

**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  
 NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

ADDRESS (number and street) 2000 14TH STREET SUITE 45D  
 Check if different than previously reported. (ACC) ARLINGTON VA 22201

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

C00283135

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C) <input checked="" type="checkbox"/>	Special (12G)			
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on 05 03 2003			in the State of TX	
	Termination Report (TER)	(d) 30-Day Post-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on			in the State of	

5. Covering Period 01 01 2003 through 04 13 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 Kevin Corcoran, CAE

Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 04 21 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.

Office Use Only							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
 NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: <sup>H</sup> 0 <sup>M</sup> 1 <sup>:</sup> 0 <sup>:</sup> 1 <sup>Y</sup> 2 <sup>0</sup> 0 <sup>3</sup> To: <sup>H</sup> 0 <sup>M</sup> 4 <sup>:</sup> 1 <sup>:</sup> 3 <sup>Y</sup> 2 <sup>0</sup> 0 <sup>3</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2 <sup>0</sup> 0 <sup>3</sup>		48519.92
(b) Cash on Hand at Beginning of Reporting Period .....	48519.92	
(c) Total Receipts (from Line 19) .....	74441.50	74441.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122961.42	122961.42
<hr/>		
7. Total Disbursements (from Line 31) .....	42614.79	42614.79
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80346.63	80346.63
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>04 <sup>-</sup>13 <sup>-</sup>2003

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) .....	28180.00	
(ii) Unitemized .....	38261.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	66441.50	66441.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	66441.50	66441.50
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 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	8000.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	74441.50	74441.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	74441.50	74441.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	7604.79	7604.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7604.79	7604.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
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.....	10.00	10.00
(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))..... ▶	10.00	10.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42614.79	42614.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	42614.79	42614.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	66441.50	66441.50
34. Total Contribution Refunds (from Line 28(d)) .....	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66431.50	66431.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7604.79	7604.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7604.79	7604.79

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.15400
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.17014
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. David Benson</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 6733 South Sepulveda Boulevard Suite 230		Transaction ID: SA11A1.16495
City Los Angeles	State CA	Zip Code 90045-1562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer DCB Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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: PAGE 7 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Tracy Q. Bradford</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 866 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.16769
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38120-4000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>390.00</b>
Name of Employer Clay & Land Insurance, In- c.	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Tracy Q. Bradford</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 866 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.15958
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38120-4000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.00</b>
Name of Employer Clay & Land Insurance, In- c.	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>520.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dean Byus</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 241 B2 East Dreamwood Circle		Transaction ID: SA11A1.16502
City <b>Liberty Lake</b>	State <b>WA</b>	Zip Code <b>99019-9721</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Employee Benefit Services	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>660.00</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: PAGE 8 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Keri Caruthers</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address 4800 Westown Parkway #200		Transaction ID: SA11A1.16883
City West Des Moines	State IA	Zip Code 50266-1000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Country Healthcare of IA	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Rush David Dixon</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.16009
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. George Dunker</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address 4000 Westown Parkway Suite 204		Transaction ID: SA11A1.16593
City West Des Moines	State IA	Zip Code 50266-6705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Benefit Source Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>470.00</b>
TOTAL 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 9 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Eugene Ebersole</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.16513
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Eugene Ebersole</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.16871
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Eugene Ebersole</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.17043
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>160.00</b>
TOTAL 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 10 / 56	
	<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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.17048
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Fishback</b>		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2003
Mailing Address 736 Johnson Ferry Road Building C-200		Transaction ID: SA11A1.16514
City Marietta	State GA	Zip Code 30068-5618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Purchasing Alliance Solutions, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Eva Jean Fomalon</b>		Date of Receipt M / D / Y Y Y Y 03 / 26 / 2003
Mailing Address 2500 Louisiana Blvd. NE, Ste. 300		Transaction ID: SA11A1.16594
City Albuquerque	State NM	Zip Code 87110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer Delta Dental Plans of NM	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2255.00</b>
TOTAL 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: PAGE 11 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Charles Garten</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.16757
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Garten</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.16051
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Glehrast</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 1336		Transaction ID: SA11A1.16516
City Island Heights	State NJ	Zip Code 08732-1336
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 290.00
Name of Employer Martin Agency	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>510.00</b>
TOTAL 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 12 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Richard Gikhrest</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 1336		Transaction ID: SA11A1.16874
City Island Heights	State NJ	Zip Code 08732-1336
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Martin Agency	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Patsi Goldfarb</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.17055
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Gray</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.15522
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>180.00</b>
TOTAL 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 13 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Michael Gray</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.17056
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Bob Hagan</b>		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address P.O. Box 240326		Transaction ID: SA11A1.16486
City Anchorage	State AK	Zip Code 99524
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hagan Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Halby</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.16824
City Nevada City	State CA	Zip Code 95559
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL 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 14 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Carol Hayes</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 736 Johnson Ferry Road, #C-200		Transaction ID: SA11A1.16782
City <b>Marietta</b>	State <b>GA</b>	Zip Code <b>30068</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Purchasing Alliance Solutions, Inc.</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Judith Hayes</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 1802 West Crescent Drive		Transaction ID: SA11A1.16521
City <b>Odessa</b>	State <b>TX</b>	Zip Code <b>79761-1566</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>225.00</b>
Name of Employer <b>Hayes Insurance Services</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Donna Hill</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address PO Box 724		Transaction ID: SA11A1.15579
City <b>Snelville</b>	State <b>GA</b>	Zip Code <b>30078</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>75.00</b>
Name of Employer <b>DDH Associates</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</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: PAGE 15 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Donna HI</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.17088
City <b>Snellville</b>	State <b>GA</b>	Zip Code <b>30078</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>75.00</b>
Name of Employer <b>DDH Associates</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Ronald Hoffman</b>		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address 2019 Industrial Drive		Transaction ID: SA11A1.17007
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code <b>18017</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>Ronald S. Hoffman Insurance Agency</b>	Occupation <b>Owner/Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Full Name (Last, First, Middle Initial) <b>C. James A. Hot</b>		Date of Receipt M / D / Y 01 / 08 / 2003
Mailing Address 1111 Civic Drive #285		Transaction ID: SA11A1.18472
City <b>Walnut Creek</b>	State <b>CA</b>	Zip Code <b>94598-8203</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Hot Financial Services</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>675.00</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 16 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. James A. Holt</b>		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 1111 Civic Drive #285		Transaction ID: SA11A1.16487
City Walnut Creek	State CA	Zip Code 94596-8203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Holt Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Art Jetter</b>		Date of Receipt M / D / Y 01 / 07 / 2003
Mailing Address 11305 Chicago Circle		Transaction ID: SA11A1.16463
City Omaha	State NE	Zip Code 68154-2676
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Art Jetter & Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.15820
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2850.00</b>
TOTAL 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 17 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.15821
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.17083
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Thelma Kaczmarek</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 2833 State Rta. 58 Ste. B		Transaction ID: SA11A1.15824
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>280.00</b>
TOTAL 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 18 / 56	
	<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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Thelma Kaczmarek</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.17084
City <b>Ravenna</b>	State <b>OH</b>	Zip Code <b>44266-1684</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer <b>Kaczmarek Insurance Services</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>320.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Thomas Kaufman</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 1675 Willow Street		Transaction ID: SA11A1.16138
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95125</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>85.00</b>
Name of Employer <b>BCI Insurance Services, Inc.</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>255.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Ronald (David) Knight</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address PO Box 507		Transaction ID: SA11A1.16908
City <b>Carrollton</b>	State <b>GA</b>	Zip Code <b>30117-0507</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>J. Smith Lanier &amp; Company</b>	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1165.00</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: PAGE 10 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Kuhni</b>		Date of Receipt M / D / Y 03 / 25 / 2003	
Mailing Address 40 North 100 East		Transaction ID: SA11A1.16537	
City Provo	State UT	Zip Code 84606-3100	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer First West Brokerage Service		Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Kuhni</b>		Date of Receipt M / D / Y 03 / 25 / 2003	
Mailing Address 40 North 100 East		Transaction ID: SA11A1.16538	
City Provo	State UT	Zip Code 84606-3100	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer First West Brokerage Service		Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Levine</b>		Date of Receipt M / D / Y 03 / 28 / 2003	
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.16167	
City Atlanta	State GA	Zip Code 30305	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Complink		Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>360.00</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 20 / 56	
	<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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Brian Liechty</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.15642
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Brian Liechty</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.17090
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>320.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Gary Looney</b>		Date of Receipt M / D / Y 02 / 11 / 2003
Mailing Address 110 East Crockett		Transaction ID: SA11A1.16890
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Catio & Catio	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.00</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 21 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Gary Looney</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 110 East Crockett		Transaction ID: SA11A1.16618
City	State	Zip Code
San Antonio	TX	78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Catio & Catio	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. Maurice Lyons</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.16543
City	State	Zip Code
New York	NY	10107-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 480.00
Name of Employer The Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Makony</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.16180
City	State	Zip Code
Winter Park	FL	32789-4808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>570.00</b>
TOTAL 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 22 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. Michael Meterick</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.16186
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Mark McElright</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.16194
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employees Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 520 Washington Boulevard Suite 801		Transaction ID: SA11A1.16991
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>685.00</b>
TOTAL 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 23 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Douglas Moore</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 101 D Ohio River Boulevard		Transaction ID: SA11A1.16547
City Pittsburgh	State PA	Zip Code 15202-2836
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>240.00</b>
Name of Employer Seubert & Associates	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Jim Mozingo</b>		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 201 S. McPherson Church Road Suite 103		Transaction ID: SA11A1.16205
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer Independent Insurance Gro- up, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Jim Mozingo</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 201 S. McPherson Church Road Suite 103		Transaction ID: SA11A1.16208
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer Independent Insurance Gro- up, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>640.00</b>
TOTAL 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 24 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Ray Musser</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 404 North Second Avenue Suite B		Transaction ID: SA11A1.16551
City Upland	State CA	Zip Code 91786-4701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ray Int. Musser & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Lonnie Nefouse</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 1311 West 96th Street Suite 201		Transaction ID: SA11A1.16552
City Indianapolis	State IN	Zip Code 46260-1173
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer The Nefouse Agency, Inc.	Occupation President / Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. John Nelson</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 32110 Agoura Road		Transaction ID: SA11A1.16553
City Westlake Village	State CA	Zip Code 91361-4028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2400.00
Name of Employer Warner Pacific Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>3640.00</b>
TOTAL 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: PAGE 25 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Jesse Patton</b>		Date of Receipt M / D / Y 02 / 25 / 2003	
Mailing Address 2175 NW 88th. Street Suite 14		Transaction ID: SA11A1.16484	
City State Zip Code DesMoines IA 50325-5557	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Associations Marketing Group, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>B. Susan Rash</b>		Date of Receipt M / D / Y 03 / 28 / 2003	
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.16270	
City State Zip Code Richmond VA 23225-5291	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Rick Rebel</b>		Date of Receipt M / D / Y 03 / 25 / 2003	
Mailing Address 231 Second SW		Transaction ID: SA11A1.16562	
City State Zip Code Albany OR 97321-2232	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Albany Agency of Insurance	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1550.00**

TOTAL 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: PAGE 26 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC**

Full Name (Last, First, Middle Initial) <b>A. John Rice</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 825 S. Minnesota Ave., #203		Transaction ID: SA11A1.16564
City Sioux Falls	State SD	Zip Code 57104-4873
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2400.00
Name of Employer Rice Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B. Ernest G. Robison</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.16321
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Salomon</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.16567
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1030.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3450.00</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 27 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Stephen Salamon</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.17127
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Seaborn</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address P.O. Box 3045		Transaction ID: SA11A1.16610
City Asheville	State NC	Zip Code 28802-3045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Blue Ridge Benefit Solutions, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Seaborn</b>		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address P.O. Box 3045		Transaction ID: SA11A1.16998
City Asheville	State NC	Zip Code 28802-3045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Blue Ridge Benefit Solutions, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
TOTAL 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 28 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Mark Sheffer</b>		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.15775
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Sheffer</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.15776
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Sheffer</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.16864
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>410.00</b>
TOTAL 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 28 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Mark Sheffer</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.16922
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Sheffer</b>		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.17132
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Shelek</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 67		Transaction ID: SA11A1.16569
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shelek Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
TOTAL 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 30 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Scott Shalek</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 67		Transaction ID: SA11A1.16820
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Shalek</b>		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address P.O. Box 67		Transaction ID: SA11A1.16989
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.00	

Full Name (Last, First, Middle Initial) <b>C. Juliana Stevenson</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address P.O. Box 1478		Transaction ID: SA11A1.16407
City Fallon	State NV	Zip Code 89407-1478
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1110.00</b>
TOTAL 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: PAGE 31 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Burley Strader</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 7803D		Transaction ID: SA11A1.16582
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer The Piedmont Administrato- rs	Occupation Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Burley Strader</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address P.O. Box 7803D		Transaction ID: SA11A1.16413
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer The Piedmont Administrato- rs	Occupation Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. Henry Sullivan</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 523 Camilla Avenue		Transaction ID: SA11A1.16584
City Roanoke	State VA	Zip Code 24014-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 480.00
Name of Employer Sullivan and Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>710.00</b>
TOTAL 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 32 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Ryan Thom</b>		Date of Receipt M / D / Y Y Y Y 03 / 26 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.16927
City State Zip Code South Jordan UT 84095-4538	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 155.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>B. Ryan Thom</b>		Date of Receipt M / D / Y Y Y Y 03 / 26 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.16928
City State Zip Code South Jordan UT 84095-4538	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Ryan Thom</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.17148
City State Zip Code South Jordan UT 84095-4538	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>275.00</b>
TOTAL 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 33 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Bynum Tuttle</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 1110		Transaction ID: SA11A1.16586
City Denton	State NC	Zip Code 27234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Employee Benefit Designs Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Vinton</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 948D Deereco Road		Transaction ID: SA11A1.16440
City Timonium	State MD	Zip Code 21060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Edward Welcoff</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 79 Woodfin Place Suite 205-A		Transaction ID: SA11A1.16589
City Asheville	State NC	Zip Code 28801-2492
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer W. Associates, Inc.	Occupation President & CEO	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1320.00</b>
TOTAL 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 34 / 56	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Trei Wild</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address 5495 Belt Line Road Suite 155		Transaction ID: SA11A1.16612
City Dallas	State TX	Zip Code 75240-7643
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Safeguard Health Plans	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen J. Woolston</b>		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.16591
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Constance Zerkowski</b>		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.16315
City Westlake Village	State CA	Zip Code 91361-2421
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>765.00</b>
TOTAL 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: PAGE 35 / 56	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Ziff		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.16352
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Robert Ziff		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.16318
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	130.00
TOTAL This Period (last page this line number only) .....	▶	28180.00

**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 36 / 56	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. EVAN BAYH</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 10 W MARKET SUITE 2000		Transaction ID: SA16.15858
City	State	Zip Code
INDIANAPOLIS	IN	46204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID LEE CAMP</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 5901 WOODVIEW PASS		Transaction ID: SA16.15861
City	State	Zip Code
MIDLAND	MI	48640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. NORMAN DUBOIS DICKS</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 18911 HIGHWAY 106		Transaction ID: SA16.15850
City	State	Zip Code
BELFAIR	WA	98528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL 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 37 / 56	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. DAVID DREIER</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address PD BOX 1110		Transaction ID: SA16.15860
City COVINA	State CA	Zip Code 91722
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MIKE FERGUSON</b>		Date of Receipt M / D / Y 01 / 14 / 2003
Mailing Address 8 BROKEN ARROW RD		Transaction ID: SA16.15852
City WARREN	State NJ	Zip Code 07059
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. SAMUEL ROBERT JOHNSON</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address PD BOX 880086		Transaction ID: SA16.15857
City PLANO	State TX	Zip Code 75088
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2000.00</b>
TOTAL 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 38 / 56	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. MARK RAYMOND KENNEDY</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 11428 COUNTY RD 13 SE		Transaction ID: SA16.15854
City WATERTOWN	State MN	Zip Code 55388
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. CANDICE S MILLER</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 28840 DLD NORTH RIVER ROAD		Transaction ID: SA16.15853
City HARRISON TOWNSHIP	State MI	Zip Code 48045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. GEORGE RADANOVICH</b>		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 30151 TOMAS STREET		Transaction ID: SA16.15862
City RANCHO SANTA MARGA	State CA	Zip Code 92688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
TOTAL 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 38 / 56	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial) ROBERT C BOBBY SCOTT		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address PD BOX 251		Transaction ID: SA16.15859
City NEWPORT NEWS	State VA	Zip Code 23607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) JOHN BARDEN SHADEGG		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address PD BOX 45444		Transaction ID: SA16.15856
City PHOENIX	State AZ	Zip Code 85064
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) W J BILLY TAUZIN		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 813 HIGHWAY 20		Transaction ID: SA16.15855
City THIBODAUX	State LA	Zip Code 70301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL 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: PAGE 40 / 56	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. ED WHITFIELD		Date of Receipt M / D / Y 03 / 15 / 2003
Mailing Address 108 ALUMNI AVENUE		Transaction ID: SA16.15863
City	State	Zip Code
HOPKINSVILLE	KY	42240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: Primary      X General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	8000.00



**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 41 / 56
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. AMEX</b>		Transaction ID: SB21B.16981 Date of Disbursement 04 / 02 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period  776.30
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Vince Antonino</b>		Transaction ID: SB21B.16954 Date of Disbursement 03 / 24 / 2003	
Mailing Address 'No Available Address'			
City	State CA	Zip Code	Amount of Each Disbursement this Period  599.00
Purpose of Disbursement HUPAC Capitol Conference Raffle Winner		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Misty Baker</b>		Transaction ID: SB21B.16958 Date of Disbursement 03 / 24 / 2003	
Mailing Address 2501B Capital of Texas Hwy. South			
City Austin	State TX	Zip Code 78748-7742	Amount of Each Disbursement this Period  1200.00
Purpose of Disbursement HUPAC Capitol Conference Raffle Winner		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2575.30</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 42 / 56
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. James Boyd		Transaction ID: SB21B.16963 Date of Disbursement 03 / 24 / 2003	
Mailing Address P.O. Box 2258		Amount of Each Disbursement this Period 250.00	
City Mount Pleasant	State SC	Zip Code 29465-2258	Category/ Type
Purpose of Disbursement HUPAC Capitol Conference Raffle Winner		Candidate Name	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Transaction ID: SB21B.16964 Date of Disbursement 04 / 03 / 2003	
Mailing Address 405 Gretna Blvd. #103 A		Amount of Each Disbursement this Period 275.00	
City Gretna	State LA	Zip Code 70053-4045	Category/ Type
Purpose of Disbursement CC 2003 Board Registration Fees		Candidate Name	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. EFSNB Merchants		Transaction ID: SB21B.16970 Date of Disbursement 02 / 06 / 2003	
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 74.34	
City Memphis	State TN	Zip Code 38133	Category/ Type
Purpose of Disbursement Monthly Credit Card Settlement Fee		Candidate Name	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	599.34
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 43 / 56
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Executive Awards</b>		Transaction ID: SB21B.16960 Date of Disbursement 04 / 02 / 2003	
Mailing Address P.O. Box 123491		Amount of Each Disbursement this Period  405.15	
City Fort Worth	State TX		Zip Code 76121-3491
Purpose of Disbursement HUPAC Awards			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Brian Liechty</b>		Transaction ID: SB21B.16963 Date of Disbursement 04 / 03 / 2003	
Mailing Address 120 E Washington Street		Amount of Each Disbursement this Period  275.00	
City Plymouth	State IN		Zip Code 46563-1744
Purpose of Disbursement CC 2003 Board Registration Fees			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. McManus</b>		Transaction ID: SB21B.16961 Date of Disbursement 04 / 02 / 2003	
Mailing Address 5104 MacArthur Blvd., NW		Amount of Each Disbursement this Period  500.41	
City Washington	State DC		Zip Code 20018
Purpose of Disbursement HUPAC Awards			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1180.56</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 44 / 56
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey R. Miles		Transaction ID: SB21B.16951 Date of Disbursement 03 / 24 / 2003	
Mailing Address 520 Washington Boulevard Suite 801		Amount of Each Disbursement this Period 400.00	
City Marina del Rey	State CA	Zip Code 90292-5442	Category/ Type
Purpose of Disbursement HUPAC Capitol Conference Raffle Winner		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.16944 Date of Disbursement 01 / 07 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 546.00	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement 11/02 HUPAC Operating Expenses		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Transaction ID: SB21B.16947 Date of Disbursement 01 / 30 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 385.22	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement 12/02 HUPAC Operating Expenses		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	1311.22
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 45 / 56
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.16948 Date of Disbursement 03 / 20 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period  217.78	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement 2003 HUPAC Operating Expenses			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.16965 Date of Disbursement 04 / 10 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period  461.25	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement Reimbursement: 3/22 Leg Council Dinner			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Transaction ID: SB21B.16974 Date of Disbursement 02 / 04 / 2003	
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period  213.31	
City Fairfax	State VA		Zip Code 22030
Purpose of Disbursement Monthly Credit Card Settlement Fee			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	892.34
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 46 / 56

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. NOVA Information System		Transaction ID: SB21B.16080 Date of Disbursement 03 / 04 / 2003		
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period  170.76		
City Fairfax	State VA			Zip Code 22030
Purpose of Disbursement Monthly Credit Card Settlement Fee				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	170.76
TOTAL This Period (last page this line number only) .....	▶	6729.52

**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 47 / 56	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. CHARLES F BASS</b>		Transaction ID: SB23.15902 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO BOX 210		Amount of Each Disbursement this Period 1000.00	
City PETERBOROUGH	State NH	Zip Code 03458	Category/ Type
Purpose of Disbursement Political Contribution		Candidate Name BASS VICTORY COMMITTEE	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH	District: D2		

Full Name (Last, First, Middle Initial) <b>B. EVAN BAYH</b>		Transaction ID: SB23.15897 Date of Disbursement 03 / 18 / 2003	
Mailing Address 10 W MARKET SUITE 2000		Amount of Each Disbursement this Period 1000.00	
City INDIANAPOLIS	State IN	Zip Code 46204	Category/ Type
Purpose of Disbursement Political Contribution		Candidate Name EVAN BAYH COMMITTEE	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN	District: D0		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH E III BRADLEY</b>		Transaction ID: SB23.15904 Date of Disbursement 04 / 01 / 2003	
Mailing Address 645 SOUTH MAIN STREET		Amount of Each Disbursement this Period 500.00	
City WOLFEBORO	State NH	Zip Code 03894	Category/ Type
Purpose of Disbursement Political Contribution		Candidate Name JEB BRADLEY FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH	District: D1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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 48 / 56	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. BROWN-WAITE, VIRGINIA 'GINNY'</b>		Transaction ID: SB23.15884 Date of Disbursement 02 / 20 / 2003	
Mailing Address 2499 CULBREATH RD			
City BROOKSVILLE	State FL	Zip Code 34602	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BROWN-WAITE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: D5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RICHARD BARR</b>		Transaction ID: SB23.15906 Date of Disbursement 04 / 02 / 2003	
Mailing Address POST OFFICE BOX 5928			
City WINSTON-SALEM	State NC	Zip Code 27113	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RICHARD BARR COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President State: NC District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ERIC IVAN CANTOR</b>		Transaction ID: SB23.15881 Date of Disbursement 02 / 20 / 2003	
Mailing Address 8004 OXBURY COURT			
City GLEN ALLEN	State VA	Zip Code 23059	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CANTOR FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: VA District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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 49 / 56	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. ERIC IVAN CANTOR</b>		Transaction ID: SB23.15892 Date of Disbursement 03 / 18 / 2003	
Mailing Address 6004 OXBURY COURT			
City GLEN ALLEN	State VA	Zip Code 23059	Amount of Each Disbursement this Period  4000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERIC PAC)			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: VA District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL N CASTLE</b>		Transaction ID: SB23.15884 Date of Disbursement 01 / 07 / 2003	
Mailing Address 2001 KENTMERE PLACE			
City WILMINGTON	State DE	Zip Code 19806	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CASTLE CAMPAIGN FUND			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: DE District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOHN HOWARD COBLE</b>		Transaction ID: SB23.15880 Date of Disbursement 02 / 20 / 2003	
Mailing Address 5741-L BRAMBLEGATE			
City GREENSBORO	State NC	Zip Code 27409	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name COBLE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NC District: D6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</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 50 / 56

<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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. JAMES W DEMINT</b>		Transaction ID: SB23.15885 Date of Disbursement 02 / 20 / 2003	
Mailing Address 132 COVENTRY ROAD		Amount of Each Disbursement this Period  500.00	
City GREENVILLE	State SC		Zip Code 29615
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name DEMINT FOR SENATE COMMITTEE INC			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SC	District: D0		

Full Name (Last, First, Middle Initial) <b>B. DAVID DREIER</b>		Transaction ID: SB23.15812 Date of Disbursement 04 / 10 / 2003	
Mailing Address PO BOX 1110		Amount of Each Disbursement this Period  1000.00	
City COVINA	State CA		Zip Code 01722
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name DREIER FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA	District: 26		

Full Name (Last, First, Middle Initial) <b>C. MIKE FERGUSON</b>		Transaction ID: SB23.15885 Date of Disbursement 01 / 14 / 2003	
Mailing Address 6 BROKEN ARROW RD		Amount of Each Disbursement this Period  500.00	
City WARREN	State NJ		Zip Code 07059
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name FRIENDS OF MIKE FERGUSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ	District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</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 51 / 56	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. MIKE FERGUSON</b>		Transaction ID: SB23.15901 Date of Disbursement 04 / 01 / 2003	
Mailing Address 6 BROKEN ARROW RD			
City WARREN	State NJ	Zip Code 07059	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF MIKE FERGUSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NJ District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHARLES E SENATOR GRASSLEY</b>		Transaction ID: SB23.15866 Date of Disbursement 01 / 16 / 2003	
Mailing Address PO BOX 1000			
City DES MOINES	State IA	Zip Code 50304	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GRASSLEY COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JUDD A GREGG</b>		Transaction ID: SB23.15869 Date of Disbursement 01 / 16 / 2003	
Mailing Address OCEAN BLVD			
City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JUDD GREGG COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NH District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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 52 / 56	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. J DENNIS HASTERT</b>		Transaction ID: SB23.15877 Date of Disbursement 02 / 05 / 2003	
Mailing Address P. O. Box 386			
City Yorkville	State IL	Zip Code 60560	Amount of Each Disbursement this Period  2500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name KEEP OUR MAJORITY PAC (KOMFAC)			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 14		

Full Name (Last, First, Middle Initial) <b>B. AMORY HOUGHTON</b>		Transaction ID: SB23.15883 Date of Disbursement 02 / 20 / 2003	
Mailing Address 33 EAST THIRD STREET			
City CORNING	State NY	Zip Code 14830	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF HOUGHTON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY	District: 28		

Full Name (Last, First, Middle Initial) <b>C. STENY HAMILTON HOYER</b>		Transaction ID: SB23.15908 Date of Disbursement 04 / 10 / 2003	
Mailing Address 40740 PARLETT MORGAN ROAD			
City CHARLOTTE HALL	State MD	Zip Code 20822	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HOYER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD	District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</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 53 / 56

<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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. CARL HAWKINS ISETT</b>		Transaction ID: SB23.15872 Date of Disbursement 01 / 21 / 2003	
Mailing Address 3817 62ND DRIVE		Amount of Each Disbursement this Period  500.00	
City LUBBOCK	State TX		Zip Code 79413
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name CARL ISETT CAMPAIGN			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2003 Primary General Other (specify) ▼	State: TX District: 19 Special-General	

Full Name (Last, First, Middle Initial) <b>B. NANCY L JOHNSON</b>		Transaction ID: SB23.15899 Date of Disbursement 04 / 01 / 2003	
Mailing Address 141 SOUTH MOUNTAIN DRIVE		Amount of Each Disbursement this Period  1000.00	
City NEW BRITAIN	State CT		Zip Code 06052
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name RE-ELECT NANCY JOHNSON TO CONG. COMM.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: CT District: 06	

Full Name (Last, First, Middle Initial) <b>C. ROBERT MATSUI</b>		Transaction ID: SB23.15894 Date of Disbursement 03 / 18 / 2003	
Mailing Address 4230 WARREN AVENUE		Amount of Each Disbursement this Period  5000.00	
City SACRAMENTO	State CA		Zip Code 95822
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name BOB MATSUI FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: CA District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</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 54 / 56	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. DENNIS MOORE</b>		Transaction ID: SB23.1588B Date of Disbursement 02 / 28 / 2003	
Mailing Address 8319 MULLEN RD			
City LENEXA	State KS	Zip Code 66215	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MOORE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: KS District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARILYN N MUSGRAVE</b>		Transaction ID: SB23.15882 Date of Disbursement 02 / 20 / 2003	
Mailing Address 15484 RD 18.5			
City FORT MORGAN	State CO	Zip Code 80701	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MUSGRAVE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CO District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. POMEROY, EARL RALPH</b>		Transaction ID: SB23.15900 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO BOX 746			
City BISMARCK	State ND	Zip Code 58502	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name EARL POMEROY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ND District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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 55 / 56

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. GEORGE RADANOVICH</b>		Transaction ID: SB23.15905 Date of Disbursement 04 / 01 / 2003
Mailing Address 30151 TOMAS STREET		Amount of Each Disbursement this Period  500.00
City RANCHO SANTA MARGA	State CA Zip Code 92688	
Purpose of Disbursement Political Contribution	Candidate Name RADANOVICH FOR CONGRESS Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 19		

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN MAIN ST PARTNERSHIP PAC</b>		Transaction ID: SB23.15875 Date of Disbursement 01 / 28 / 2003
Mailing Address 2201 WISCONSIN AVENUE NW SUITE 320		Amount of Each Disbursement this Period  3000.00
City WASHINGTON	State DC Zip Code 20007	
Purpose of Disbursement Political Contribution	Candidate Name REPUBLICAN MAIN ST PARTNERSHIP PAC Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) <b>C. LEE R TERRY</b>		Transaction ID: SB23.15911 Date of Disbursement 04 / 10 / 2003
Mailing Address 11770 FARNAM STREET		Amount of Each Disbursement this Period  500.00
City OMAHA	State NE Zip Code 68154	
Purpose of Disbursement Political Contribution	Candidate Name LEE TERRY FOR CONGRESS Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NE District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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 56 / 56

<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 - HUPAC

Full Name (Last, First, Middle Initial) A. HEATHER A WILSON		Transaction ID: SB23.1589B Date of Disbursement 04 / 01 / 2003	
Mailing Address 9220 GUADOLUPE TRAIL NM		Amount of Each Disbursement this Period  1000.00	
City ALBUQUERQUE	State NM		Zip Code 87114
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name HEATHER WILSON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NM District: D1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	35000.00