

# 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) <b>A. Whitfield For Congress Committee</b>		<b>Transaction ID:</b> 12939576 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00  Campaign Contribution
City Hopkinsville State KY Zip Code 42241		
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Edward Whitfield Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 1		

Full Name (Last, First, Middle Initial) <b>B. Lamberti For Congress</b>		<b>Transaction ID:</b> 12939623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 785		Amount of Each Disbursement this Period 1000.00  Campaign Contribution
City Ankeny State IA Zip Code 50021		
Purpose of Disbursement Campaign Contribution Candidate Name Mr. Jeffrey Lamberti Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 3		

Full Name (Last, First, Middle Initial) <b>C. People With Hart Inc</b>		<b>Transaction ID:</b> 12939634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00  Campaign Contribution
City Wexford State PA Zip Code 15090		
Purpose of Disbursement Campaign Contribution Candidate Name Rep. Melissa A. Hart Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)