaction ID: 10725

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey R Fishback

Mailing Address 736 Johnson Ferry Rd

City State Zip Code  
Marietta GA 30068-4379

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2011

Transaction ID: 10756

Amount of Each Receipt this Period  
125.00

**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: PAGE 10 / 21  
(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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey R Fishback

Mailing Address 736 Johnson Ferry Rd

City State Zip Code  
Marietta GA 30068-4379

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

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2011

Transaction ID: 10755

Amount of Each Receipt this Period  
850.00

**B.**

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

Mailing Address 4912 E 29th St N

City State Zip Code  
Wichita KS 67220-2108

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

Name of Employer Hardman Benefit Plans, Inc. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2011

Transaction ID: 10727

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher S. Harrison

Mailing Address 415 Thorncliff Dr

City State Zip Code  
Fayetteville NC 28303-5221

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

Name of Employer Ebenconcepts Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2011

Transaction ID: 10767-P42534

Amount of Each Receipt this Period  
410.00

Payroll Deduction  
(\$410.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2260.00**

**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 11 / 21  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Hedy S Hebert

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 Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

**Transaction ID:** 10728

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Hedy S Hebert

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 Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 10779

Amount of Each Receipt this Period  
175.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger B. Jorgensen

Mailing Address 8220 Commonwealth Dr Ste 204

City Eden Prairie State MN Zip Code 55344-5387

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

Name of Employer Alliance Benefit Group Occupation Vice President, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

**Transaction ID:** 10731

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **665.00**

**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 12 / 21

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Alan S Katz

Mailing Address 8033 W Sunset Blvd # 982

City State Zip Code  
Los Angeles CA 90046-2401

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

Name of Employer Occupation  
Insurance Neighborhood President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 10780

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald David Knight

Mailing Address PO Box 507

City State Zip Code  
Carrollton GA 30112-0009

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

Name of Employer Occupation  
J. Smith Lanier & Co., In-c. Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 10699

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald David Knight

Mailing Address PO Box 507

City State Zip Code  
Carrollton GA 30112-0009

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

Name of Employer Occupation  
J. Smith Lanier & Co., In-c. Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

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

Transaction ID: 10757

Amount of Each Receipt this Period  
125.00

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

2125.00

**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 13 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Greg Loudon  
 Mailing Address 4000 Old Seward Highway  
 City Anchorage State AK Zip Code 99503  
 Date of Receipt 01 / 26 / 2011  
**Transaction ID: 10732**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Parker Smith & Feek Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Greg Loudon  
 Mailing Address 4000 Old Seward Highway  
 City Anchorage State AK Zip Code 99503  
 Date of Receipt 01 / 26 / 2011  
**Transaction ID: 10734**  
 Amount of Each Receipt this Period 125.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Parker Smith & Feek Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1125.00

**C.** Full Name (Last, First, Middle Initial)  
John J. Nelson  
 Mailing Address 32110 Agoura Rd  
 City Westlake Village State CA Zip Code 91361-4026  
 Date of Receipt 01 / 25 / 2011  
**Transaction ID: 10767-P42421**  
 Amount of Each Receipt this Period 416.70  
 Payroll Deduction (\$416.70 Monthly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Warner Pacific Insurance Services Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 416.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1541.70  
**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: PAGE 14 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John C. Parker  
Mailing Address 47 Laurel Hill Dr  
City Niantic State CT Zip Code 06357-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Parker Agency Occupation Principal  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 01 / 26 / 2011  
Transaction ID: 10735  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Jesse A. Patton  
Mailing Address 701 Grand Ave  
City West Des Moines State IA Zip Code 50265-3625  
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 ▼ 350.00  
Date of Receipt 01 / 25 / 2011  
Transaction ID: 10767-P42486  
Amount of Each Receipt this Period 350.00  
Payroll Deduction (\$350.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Tom G. Polenzani  
Mailing Address 1120 Atchison St  
City Pasadena State CA Zip Code 91104-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Polenzani Benefits & Ins. Svcs., Inc. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 295.00  
Date of Receipt 01 / 26 / 2011  
Transaction ID: 10736  
Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00  
**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 15 / 21

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Susan Maley Rash

Mailing Address 2519 Kettlewell Ct

City State Zip Code  
Midlothian VA 23113-6726

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 10737

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon C Rauser

Mailing Address 949 Lamplighter Ln

City State Zip Code  
Grafton WI 53024-9314

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

Name of Employer Occupation  
The Rauser Agency, Inc. Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 10767-P42494

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

**C.**

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

Mailing Address 560 Village Rd W

City State Zip Code  
West Windsor NJ 08550-2012

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

Name of Employer Occupation  
Creative Benefit Plans In-c. Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 10739

Amount of Each Receipt this Period

365.00

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

740.00

**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 16 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Shan Ricketts  
 Mailing Address 3900 Halisport Dr NW  
 City State Zip Code  
 Kennesaw GA 30152-4077  
 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 ▼ 210.00  
 Date of Receipt 01 / 27 / 2011  
**Transaction ID: 10754**  
 Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
 Michael A. Rivera  
 Mailing Address 12200 Northwest Fwy Ste 662  
 City State Zip Code  
 Houston TX 77092-4927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest General Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt 01 / 26 / 2011  
**Transaction ID: 10740**  
 Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
 William T. Robinson  
 Mailing Address 401 S El Cielo Rd Apt 66  
 City State Zip Code  
 Palm Springs CA 92262-7922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palm Canyon Insurance Agency Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt 01 / 26 / 2011  
**Transaction ID: 10741**  
 Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**  
**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 17 / 21  
(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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Raymer M. Sale

Mailing Address 2135 Enclave Mill Dr

City State Zip Code  
Dacula GA 30019-3290

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

Name of Employer  
E2E Benefits Services, Inc.

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2011

**Transaction ID:** 10752

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address 380 Luzelle Dr

City State Zip Code  
Winston Salem NC 27103-6470

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

Name of Employer  
Plans For Health, Inc.

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2011

**Transaction ID:** 10781

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven Selinsky

Mailing Address 28638 Oak Point Dr

City State Zip Code  
Farmington Hills MI 48331-2706

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

Name of Employer  
Benesys

Occupation  
Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2011

**Transaction ID:** 10783

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 18 / 21

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 22887 NE 127th Way

City State Zip Code  
Redmond WA 98053-5657

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

Name of Employer Occupation  
Tellesbo & Company Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 10767-P42586

Amount of Each Receipt this Period

85.00

Payroll Deduction

(\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Dennis C Woehler

Mailing Address 5318 Westhaven Dr.

City State Zip Code  
Evansville IN 47720

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

Name of Employer Occupation  
ONB Insurance Group, Inc. Group Benefits Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 10751

Amount of Each Receipt this Period

175.00

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

260.00

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

11416.70

**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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 10899 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="210.19"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 10900 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fee	<input type="text" value="4.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: 10898 Date of Disbursement
	Mailing Address 7300 Chapman Way	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="941.85"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1156.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 20 / 21

<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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)

Regions Bank

Mailing Address 6286 N College

City  
Indianapolis

State  
IN

Zip Code  
46220

Purpose of Disbursement  
Banking Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 10895

Date of Disbursement

01 / 10 / 2011

Amount of Each Disbursement this Period

334.76

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

334.76

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

1491.75

**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 21 / 21

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS <hr/> Mailing Address PO BOX 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement Lunch 1.12 Candidate Name JOSEPH R. PITTS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10696 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00 <hr/> Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS EDMUNDS PRICE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10717 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 250.00 <hr/> Category/ Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1750.00

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

1750.00