

**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☒(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

301-868-5810

2. DATE

08**06****2007**

3. FEC IDENTIFICATION NUMBER

C C00283135

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

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

Jennifer Murphy, CPA

Signature of Treasurer

Electronically Filed by **Jennifer Murphy, CPA**

Date

08**06****2007**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**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
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (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

☒

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-103**

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 **Jennifer Murphy, CPA**

Mailing Address **National Association of Health Und**

2000 14th Street, Suite 450

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

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

Treasurer Telephone number **703** **276** **3830**

Full Name of Designated Agent **Janet Trautwein**

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** **3800**

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.

Bank of America

Mailing Address

7810 Old Branch Avenue

Clinton

MD

20735

CITY ▲

STATE ▲

ZIP CODE ▲