

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Health Insurance Political Action Committee of the Health Insurance Association of Ameri

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 1201 F Street, NW  
 Suite 500  
 Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00110494 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)	X	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 03 01 2003 through 03 31 2003

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 Mr. Christopher Bowlin  
 Signature of Treasurer Electronically Filed by Mr. Christopher Bowlin Date 04 17 2003

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association  
of Ameri

Report Covering the Period: From: <sup>h</sup> 03 <sup>D</sup> 01 <sup>v</sup> 2003 To: <sup>h</sup> 03 <sup>D</sup> 31 <sup>v</sup> 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2003		11817.69
(b) Cash on Hand at Beginning of Reporting Period .....	25942.82	
(c) Total Receipts (from Line 19) .....	6962.00	21094.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	32904.82	32911.69
7. Total Disbursements (from Line 30) .....	13500.00	13506.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19404.82	19404.82
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association  
of Ameri

Report Covering the Period: From: <sup>W</sup> 0 3 <sup>D</sup> 0 1 <sup>Y</sup> 2 0 0 3 To: <sup>W</sup> 0 3 <sup>D</sup> 3 1 <sup>Y</sup> 2 0 0 3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1400.00	
(ii) Unitemized .....	562.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1962.00	6094.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	6962.00	21094.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	6962.00	21094.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	6962.00	21094.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	6.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	13500.00	13506.87
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	13500.00	13506.87
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6962.00	21094.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6962.00	21094.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	6.87
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	6.87

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 12	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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)  
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

**A.** Full Name (Last, First, Middle Initial)  
Christopher Bowlin

Mailing Address  
1201 F Street, NW Suite 500  
City State Zip Code  
Washington DC 20004

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2003

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction  
HIAA

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: R2916

**B.** Full Name (Last, First, Middle Initial)  
Christopher Bowlin

Mailing Address  
1201 F Street, NW Suite 500  
City State Zip Code  
Washington DC 20004

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2003

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction  
HIAA

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: R2931

**C.** Full Name (Last, First, Middle Initial)  
Mr. Winthrop S. Cashdollar

Mailing Address  
1201 F Street, NW Suite 500  
City State Zip Code  
Washington DC 20004

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2003

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check  
HIAA Director, Center for Disability and Lo

Receipt For: 2004 Aggregate Year-to-Date ▼  
Primary X General Other (specify) ▼ 1000.00

Transaction ID: R2872

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 12

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)

A. Dr. Donald A. Young

Mailing Address

1201 F Street, NW

Suite 500

City

State

Zip Code

Washington

DC

20004

Date of Receipt

MM / DD / YYYY  
03 / 06 / 2003

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
HIAA

Occupation  
President

Manual Deduction

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: R2909

Full Name (Last, First, Middle Initial)

B. Dr. Donald A. Young

Mailing Address

1201 F Street, NW

Suite 500

City

State

Zip Code

Washington

DC

20004

Date of Receipt

MM / DD / YYYY  
03 / 20 / 2003

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
HIAA

Occupation  
President

Manual Deduction

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: R2924

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1400.00</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 7 / 12		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)  
A. WellPoint Health Systems

Mailing Address  
1 WellPoint Way

City State Zip Code  
Thousand Oaks CA 91362

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2003

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check  
WELLPAC

Amount of Each Receipt this Period  
5000.00

Receipt For: 2004 Aggregate Year-to-Date ▼  
Primary X General  
Other (specify) ▼ 5000.00

Transaction ID: R2675

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5000.00</b>

**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)

PAGE 8/12

<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				

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)

**A.** Judd Gregg Committee

Mailing Address

PO Box 1812

City

Concord

State

NH

Zip Code

03302

Purpose of Disbursement

Contribution: Judd Gregg (NH-R)

Candidate Name

Judd Gregg (NH-R)

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2004

Primary

General

Other (specify) ▼

State: NH

District: 0

Date of Disbursement

03 / 24 / 2003

Amount of Each Disbursement this Period

2000.00

Contribution: Judd Gregg  
(NH-R)

Transaction ID: 0917

Full Name (Last, First, Middle Initial)

**B.** Friends of Roy Blunt

Mailing Address

PO Box 278

City

Strafford

State

MO

Zip Code

65757

Purpose of Disbursement

Contribution: Roy Blunt (MO-7-R)

Candidate Name

Roy Blunt (MO-7-R)

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2004

Primary

General

Other (specify) ▼

State: MO

District: 7

Date of Disbursement

03 / 24 / 2003

Amount of Each Disbursement this Period

2000.00

Contribution: Roy Blunt  
(MO-7-R)

Transaction ID: 0918

Full Name (Last, First, Middle Initial)

**C.** Friends of Jennifer Dunn

Mailing Address

PO Box 40110

City

Bellevue

State

WA

Zip Code

98015

Purpose of Disbursement

Contribution: Jennifer Dunn (WA-8-R)

Candidate Name

Jennifer Dunn (WA-8-R)

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2004

Primary

General

Other (specify) ▼

State: WA

District: 8

Date of Disbursement

03 / 24 / 2003

Amount of Each Disbursement this Period

1000.00

Contribution: Jennifer Du-  
nn (WA-8-R)

Transaction ID: 0919

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

**5000.00**

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

**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)

PAGE 9/12

<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				

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial) <b>A. Ben Nelson for US Senate</b>			Date of Disbursement 03 / 24 / 2003	
Mailing Address 426 C Street, NE City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Ben Nelson (NE-D)			Contribution: Ben Nelson (NE-D)	
Candidate Name Ben Nelson (NE-D)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: D920	
State: NE      District: 0				

Full Name (Last, First, Middle Initial) <b>B. Nussle for Congress</b>			Date of Disbursement 03 / 24 / 2003	
Mailing Address PO Box 324 City Manchester State IA Zip Code 52057			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: James Allen Nussle (IA-2-R)			Contribution: James Allen Nussle (IA-2-R)	
Candidate Name James Allen Nussle (IA-2-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: D923	
State: IA      District: 2				

Full Name (Last, First, Middle Initial) <b>C. Friends of Conrad Burns</b>			Date of Disbursement 03 / 26 / 2003	
Mailing Address PO Box 1532 City Billings State MT Zip Code 59103			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Conrad Burns (MT-R)			Contribution: Conrad Burns (MT-R)	
Candidate Name Conrad Burns (MT-R)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: D924	
State: MT      District: 0				

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

**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)

PAGE 10 / 12

<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				

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address

111 C Street, SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

Contribution: John Boehner (-R)

Candidate Name

John Boehner (-R)

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2004

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

03 / 26 / 2003

Amount of Each Disbursement this Period

1000.00

Contribution: John Boehner (-R)

Transaction ID: D925

Full Name (Last, First, Middle Initial)

B. Republican Majority Fund

Mailing Address

101 Constitution Ave, NW

Suite 900

City

Washington

State

DC

Zip Code

20001

Purpose of Disbursement

Contribution: Republican Majority Fund

Candidate Name

Don Nickles (OK-R)

Category/  
Type

Office Sought:

House

X Senate

President

Disbursement For:

2004

Primary

X General

Other (specify) ▼

State: OK

District: 0

Date of Disbursement

03 / 26 / 2003

Amount of Each Disbursement this Period

1000.00

Contribution: Republican Majority Fund

Transaction ID: D926

Full Name (Last, First, Middle Initial)

C. Musgrave for Congress

Mailing Address

15484 Road 18 1/2

City

Fort Morgan

State

CO

Zip Code

80701

Purpose of Disbursement

Contribution: Marilyn Musgrave (CO-4-R)

Candidate Name

Marilyn Musgrave (CO-4-R)

Category/  
Type

Office Sought:

X House

Senate

President

Disbursement For:

2004

Primary

X General

Other (specify) ▼

State: CO

District: 4

Date of Disbursement

03 / 26 / 2003

Amount of Each Disbursement this Period

250.00

Contribution: Marilyn Musgrave (CO-4-R)

Transaction ID: D928

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

**2250.00**

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

**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)

PAGE 11 / 12

<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				

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NAME OF COMMITTEE (In Full)  
Health Insurance Political Action Committee of the Health Insurance Association  
of Ameri

Full Name (Last, First, Middle Initial) <b>A. Kline for Congress</b>		Date of Disbursement 03 / 26 / 2003
Mailing Address 14101 Southcross Drive West Suite 175 City State Zip Code Burnsville MN 55337		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution: John Kline (MN-2-R)		Contribution: John Kline (MN-2-R)
Candidate Name John Kline (MN-2-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D929
State: MN District: 2		

Full Name (Last, First, Middle Initial) <b>B. Cole for Congress</b>		Date of Disbursement 03 / 26 / 2003
Mailing Address P. O. Box 722258 City State Zip Code Norman OK 73070		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution: Tom Cole (OK-4-R)		Contribution: Tom Cole (O- K-4-R)
Candidate Name Tom Cole (OK-4-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D930
State: OK District: 4		

Full Name (Last, First, Middle Initial) <b>C. Marsha Blackburn for Congress, Inc.</b>		Date of Disbursement 03 / 26 / 2003
Mailing Address 214 4th Avenue North City State Zip Code Franklin TN 37064		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution: Marsha Blackburn (TN-7-R)		Contribution: Marsha Blac- kbum (TN-7-R)
Candidate Name Marsha Blackburn (TN-7-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D931
State: TN District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 12 / 12

<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				

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NAME OF COMMITTEE (In Full)  
Health Insurance Political Action Committee of the Health Insurance Association  
of Ameri

Full Name (Last, First, Middle Initial) <b>A. John Carter for Congress Committee</b>		Date of Disbursement 03 / 26 / 2003	
Mailing Address 307 West Main Street City Round Rock State TX Zip Code 78681		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Contribution: Carter (R-TX-31)		Contribution: Carter (R-TX-31)	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 0932	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Re-Elect Nancy Johnson to Congress Committee</b>		Date of Disbursement 03 / 26 / 2003	
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution: Nancy L. Johnson (CT-5-R)		Contribution: Nancy L. Johnson (CT-5-R)	
Candidate Name Nancy L. Johnson (CT-6-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 0933	
State: CT District: 6			

Full Name (Last, First, Middle Initial) <b>C. Porter for Congress</b>		Date of Disbursement 03 / 26 / 2003	
Mailing Address 6905 Pony Circle City Las Vegas State NV Zip Code 89145		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Contribution: Porter (R-NV-3)		Contribution: Porter (R-NV-3)	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 0934	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13500.00</b>