

**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. ALLEN WEST FOR CONGRESS**

Mailing Address PO BOX 1028

City DEERFIELD BEACH State FL Zip Code 33443

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**ALLEN B WEST**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

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

Transaction ID : 12168

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**ANDREW P HARRIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

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

Transaction ID : 12153

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
Reception 1/24/12

011

Candidate Name

**BENJAMIN L CARDIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

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

Transaction ID : 12146

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0
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