# 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)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters PAC (HUPAC)

**A.**
Full Name (Last, First, Middle Initial): Rely On Your Beliefs Fund
Mailing Address: 209 Pennsylvania Avenue SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President / State: / District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 10000247
Date of Disbursement: 01 18 2005
Amount of Each Disbursement this Period: 2500.00
Contribution

**B.**
Full Name (Last, First, Middle Initial): Mike Dewine For US Senate
Mailing Address: PO Box 340188
City: Columbus State: OH Zip Code: 43234
Purpose of Disbursement: Contribution
Candidate Name: Sen. Mike DeWine
Category/Type: 011
Office Sought: House / X Senate / President / State: OH District: 1
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10000254
Date of Disbursement: 01 18 2005
Amount of Each Disbursement this Period: 1000.00
Contribution

**C.**
Full Name (Last, First, Middle Initial): Friends Of Mike Sodrel
Mailing Address: 702 North Shore Drive Suite 500
City: Jeffersonville State: IN Zip Code: 47130
Purpose of Disbursement: Contribution
Candidate Name: Rep. Michael E. Sodrel
Category/Type: 011
Office Sought: X House / Senate / President / State: IN District: 9
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10000262
Date of Disbursement: 01 18 2005
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 4500.00

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