

**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 (Home or 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
301-866-5810

2. DATE **10 / 17 / 2005**

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 **Wade S., Williams**

Signature of Treasurer Electronically Filed by Wade S., Williams Date **10 / 17 / 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

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 **Thomas P. Bruderle**

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 - 3805

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 _____ - _____ - _____
