

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) (HUPAC) PAC National Association of Health Underwriters	FEDERAL ELECTION COMMISSION OCT 14 2 19 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, Suite 810	2. FEC IDENTIFICATION NUMBER C00283135
CITY, STATE and ZIP CODE Washington, DC 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
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period 7/1/98 through 9/30/98		
6. (a) Cash on Hand January 1, 1998		\$ 3,984.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 13,273.84	
(c) Total Receipts (from Line 19)	\$ 6,222.52	\$ 31,776.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,496.36	\$ 35,761.31
7. Total Disbursements (from Line 30)	\$ 4,349.83	\$ 20,614.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,146.53	\$ 15,146.53
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 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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	Date
Signature of Treasurer 	10/14/98

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	PAC	REPORT COVERING PERIOD		
National Association of Health Underwriters		FROM 7/1/98	TO: 9/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees		2,300.00	7,525.00	11(a)(i)
i. Itemized (use Schedule A)		3,922.52	24,251.65	11(a)(ii)
ii. Unitemized		6,222.52	31,776.65	11(a)(iii)
iii. Total (add i and ii) >				11(b)
b. Political Party Committees				11(c)
c. Other Political Committees (such as PACs)				11(d)
d. Total Contributions (add a ii, b and c) >		6,222.52	31,776.65	12
12. Transfers From Affiliated/Other Party Committees				13
13. All Loans Received				14
14. Loan Repayments Received				15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				17
17. Other Federal Receipts (Dividends, Interest, etc.)				18
18. Transfers from Nonfederal Account for Joint Activity				19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		6,222.52	31,776.65	20
20. Total Federal Receipts (subtract line 18 from line 19) >		6,222.52	31,776.65	
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)(i)
i. Federal Share				21(a)(ii)
ii. Non-Federal Share		749.83	11,614.78	21(b)
b. Other Federal Operating Expenditures		749.83	11,614.78	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >				22
22. Transfers to Affiliated/Other Party Committees				23
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,500.00	8,750.00	24
24. Independent Expenditures (use Schedule E)				25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				26
26. Loan Repayments Made				27
27. Loans Made				
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees		100.00	250.00	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	250.00	28(d)
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		4,349.83	20,614.78	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,349.83	20,614.78	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		6,222.52	31,776.65	32
33. Total Contribution Refunds (from line 28d)		100.00	250.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		6,122.52	31,526.65	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		749.83	11,614.78	35
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from line 35) >		749.83	11,614.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(1)

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
Carol Cutter 7800 Shelby Street, Suite 11 Indianapolis, IN 46227-4770	Colonial Life	8/25/98	\$50.00
	Occupation Insurance Agent	9/14/98	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
B. Full Name, Mailing Address and ZIP Code Sheila Hartman 21300 Victory Blvd., Suite 215 Woodland Hills, CA 91367	Financial Independence Company	9/30/98	\$100.00
	Occupation OWNER-Insur. Agent		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code Timothy Hendricks 4200 East Skelly Drive, Suite 835 Tulsa, OK 74135-3235	Business Planning Group of Oklahoma	7/2/98	\$50.00
		8/3/98	\$50.00
	Occupation Insurance Agent	9/2/98	\$50.00
		9/18/98	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 525.00		
D. Full Name, Mailing Address and ZIP Code Mark Hoffman 2019 Industrial Drive Bethlehem, PA 18017	Ronald S. Hoffman Insurance Agent	7/7/98	\$500.00
	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Ruth Houkom 1000 S. Cleveland Massillon Road Suite 103 Akron, OH 44333-9204	Ruth L. Houkom Benefits Design, Inc.	7/2/98	\$30.00
		8/3/98	\$30.00
	Occupation Owner-Insurance Agent	9/2/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 370.00		
F. Full Name, Mailing Address and ZIP Code David Kross 3341 Harrison Avenue Cincinnati, OH 45211	United Benefits Agency, Inc.	7/2/98	\$20.00
		8/3/98	\$20.00
	Occupation Insurance Agent	9/2/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 255.00		
G. Full Name, Mailing Address and ZIP Code Scott Robertson 2891 Centerpointe Drive, Suite 207 Fort Myers, FL 33916	The Umbrella Group of Florida, Inc.	7/14/98	\$1,000.00
	Occupation Insurance Agent		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,300.00		

SUBTOTAL of Receipts This Page (optional) \$2,075.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code Larry Sanders 2212 Lincolnway West Mishawaka, IN 46544	Name of Employer Continental General	Date (month, day, year) 9/14/98	Amount of Each Receipt this Period \$25.00
	Occupation Insurance Agent Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Daniel Wheeler 5310 E 31st Suite 1216 Tulsa, OK 74135	Name of Employer Plan Benefit Analysts, Inc.	Date (month, day, year) 9/18/98	Amount of Each Receipt this Period \$100.00
	Occupation Insurance Agent Aggregate Year-to-Date > \$ 225.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Richard Wheeler 617 Highway #71 Building 2 Brielle, NJ 08730	Name of Employer Wheeler & Associates	Date (month, day, year) 9/24/98	Amount of Each Receipt this Period \$100.00
	Occupation Owner-Insur. Agent Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$225.00
 TOTAL This Period (last page this line number only) \$2,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The 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
Ron Lewis for Congress P.O. Box 307 Elizabethtown, KY 42702	contribution-2nd district Kentucky Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	contribution-US Senator Georgia Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/98	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611	contribution-US Senator N. Carolina Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Pat Toomey for Congress 1005 Union Boulevard Allentown, PA 18103	contribution-15th district Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	\$500.00
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)

\$3,500.00

TOTAL This Period (last page this line number only)

\$3,500.00

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)

The 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
Vialog Group Communications P.O. Box 9449 Boston, MA 02209-9449	HUPAC Board teleconferences	7/22/98	\$170.61
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/21/98	11.19
	<input checked="" type="checkbox"/> Other (specify) teleconferences	9/21/98	174.06
B. 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)		
C. 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)		
D. 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)		
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)

\$355.86

TOTAL This Period (last page this line number only)

\$355.86

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-14-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEP</i> PREPARER	<i>10-14-98</i> DATE PREPARED