

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 11 2 15 PM '98

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PAC (NHUPAC)	
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, NW 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
5. Covering Period <u>4/1/98</u> through <u>6/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 3,984.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,348.44	
(c) Total Receipts (from Line 10)	\$ 7,161.68	\$ 25,554.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,510.12	\$ 29,538.79
7. Total Disbursements (from Line 30)	\$ 12,236.28	\$ 16,264.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 13,273.84	\$ 13,273.84
9. Debts and Obligations Owed TO the Committee (Itemize as 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 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize as 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 October 13, 1998
Signature of Treasurer 	

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 1/1/81)

NAME OF COMMITTEE National Association of Health Underwriters PAC		REPORT COVERING PERIOD FROM 4/1/98 TO 6/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3,525.00	5,225.00
ii. Unitemized		3,636.68	20,329.13
iii. Total (add i and ii) >		7,161.68	25,554.13
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a, b and c) >		7,161.68	25,554.13
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		7,161.68	25,554.13
20. Total Federal Receipts (subtract line 18 from line 19) >		7,161.68	25,554.13
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H-4)			
i. Federal Share			
ii. Non-Federal Share		8,136.28	10,864.95
b. Other Federal Operating Expenditures		8,136.28	10,864.95
c. Total Operating Expenditures (add a, b, i, and ii) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,000.00	5,250.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		100.00	150.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)		100.00	150.00
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		12,236.28	16,264.95
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		12,236.28	16,264.95
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		7,161.68	25,554.13
33. Total Contribution Refunds (from line 28d)		100.00	150.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		7,061.68	25,404.13
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		8,136.28	10,864.95
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		8,136.28	10,864.95

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) (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
Jane B. Burney P.O. Box 922019 Houston, TX 77292-2019	Brady Chapman Holland & Associates	6/12/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner-Insur. Agent	Aggregate Year-to-Date: \$ 250.00	
Edward Colina 8405 NW 53rd Street Suite C-105 Miami, FL 33166-4511	Edward D. Colina & Associates, Inc.	6/12/98	\$40.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	6/17/98	\$1,000.00
	Aggregate Year-to-Date: \$ 1,040.00		
Carol Cutter 624 Griffin Road Indianapolis, IN 46227	Colonial Life	6/12/98	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: \$ 300.00	
Sheila Hartman 21300 Victory Blvd. Suite 215 Woodland Hills, CA 91367	Financial Independence	6/12/98	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner-Insur. Agent	Aggregate Year-to-Date: \$ 300.00	
Lisa Hellman 2735 Bordeaux Blvd. Cumming, GA 30041	McCart Risk Management & Insur.	6/12/98	505.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Sales	Aggregate Year-to-Date: \$ 580.00	
Ronald Hoffman 2019 Industrial Drive Bethlehem, PA 18017	Ronald S. Hoffman Insurance Agency	6/22/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner-Insur. Agent	Aggregate Year-to-Date: \$ 575.00	
William T. Robinson P.O. Box 691006 West Hollywood, CA 90069-9006	National Business Insurance Agency	6/12/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: \$ 445.00	

SUBTOTAL of Receipts This Page (optional)

3,095.00

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)(1)

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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
Timothy Hendricks 4200 East Skelly Drive Suite 835 Tulsa, OK 74135-3235	Business Planning Group of Oklahoma	5/7/98	\$50.00
	Insurance Agent	6/2/98	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		
B. Full Name, Mailing Address and ZIP Code Ruth L. Houkom 1000 S. Cleveland Massillon Rd. Suite 103 Akron, OH 44333-9204	Ruth L. Houkom Benefit Design, Inc	6/2/98	\$30.00
	Owner-Insur. Agent		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
C. Full Name, Mailing Address and ZIP Code Barbara Zeigler 1140 Burnt Tavern Road Brick, NJ 08724	Financial Dimensions	6/15/98	\$100.00
		6/22/98	\$100.00
		6/23/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$430.00

TOTAL This Period (last page this line number only)

\$3,525.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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	Date (month, day, year)	Amount of Each Disbursement This Period
Diane DeGette Congress 770 Grant Street Suite 238 Denver, CO 80203	Contribution-1st district of Colorado Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/98	\$500.00
Ehrlich for Congress P.O. Box 932 Hunt Valley, MD 21030	Contribution-2nd district of Maryland Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/98	\$500.00
Casso for Congress 9448 Whittier Blvd. Pico Rivera, CA 90660	Contribution-34th district California Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	\$500.00
Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Contribution-5th district of N. Carolina Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/98	\$1,000.00
John Breaux Committee P.O. Box 4042 Baton Rouge, LA 70821-4042	Contribution-US Sen. from Louisiana Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/98	\$1,000.00
Taylor for Congress P.O. Box 2355 Asheville, NC 28802	Contribution-11th district of N. Carolina Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/98	\$500.00
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)

\$4,000.00

TOTAL This Period (last page this line number only)

\$4,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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)

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
The Capitol Hilton P.O. Box 75208 Chicago, IL 60675-5208	food, beverage, a/v, expenses, HUPAC breakfast Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Hotel Charges	4/22/98	\$6,607.52
Bryan Caudill 5543 Willow Wood Court Toledo, OH 43615	Two bomber jackets for HUPAC raffle Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Raffle Prize	4/23/98	\$220.00
Vialog Group Communications 1861 Wiehle Avenue Reston, VA 20190-5200	HUPAC Board teleconfernces Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) teleconfernces 6/22/98	4/22/98 5/22/98 6/22/98	\$229.42 111.15 6.06
Katherine South 5644 North 5th Street Arlington, VA 22205	fee for compiling 1st qrt. contributor list Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Salary	5/4/98	\$232.50
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)

\$7,406.65

TOTAL This Period (last page this line number only)

\$7,406.65

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>Sev</i> PREPARER	<i>10-14-98</i> DATE PREPARED