

**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. JOE WALSH FOR CONGRESS COMMITTEE, INC.**

Mailing Address 830 W. ROUTE 22 -BOX 56

City LAKE ZURICH State IL Zip Code 60047

Purpose of Disbursement  
Dinner 3/6

011

Candidate Name

**JOE WALSH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	2

**Transaction ID : 12433**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. LINDA LINGLE SENATE COMMITTEE**

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANEHOE State HI Zip Code 96744

Purpose of Disbursement  
Dinner 3/6

011

Candidate Name

**LINDA LINGLE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	2

**Transaction ID : 12432**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. LINDA LINGLE SENATE COMMITTEE**

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANEHOE State HI Zip Code 96744

Purpose of Disbursement  
Dinner 3/6

011

Candidate Name

**LINDA LINGLE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	2

**Transaction ID : 12431**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0