

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

ADDRESS (number and street) 1212 NEW YORK AVE NW

Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00283135

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on 11 / 06 / 2012 in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 Jennifer Murphy [Electronically Filed] Date 02 / 14 / 2013

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

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		186528.21
(b) Cash on Hand at Beginning of Reporting Period.....	89371.67	
(c) Total Receipts (from Line 19)	6285.00	489560.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95656.67	676088.72
7. Total Disbursements (from Line 31).....	91153.21	671585.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4503.46	4503.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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: / / To: / /

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).....	4815.00	287100.19
(ii) Unitemized	1470.00	193449.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6285.00	480550.08
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6285.00	480550.08
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	10.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6285.00	489560.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6285.00	489560.51

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2653.21	24833.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2653.21	24833.26
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	89000.00	630250.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	6502.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	6502.00
29. Other Disbursements	-500.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91153.21	671585.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91153.21	671585.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	6285.00	480550.08
34. Total Contribution Refunds (from Line 28(d))	0	6502.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6285.00	474048.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2653.21	24833.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2653.21	24833.26

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment restores the itemization reflected in Schedule A in the original report FEC-824799 Notes related to amended report:--1.--Four checks were omitted from the 12 day Pre General Election report due to a clerical error. These checks have been added to the amended report:--a.--Coffman for Congress 10/9/2012 \$2,000.00--b.--Cooper for Congress 10/9/2012 \$1,000.00--c.--Judy Biggert for Congress 10/9/2012 \$1,500.00--d.--Friends of Scott Desjarlais 10/9/2012 \$2,000.00--2.--Seven checks were previously reported in the 12 day Pre General Election report but were issued on October 18, not on October 17 as reported. As these disbursements did not leave control of the PAC until October 18, they should have been reported in the 30 day POST-Election report and have been removed from the Pre General Report and included in an amended POST-Election report. These checks are:--a.--Kevin McCarthy for Congress 10/18/2012 \$1,000.00--b.--Renee Ellmers for Congress Cmt. 10/18/2012 \$1,000.00--c.--McHenry for Congress 10/18/2012 \$2,000.00--d.--People for Pearce 10/18/2012 \$1,000.00--e.--Friends of Sam Johnson 10/18/2012 \$1,000.00--f.--Bill Owens for Congress 10/18/2012 \$2,000.00--g.--21st Century Majority Fund 10/18/2012 \$2,500.00

Form/Schedule:
Transaction ID:

**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 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

Full Name (Last, First, Middle Initial) A. Jane Burney		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2012 Transaction ID : 13575
Mailing Address 10055 W Gulf Bank Rd		Amount of Each Receipt this Period 150.00
City Houston	State TX	Zip Code 77040-3158
FEC ID number of contributing federal political committee. C		
Name of Employer Brady, Chapman, Holland & Associates	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

Full Name (Last, First, Middle Initial) B. Claudia Dodge		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2012 Transaction ID : 13557
Mailing Address 2108 W Laburnum Ave Ste 300		Amount of Each Receipt this Period 365.00
City Richmond	State VA	Zip Code 23227-4300
FEC ID number of contributing federal political committee. C		
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Sales Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

Full Name (Last, First, Middle Initial) C. Diane M. Hart-Watson		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2012 Transaction ID : 13553
Mailing Address 5624 E Worcester Dr		Amount of Each Receipt this Period 150.00
City Virginia Beach	State VA	Zip Code 23455-4643
FEC ID number of contributing federal political committee. C		
Name of Employer Delta Dental Plan of VA	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0	

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: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Russell Head
Full Name (Last, First, Middle Initial)
Mailing Address 3515 Wheeler Rd Bldg C
City Augusta State GA Zip Code 30909-1853
FEC ID number of contributing federal political committee. **C**
Name of Employer Group and Benefits Consultants, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0

Date of Receipt 10 / 09 / 2012
Transaction ID : 13779
Amount of Each Receipt this Period 2000.00

B. Myron Jucha
Full Name (Last, First, Middle Initial)
Mailing Address 11405 W Bernardo Ct
City San Diego State CA Zip Code 92127-1639
FEC ID number of contributing federal political committee. **C**
Name of Employer Brooks Jucha & Associates, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0

Date of Receipt 10 / 05 / 2012
Transaction ID : 13568
Amount of Each Receipt this Period 1000.00

C. William L. Kite
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 629
City Roanoke State VA Zip Code 24004-0629
FEC ID number of contributing federal political committee. **C**
Name of Employer D & S Life Agency, Inc. Occupation Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0

Date of Receipt 10 / 02 / 2012
Transaction ID : 13554
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 9 OF 33
(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)
Matthew Roy

Mailing Address 2149 Spruce Dr

City State Zip Code
Sea Girt NJ 08750-1109

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

Name of Employer Occupation
Savoy Associates Senior Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0

Date of Receipt
10 / 12 / 2012

Transaction ID : 13576

Amount of Each Receipt this Period
150.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	4815.00

**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 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)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13821

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13820

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13822

Amount of Each Disbursement this Period

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

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 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)

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 4701 N Keystone Ave # 100

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Banking Fee

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : 13819

Amount of Each Disbursement this Period

425.06

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

425.06

2653.21

**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ABEL MALDONADO FOR CONGRESS

Mailing Address PO BOX 5325

City SANTA MARIA State CA Zip Code 93456

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

ABEL MALDONADO

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13618

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address PO BOX 219

City SYRACUSE State NY Zip Code 13214

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

ANN MARIE BUERKLE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : 13573

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

RICHARD A BERG

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13591

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Local Event

011

Candidate Name

GUS MICHAEL BILIRAKIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13581

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement
Local Event

011

Candidate Name

BILLY LONG

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13617

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
Local Event

011

Candidate Name

ROBERT P JR CORKER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 13605

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
Local Event

011

Candidate Name

KEVIN BRADY

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 13588

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Local Event

011

Candidate Name

THOMAS R CARPER

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 13590

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Cancelled #2206

011

Candidate Name

THOMAS R CARPER

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 13600

Amount of Each Disbursement this Period

1	5	0	0	.	1	5
---	---	---	---	---	---	---

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

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

1	5	0	0	.	1	5
---	---	---	---	---	---	---

1	5	0	0	.	1	5
---	---	---	---	---	---	---

**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. CHARLIE DENT FOR CONGRESS

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
Local Event

011

Candidate Name

CHARLES W REP DENT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13628

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR TOM PETRI

Mailing Address PO BOX 270

City FOND DU LAC State WI Zip Code 54936

Purpose of Disbursement
Local Event

011

Candidate Name

THOMAS PETRI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13625

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COFFMAN FOR CONGRESS 2012

Mailing Address 9249 SOUTH BROADWAY #200-501

City HIGHLANDS RANCH State CO Zip Code 80129

Purpose of Disbursement
Reception 10/11

011

Candidate Name

MICHAEL COFFMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 14305

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. COOPER FOR CONGRESS

Mailing Address C/O DGLF CPAS & BUSINESS ADVISORS

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement
Local Event

011

Candidate Name

JAMES H.S. COOPER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2012

Transaction ID : 14302

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 40040

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
Local Event

011

Candidate Name

RAYMOND J MR. CRAVAACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2012

Transaction ID : 13635

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. DANIEL WEBSTER FOR CONGRESS

Mailing Address 3400 OLD WINTER GARDEN ROAD

City ORLANDO State FL Zip Code 32805

Purpose of Disbursement
Local Event

011

Candidate Name

DANIEL WEBSTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2012

Transaction ID : 13586

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

Use separate schedule(s)
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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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. DANNY TARKANIAN FOR CONGRESS

Mailing Address 50 S JONES BLVD

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement
Local Event

011

Candidate Name

DANNY TARKANIAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13589

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DAVID RIVERA FOR CONGRESS

Mailing Address P.O. BOX 520633

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
Local Event

011

Candidate Name

DAVID RIVERA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13585

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Local Event

011

Candidate Name

DEVIN GERALD NUNES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13622

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement
Local Event

011

Candidate Name

RODNEY P. FRELINGHUYSEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13595

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Local Event

011

Candidate Name

ERIK PAULSEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13637

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement
Local Event

011

Candidate Name

GLENN THOMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13631

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM BRIDENSTINE INC

Mailing Address PMB 230

City TULSA State OK Zip Code 74136

Purpose of Disbursement
Local Event

011

Candidate Name

JAMES FREDERICK BRIDENSTINE

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2012			

Transaction ID : 13546

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement
Local Event

011

Candidate Name

JOHN A BARRASSO

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

Transaction ID : 13593

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF RICH NUGENT

Mailing Address PO BOX 15668

City BROOKSVILLE State FL Zip Code 34604

Purpose of Disbursement
Local Event

011

Candidate Name

RICHARD B NUGENT

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

Transaction ID : 13584

Amount of Each Disbursement this Period

500.00

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

4000.00

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

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**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCOTT DESJARLAIS

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement
Local Event

011

Candidate Name

SCOTT EUGENE DESJARLAIS

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 14304

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Local Event

011

Candidate Name

RALPH MOODY HALL

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13578

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ISAKSON VICTORY COMMITTEE

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
Local Event

011

Candidate Name

JOHN HARDY ISAKSON

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2012

Transaction ID : 13558

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ISAKSON VICTORY COMMITTEE

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
Check #2182

011

Candidate Name

JOHN HARDY ISAKSON

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13633

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. ISSA FOR CONGRESS

Mailing Address PO BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement
Local Event

011

Candidate Name

DARRELL ISSA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13613

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address PO BOX 30265

City LINCOLN State NE Zip Code 68503

Purpose of Disbursement
Local Event

011

Candidate Name

JEFFREY FORTENBERRY

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13594

Amount of Each Disbursement this Period

1000.00

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

-500.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement
Local Event

011

Candidate Name

JAMES B RENACCI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

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

Transaction ID : 13566

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JUDY BIGGERT FOR CONGRESS

Mailing Address P.O. BOX 4198

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement
Local Event

011

Candidate Name

JUDY BIGGERT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	2

Transaction ID : 14303

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. KAREN HARRINGTON FOR CONGRESS, INC.

Mailing Address 2000 NW 150TH AVE

City PEMBROKE PINES State FL Zip Code 33028

Purpose of Disbursement
Local Event

011

Candidate Name

KAREN HARRINGTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

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

Transaction ID : 13582

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. KATHY HOCHUL FOR CONGRESS

Mailing Address PO BOX 64

City: BUFFALO State: NY Zip Code: 14231

Purpose of Disbursement
Local Event

011

Candidate Name

KATHLEEN COURTNEY HOCHUL

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13619

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LAMBORN FOR CONGRESS

Mailing Address P.O. BOX 64107

City: COLORADO SPRINGS State: CO Zip Code: 80962

Purpose of Disbursement
Local Event

011

Candidate Name

DOUGLAS LAMBORN

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13620

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City: COLONIA State: NJ Zip Code: 07067

Purpose of Disbursement
Local Event

011

Candidate Name

LEONARD LANCE

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13580

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. LANDRY FOR LOUISIANA

Mailing Address PO BOX 13816

City NEW IBERIA State LA Zip Code 70562

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

JEFFREY M LANDRY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : 13569

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

JOE III MANCHIN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13612

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement
Local Event

011

Category/
Type

Candidate Name

MARTHA ROBY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 13602

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MCCLINTOCK FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
Local Event

011

Candidate Name

THOMAS MCCLINTOCK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2012

Transaction ID : 13623

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MCCOLLUM FOR CONGRESS

Mailing Address P.O. BOX 14131

City State Zip Code
ST. PAUL MN 55114

Purpose of Disbursement
Local Event

011

Candidate Name

BETTY MCCOLLUM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2012

Transaction ID : 13636

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICA FOR CONGRESS

Mailing Address P. O. BOX 181546

City State Zip Code
CASSELBERRY FL 32718

Purpose of Disbursement
Local Event

011

Candidate Name

JOHN L. MR. MICA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2012

Transaction ID : 13583

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. MONTANANS FOR REHBERG

Mailing Address PO BOX 1597

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Check #2004

011

Candidate Name

DENNIS RAY REHBERG

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13609

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. PATON FOR CONGRESS

Mailing Address PO BOX 68758

City TUCSON State AZ Zip Code 85737

Purpose of Disbursement
Local Event

011

Candidate Name

JONATHAN PATON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : 13567

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PLUMMER FOR CONGRESS

Mailing Address PO BOX 1272

City O'FALLON State IL Zip Code 62269

Purpose of Disbursement
Local Event

011

Candidate Name

JASON PLUMMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13614

Amount of Each Disbursement this Period

2000.00

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

3500.00

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

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

Full Name (Last, First, Middle Initial)

A. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement
Local Event

011

Candidate Name

REID RIBBLE

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13626

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address PO BOX 118

City UTICA State NY Zip Code 13503

Purpose of Disbursement
Local Event

011

Candidate Name

RICHARD HANNA

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13627

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address 319 NANCY'S ROAD

City QUITMAN State LA Zip Code 71268

Purpose of Disbursement
Local Event

011

Candidate Name

RODNEY M. MR. ALEXANDER

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : 13570

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. ROTHFUS FOR CONGRESS

Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement
Local Event

011

Candidate Name

KEITH MR. ROTHFUS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

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

Transaction ID : 13630

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. RUBIO/RECLAIM AMERICA JOINT COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Check #2075

011

Candidate Name

MARCO RUBIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

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

Transaction ID : 13610

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SCOTT GARRETT FOR CONGRESS

Mailing Address P.O. BOX 905

City NEWTON State NJ Zip Code 07860

Purpose of Disbursement
Local Event

011

Candidate Name

SCOTT REP. GARRETT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

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

Transaction ID : 13596

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

2	5	0	0	.	0	0
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**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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
Local Event

011

Candidate Name

SHELLEY MOORE MS. CAPITO

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13579

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Local Event

011

Candidate Name

STEVEN DAINES

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : 13592

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. STEVE FINCHER FOR CONGRESS

Mailing Address PO BOX 11153

City JACKSON State TN Zip Code 38308

Purpose of Disbursement
Local Event

011

Candidate Name

STEVE FINCHER

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13634

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. STRICKLAND FOR CONGRESS 2012

Mailing Address 603 E ALTON AVE STE H

City SANTA ANA State CA Zip Code 92705

Purpose of Disbursement
Local Event

011

Candidate Name

ANTHONY A. STRICKLAND

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 13601

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TEAM EMERSON FOR JO ANN EMERSON

Mailing Address P.O. BOX 822

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
Local Event

011

Candidate Name

JOANN EMERSON

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13615

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. VICKY HARTZLER FOR CONGRESS

Mailing Address P.O. BOX 415004

City KANSAS CITY State MO Zip Code 64141

Purpose of Disbursement
Local Event

011

Candidate Name

VICKY HARTZLER

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13616

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. VOTETIPTON.COM

Mailing Address PO BOX 1582

City State Zip Code
CORTEZ CO 81321

Purpose of Disbursement
Local Event

011

Candidate Name

SCOTT R. TIPTON

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13621

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WALBERG FOR CONGRESS

Mailing Address PO BOX 1362

City State Zip Code
JACKSON MI 49204

Purpose of Disbursement
Local Event

011

Candidate Name

TIMOTHY L. HON. WALBERG

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : 13574

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City State Zip Code
HOOD RIVER OR 97031

Purpose of Disbursement
Local Event

011

Candidate Name

GREGORY P MR. WALDEN

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : 13632

Amount of Each Disbursement this Period

1500.00

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

4500.00

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. WENSTRUP FOR CONGRESS

Mailing Address 512 MISSOURI AVE

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement
Local Event

011

Candidate Name

BRAD WENSTRUP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : 13587

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. YODER FOR CONGRESS, INC

Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement
Local Event

011

Candidate Name

KEVIN YODER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2012

Transaction ID : 13604

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

89000.00

**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 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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Full Name (Last, First, Middle Initial)

A. Travis Cummings for State Representative

Mailing Address PO Box 2404

City Orange Park State FL Zip Code 32067

Purpose of Disbursement
Check #2088

011

Category/
Type

Candidate Name

Travis Cummings

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : 13611

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

-500.00

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

-500.00