

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 25 2 28 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PAC		2. FEC IDENTIFICATION NUMBER C00283135
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, NW Ste 810		
CITY, STATE and ZIP CODE Washington, D.C. 20036		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report



Stephen J. Stoupa, CPA
Director of Finance

National Association of Health Underwriters
1000 Connecticut Avenue, N.W., #810
Washington, D.C. 20036
Telephone 202/778-8764
Fax 202/785-2274

in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/97 through 6/30/97		
6. (a)	Cash on Hand January 1, 1997		\$ 1,540.77
(b)	Cash on Hand at Beginning of Reporting Period	\$ 1,540.77	
(c)	Total Receipts (from Line 19)	\$ 16,911.45	\$ 16,911.45
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 18,452.22	\$ 18,452.22
7.	Total Disbursements (from Line 30)	\$ 10,406.26	\$ 10,406.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,045.96	\$ 8,045.96
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Kevin P. Corcoran			
Signature of Treasurer 		Date 7/21/97	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
National Association of Health Underwriters PAC		FROM 1/1/97	TO 6/30/97	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		1,670.00	1,670.00	11(a)(i)
ii. Unitemized		15,241.45	15,241.45	11(a)(ii)
iii. Total	(add i and ii) >	16,911.45	16,911.45	11(a)(iii)
b. Political Party Committees				11(b)
c. Other Political Committees (such as PACs)				11(c)
d. Total Contributions	(add a iii, b and c) >	16,911.45	16,911.45	11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)				17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,911.45	16,911.45	19
20. Total Federal Receipts	(subtract line 18 from line 19) >	16,911.45	16,911.45	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share				21(a)(i)
ii. Non-Federal Share				21(a)(ii)
b. Other Federal Operating Expenditures		6,806.26	6,806.26	21(b)
c. Total Operating Expenditures	(add a i, a ii, and b) >	6,806.26	6,806.26	21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,500.00	3,500.00	23
24. Independent Expenditures (use Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees		100.00	100.00	28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds	(add a, b and c) >	100.00	100.00	28(d)
29. Other Disbursements				29
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,406.26	10,406.26	30
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	10,406.26	10,406.26	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		16,911.45	16,911.45	32
33. Total Contribution Refunds (from line 28d)		100.00	100.00	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)		16,811.45	16,811.45	34
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	6,806.26	6,806.26	35
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-	36
37. Net Operating Expenditures	(subtract line 36 from line 35) >	6,806.26	6,806.26	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth Ashmore 7606 University Ave. Ste B Lubbock, TX 79423-2126	Ashmore Agency Inc.	3/4/97	50.00
	Occupation Owner	4/21/97	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Eva Jean Fomalont 4300 San Mateo Blvd. NE Albuquerque, NM 87110-1229	Name of Employer FHP of New Mexico	Date (month, day, year) 2/28/97	Amount of Each Receipt This Period 150.00
	Occupation Senior Account Manager	6/23/97 6/24/97	50.00 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
C. Full Name, Mailing Address and ZIP Code Jay Grant 3792 Edmonds Way Ste. 253 Edmonds, WA 98020	Name of Employer Jay B. Grant, RBU	Date (month, day, year) 3/7/97	Amount of Each Receipt This Period 250.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Fred Hack P.O. Box 660 Liberty, MO 64068-0660	Name of Employer Hubbard-Hack Insurance Agency	Date (month, day, year) 2/18/97	Amount of Each Receipt This Period 150.00
	Occupation Owner	6/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Ruth Houkom 1000 S. Cleveland Massillon Rd. Ste. 103 Akron, OH 44333-9204	Name of Employer R.L. Houkom Benefit Designs, Inc.	Date (month, day, year) 2/27/97	Amount of Each Receipt This Period 100.00
	Occupation Owner	6/23/97	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
F. Full Name, Mailing Address and ZIP Code Dennis Mather 10540 York Road, York Ridge Ctr. North Cockeysville, MD 21030	Name of Employer The Mather Companies	Date (month, day, year) 3/4/97	Amount of Each Receipt This Period 250.00
	Occupation Owner	2/19/97	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		
G. Full Name, Mailing Address and ZIP Code Stephanie Smith-Howard P.O. Box 416 Mundelein, IL 60060-0416	Name of Employer Design Insurance Brokers	Date (month, day, year) 3/7/97	Amount of Each Receipt This Period 225.00
	Occupation Insurance Agent	6/22/97	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$245.00		

SUBTOTAL of Receipts This Page (optional)	1,670.00
TOTAL This Period (last page this line number only)	1,670.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Capitol Hilton P.O. Box 75208 Chicago, IL 60675-5208	Food & Beverage Expense HUPAC Breakfast Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Breakfast	5/7/97	5,228.80
Circuit City Stores, Inc. Store 3102 Fairfax, VA 22030	Gift Certificate/HUPAC Raffle at Annual Conven Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Raffle Prize	6/13/97	1,000.00
Michael J. Dwyer 505 Maitland Ave. Ste 115 Altamonte Springs, FL 32701	Purchase of 24 Frogman Hats for Resale Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) For Resale	5/15/97	372.36
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

6,601.16

TOTAL This Period (last page this line number only)

6,601.16

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Zbrlich for Congress 1527 York Road Lutherville, MD 21093	2nd District - MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-elect Nancy Johnson P.O. Box 1986 New Britain, CT 06050	6th District - CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Stenholm for Congress P.O. Box 1032 Stanford, TX 79553	17th District - TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34686	9th District - FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

3,500.00

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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SLS

PREPARER

7-25-97

DATE PREPARED