

**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. HOOSIERS FOR ROKITA, INC.**

Mailing Address 314 ARSENAL AVE.

City INDIANAPOLIS State IN Zip Code 46201

Purpose of Disbursement  
4/8 Dinner

011

Category/  
Type

Candidate Name

**THEODORE EDWARD ROKITA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : 16094

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. JIM TRACY FOR CONGRESS**

Mailing Address PO BOX 332490

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement  
6/24 TN Event

011

Category/  
Type

Candidate Name

**JIM TRACY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

Transaction ID : 16031

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. JOHN CARNEY FOR CONGRESS**

Mailing Address PO BOX 2162

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement  
6/8 Retreat

011

Category/  
Type

Candidate Name

**JOHN CARNEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : 15979

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0