

**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 450
 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 X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	X	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)		Special (12S)	
January 31 Quarterly Report(YE)	Election on	11	05	2002	in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:	General (30G)		Runoff (30R)	Special (30S)
Termination Report (TER)	Election on				in the State of

5. Covering Period 10 01 2002 through 10 18 2002

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 02 11 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h10 ^d01 ^y2002 To: ^h10 ^d16 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	67117.88	
(c) Total Receipts (from Line 19)	6054.00	120143.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73171.88	187783.50
7. Total Disbursements (from Line 30)	23549.12	138160.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49622.76	49622.76
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^W10 ^D01 ^Y2002 To: ^W10 ^D16 ^Y2002

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)	3900.00	
(ii) Unitemized	2154.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6054.00	119143.50
(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 32, page 4)	6054.00	119143.50
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	6054.00	120143.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	6054.00	120143.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4299.12	31654.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4299.12	31654.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19250.00	106506.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	23549.12	138160.74
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	23549.12	138160.74
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6054.00	119143.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6054.00	119143.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	4299.12	31654.74
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	4299.12	31654.74

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

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

FOR LINE NUMBER: PAGE 5 / 29

(check only one)

11a 11b 11c 12
13 14 15 16 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)
A. William Anderson

Mailing Address
488 Palm Springs Drive Suite 210
City State Zip Code
Altamonte Springs FL 32701-7805

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Transaction ID: SA11A1.13733

Full Name (Last, First, Middle Initial)
B. Elizabeth Ashmore

Mailing Address
7806 University Avenue #B
City State Zip Code
Lubbock TX 79423-2128

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.13734

Full Name (Last, First, Middle Initial)
C. Dennis Butler

Mailing Address
5851 South 59th Street Suite B
City State Zip Code
Lincoln NE 68516

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13878

SUBTOTAL of Receipts This Page (optional) ▶ **1120.00**

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: (check only one)		PAGE 6 / 29	
	<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

A. Full Name (Last, First, Middle Initial)
Tim Byrne

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Mailing Address
3113 W. Beltline Highway

City State Zip Code
Madison WI 53713

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Morienson, Matzelle & Meldrum Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.13746

B. Full Name (Last, First, Middle Initial)
D. Bailey Calvin

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00

Transaction ID: SA11A1.1374B

C. Full Name (Last, First, Middle Initial)
Steve Clement

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Mailing Address
3010 Fenwood Triangle

City State Zip Code
Roswell GA 30075-4199

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
S.M.C. Consultants, Inc. President/Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.13755

SUBTOTAL of Receipts This Page (optional) ▶ **85.00**

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: (check only one)		PAGE 7 / 29	
	<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

A. James Daubert Date of Receipt

Mailing Address N M / D E / Y Y Y Y

5651 South 59th Street Suite B 10 / 03 / 2002

City State Zip Code

Lincoln NE 68516 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Daubert & Buller Associates	Occupation Health Insurance Agent
-------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 1000.00

Other (specify) ▼

Transaction ID: SA11A1.13862

B. Mike Dolins Date of Receipt

Mailing Address N M / D E / Y Y Y Y

6440 Avondale Drive, Ste. 204 10 / 02 / 2002

City State Zip Code

Oklahoma City OK 73116-6416 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Dolins & Company, Inc.	Occupation Health Insurance Agent
--------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 250.00

Other (specify) ▼

Transaction ID: SA11A1.16375

C. Eugene Ebersole Date of Receipt

Mailing Address N M / D E / Y Y Y Y

405 Gretna Blvd. #103 A 10 / 02 / 2002

City State Zip Code

Gretna LA 70053-4945 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 40.00

Name of Employer Ebersole & Associates, Inc.	Occupation Health Insurance Agent
-------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 500.00

Other (specify) ▼

Transaction ID: SA11A1.13766

SUBTOTAL of Receipts This Page (optional)	1060.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(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)
A. Thomas M. Evans

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: SA11A1.13760

Full Name (Last, First, Middle Initial)
B. David L. Fear

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
65.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 490.00

Transaction ID: SA11A1.13771

Full Name (Last, First, Middle Initial)
C. Linda K. Friedrich

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNICO Financial Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.13964

SUBTOTAL of Receipts This Page (optional) ▶ **115.00**

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: (check only one)		PAGE 9 / 29	
	<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

A. Patsi Goldfarb Date of Receipt

Mailing Address N M / D E / Y Y Y Y

301 Madison Avenue 10 02 2002

City State Zip Code

New York NY 10016 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Medical Link	Occupation Health Insurance Agent
----------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 570.00

Other (specify) ▼

Transaction ID: SA11A1.13778

B. Michael Gray Date of Receipt

Mailing Address N M / D E / Y Y Y Y

7431 O Street 10 02 2002

City State Zip Code

Lincoln NE 68510-2444 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent
-------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 1000.00

Other (specify) ▼

Transaction ID: SA11A1.13778

C. Katherine Greene Date of Receipt

Mailing Address N M / D E / Y Y Y Y

802 N. Carancahua Suite 1700 10 02 2002

City State Zip Code

Corpus Christi TX 78470-0182 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Humana	Occupation Health Insurance Agent
----------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 300.00

Other (specify) ▼

Transaction ID: SA11A1.13780

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER:
(check only one)

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

A. Leesa Hayes Date of Receipt

Mailing Address N M / D E / Y Y Y Y

9720 Bunsen Parkway 10 / 03 / 2002

City State Zip Code

Louisville KY 40299-1802 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation

Thompson Associates, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.13989

B. Timothy Hendicks Date of Receipt

Mailing Address N M / D E / Y Y Y Y

4200 East Skally Drive #251 10 / 02 / 2002

City State Zip Code

Tulsa OK 74135-3206 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation

Business Planning Group of OK Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.13787

C. Donna HI Date of Receipt

Mailing Address N M / D E / Y Y Y Y

PO Box 724 10 / 02 / 2002

City State Zip Code

Snelville GA 30076 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 75.00

Name of Employer Occupation

DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 823.00

Transaction ID: SA11A1.14103

SUBTOTAL of Receipts This Page (optional) ▶ **175.00**

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: (check only one)		PAGE 11 / 29	
	<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

A. Full Name (Last, First, Middle Initial)
Richard Hill

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M O B / D E C / Y Y Y Y
1 0 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNICO Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: SA11A1.13790

B. Full Name (Last, First, Middle Initial)
Ronald Hoffman

Mailing Address
2D19 Industrial Drive

City State Zip Code
Bethlehem PA 18017

Date of Receipt
M O B / D E C / Y Y Y Y
1 0 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ronald S. Hoffman Insurance Agency Owner/Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00

Transaction ID: SA11A1.14115

C. Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1884

Date of Receipt
M O B / D E C / Y Y Y Y
1 0 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2200.00

Transaction ID: SA11A1.13804

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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: (check only one)		PAGE 12 / 29	
	<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)
A. Thelma Kaczmarek

Mailing Address
2633 State Rte. 69 Ste. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 890.00

Transaction ID: SA11A1.13805

Full Name (Last, First, Middle Initial)
B. Mary B. Kramer

Mailing Address
11508 Miracle Hills Drive, #102

City State Zip Code
Omaha NE 68154-4447

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Silverstone Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.13810

Full Name (Last, First, Middle Initial)
C. Brian Leichty

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46565-1744

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 900.00

Transaction ID: SA11A1.13811

SUBTOTAL of Receipts This Page (optional) ▶ **180.00**

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: (check only one)		PAGE 13 / 29	
	<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

A. Full Name (Last, First, Middle Initial)
Kimberly Martin

Mailing Address
180 Charlotte Highway

City State Zip Code
Asheville NC 28803

Date of Receipt
N M / D E / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefits Unlimited, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 270.00

Transaction ID: SA11A1.13815

B. Full Name (Last, First, Middle Initial)
Wasley Moore

Mailing Address
P.O. Box 804

City State Zip Code
Darlington SC 29540-0604

Date of Receipt
N M / D E / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W.P. Moore, III Agency, Inc. Owner, Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 270.00

Transaction ID: SA11A1.13820

C. Full Name (Last, First, Middle Initial)
Wes Needham

Mailing Address
P.O. Box 4000

City State Zip Code
Clinton TN 37717-4000

Date of Receipt
N M / D E / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Service Group Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.13827

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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: (check only one)		PAGE 14 / 29	
	<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

A. Paige Philips Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 43350 10 / 02 / 2002

City State Zip Code
Birmingham AL 35243-0350

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
30.00

Name of Employer The Wheeler Companies, Inc.	Occupation Health Insurance Agent
-------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 350.00
 Other (specify) ▼

Transaction ID: SA11A1.13834

B. Dannis J. Recker Date of Receipt

Mailing Address N M / D E / Y Y Y Y
871 North Perry Street 10 / 02 / 2002

City State Zip Code
Ottawa OH 45875-1218

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
20.00

Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent
----------------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 300.00
 Other (specify) ▼

Transaction ID: SA11A1.13841

C. William T. Robinson Date of Receipt

Mailing Address N M / D E / Y Y Y Y
100 South Sunrise Way PMB 984
10 / 02 / 2002

City State Zip Code
Palm Springs CA 92262-6737

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
20.00

Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent
--------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 350.00
 Other (specify) ▼

Transaction ID: SA11A1.14079

SUBTOTAL of Receipts This Page (optional)	70.00
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: (check only one)		PAGE 15 / 29	
	<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

A. Eugene Rowe Date of Receipt

Mailing Address N M / D E / Y Y Y Y
16000 Venutra Blvd, #1103 10 / 02 / 2002

City State Zip Code
Encino CA 91436-2767 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer The Rowe Group	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Transaction ID: SA11A1.13847

B. Stephen Salzman Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 4252 10 / 02 / 2002

City State Zip Code
Timonium MD 21094-4252 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 10.00

Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent
---------------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Transaction ID: SA11A1.13848

C. Mark Gehlunge Date of Receipt

Mailing Address N M / D E / Y Y Y Y
810 Tara Plaza 10 / 02 / 2002

City State Zip Code
Papillion NE 68046 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 30.00

Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent
--------------------------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 370.00

Transaction ID: SA11A1.13851

SUBTOTAL of Receipts This Page (optional)	70.00
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: (check only one)		PAGE 16 / 29	
	<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

A. Mark Steffer Date of Receipt

Mailing Address
P.O. Box 355
City State Zip Code
Apollo PA 15613-0355

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 200.00

Name of Employer Occupation
Executive Benefit Plans, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1800.00

Transaction ID: SA11A1.13856

B. Stuart Shapiro Date of Receipt

Mailing Address
P.O. Box 587
City State Zip Code
Wheeling IL 60090-0587

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 20.00

Name of Employer Occupation
Shapiro Financial Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.13857

C. Roger Sidner Date of Receipt

Mailing Address
5546 Shorewood Drive
City State Zip Code
Indianapolis IN 46220

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 25.00

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.13858

SUBTOTAL of Receipts This Page (optional) ▶ **245.00**

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: (check only one)		PAGE 17 / 29	
	<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)
A. Jackie Spragins

Mailing Address
P.O. Box 2073
City: Wichita Falls State: TX Zip Code: 76307-2037

Date of Receipt
M / D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Spragins Insurance Agency Occupation: Owner/Agent

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Transaction ID: SA11A1.13864

Full Name (Last, First, Middle Initial)
B. Ryan Thom

Mailing Address
10342 South Springcrest Lane
City: South Jordan State: UT Zip Code: 84095-4538

Date of Receipt
M / D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Ryan P. Thom Insurance Planning, Inc. Occupation: Health Insurance Agent

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 605.00

Transaction ID: SA11A1.13868

Full Name (Last, First, Middle Initial)
C. Michael Wardrip

Mailing Address
P.O. Box 638
City: Lilburn State: GA Zip Code: 30047-0638

Date of Receipt
M / D / Y Y Y Y
10 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Family Protection Agency Occupation: Health Insurance Agent

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Transaction ID: SA11A1.13879

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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: (check only one)		PAGE 18 / 29	
	<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

A. Full Name (Last, First, Middle Initial)
Charles Westmoreland

Mailing Address
P.O. Box 925
City: Jackson State: MS Zip Code: 39205-0923

Date of Receipt
N M / D E / Y Y Y Y
1 0 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: American Public Life Insurance Co. Occupation: Director of Agency Development

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Transaction ID: SA11A1.13880

B. Full Name (Last, First, Middle Initial)
Sue Wilson

Mailing Address
3555 NW 58th Street, Suite 310
City: Oklahoma City State: OK Zip Code: 73112

Date of Receipt
N M / D E / Y Y Y Y
1 0 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer: Sue Wilson Brokerage, Inc. Occupation: Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: SA11A1.13886

C.

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	3900.00

**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)

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

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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		Date of Disbursement 10 / 06 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 598.50
Purpose of Disbursement September 2002 Operating Expenses		Transaction ID: SB21B.14000
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 10 / 02 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 153.41
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.14073
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. White House Gear		Date of Disbursement 10 / 04 / 2002
Mailing Address 6905 West Clifton Street City: Tampa State: FL Zip Code: 33634		Amount of Each Disbursement this Period 3548.61
Purpose of Disbursement Hats for PAC fundraising		Transaction ID: SB21B.13998
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	4298.52
TOTAL This Period (last page this line number only)	▶	4298.52

**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 20 / 29

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

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

Full Name (Last, First, Middle Initial) A. LAMAR ALEXANDER			Date of Disbursement 10 / 08 / 2002	
Mailing Address PO BOX 121919 City: NASHVILLE State: TN Zip Code: 37212			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ALEXANDER FOR SENATE INC				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TN District: 00		Transaction ID: SB23.14015		

Full Name (Last, First, Middle Initial) B. HELEN DELICH BENTLEY			Date of Disbursement 10 / 08 / 2002	
Mailing Address 408 CHAPELWOOD LANE City: LUTHERVILLE State: MD Zip Code: 21093			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BENTLEY FOR CONGRESS INC				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD District: 02		Transaction ID: SB23.14004		

Full Name (Last, First, Middle Initial) C. JOSIAH ROBIAS BONNER			Date of Disbursement 10 / 09 / 2002	
Mailing Address 6910 PROVIDENCE ESTATE DRIVE City: MOBILE State: AL Zip Code: 36695			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JO BONNER FOR CONGRESS COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AL District: 01		Transaction ID: SB23.14054		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 29

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

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

Full Name (Last, First, Middle Initial) A. BENJAMIN L CARDIN		Date of Disbursement 10 / 09 / 2002	
Mailing Address 9 WHITEBRIDGE COURT City: BALTIMORE State: MD Zip Code: 21208		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BEN CARDIN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD District: 03	Transaction ID: SB23.14022		

Full Name (Last, First, Middle Initial) B. MICHAEL N CASTLE		Date of Disbursement 10 / 09 / 2002	
Mailing Address 2001 KENTMERE PLACE City: WILMINGTON State: DE Zip Code: 19808		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 <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: DE District: 00	Transaction ID: SB23.14044		

Full Name (Last, First, Middle Initial) C. JOSEPH CHRISTOPHER CHOCOLA		Date of Disbursement 10 / 09 / 2002	
Mailing Address 20380 COUNTY ROAD 14 City: BRISTOL State: IN Zip Code: 46507		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHRIS CHOCOLA FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IN District: 02	Transaction ID: SB23.14050		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

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

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

Full Name (Last, First, Middle Initial) A. ROBERT E 'BUD' JR CRAMER			Date of Disbursement 10 / 09 / 2002	
Mailing Address PO BOX 2621 City: HUNTSVILLE State: AL Zip Code: 35804			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF BUD CRAMER				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.14026	
State: AL District: 05				

Full Name (Last, First, Middle Initial) B. PHILIP M CRANE			Date of Disbursement 10 / 09 / 2002	
Mailing Address 213 WETHINGTON DRIVE SOUTH City: WAUCONDA State: IL Zip Code: 60084			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CRANE FOR CONGRESS COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.14032	
State: IL District: 08				

Full Name (Last, First, Middle Initial) C. JOHN A CULBERSON			Date of Disbursement 10 / 04 / 2002	
Mailing Address 14133 MEMORIAL DRIVE City: HOUSTON State: TX Zip Code: 77090			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CULBERSON FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.14001	
State: TX District: 07				

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

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

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

A. Full Name (Last, First, Middle Initial) RODNEY P FRELINGHUYSEN		Date of Disbursement 10 / 10 / 2002
Mailing Address 19 CATTANO AVENUE City MORRISTOWN State NJ Zip Code 07960		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRELINGHUYSEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: NJ District: 11	Transaction ID: SB23.14082	

B. Full Name (Last, First, Middle Initial) SAMUEL B JR (SAM) GRAVES		Date of Disbursement 10 / 09 / 2002
Mailing Address 110 SOUTH 10TH City TARKIO State MO Zip Code 64481		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name GRAVES FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: MO District: 05	Transaction ID: SB23.14019	

C. Full Name (Last, First, Middle Initial) JOEL HEFLEY		Date of Disbursement 10 / 08 / 2002
Mailing Address 1625 W WOODMEN ROAD City COLORADO SPRINGS State CO Zip Code 80919		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name HEFLEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: CO District: 05	Transaction ID: SB23.14007	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 29

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

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NAME OF COMMITTEE (in full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. AMORY HOUGHTON		Date of Disbursement 10 / 09 / 2002
Mailing Address 33 EAST THIRD STREET City: CORNING State: NY Zip Code: 14830		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF HOUGHTON		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14041
State: NY District: 29		

Full Name (Last, First, Middle Initial) B. TIM HUTCHINSON		Date of Disbursement 10 / 08 / 2002
Mailing Address PO BOX 998 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name HUTCHINSON FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14013
State: AR District: 00		

Full Name (Last, First, Middle Initial) C. NANCY L JOHNSON		Date of Disbursement 10 / 08 / 2002
Mailing Address 141 SOUTH MOUNTAIN DRIVE City: NEW BRITAIN State: CT Zip Code: 06052		Amount of Each Disbursement this Period 4000.00
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: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14014
State: CT District: 08		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JERRY LEWIS		Date of Disbursement 10 / 15 / 2002	
Mailing Address 1294 W SUNSET DR City: REDLANDS State: CA Zip Code: 92373		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LEWIS FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 41	Transaction ID: SB23.14089		

Full Name (Last, First, Middle Initial) B. BROSE A MCVEY		Date of Disbursement 10 / 15 / 2002	
Mailing Address 5838 CRESTVIEW AVENUE City: INDIANAPOLIS State: IN Zip Code: 46220		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BROSE MCVEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IN District: 07	Transaction ID: SB23.14095		

Full Name (Last, First, Middle Initial) C. CANDICE S MILLER		Date of Disbursement 10 / 09 / 2002	
Mailing Address 28540 OLD NORTH RIVER ROAD City: HARRISON TOWNSHIP State: MI Zip Code: 48045		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CANDICE MILLER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI District: 10	Transaction ID: SB23.14057		

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (in full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. DENNIS MOORE		Date of Disbursement 10 ^M / 08 ^D / 2002 ^Y
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MOORE FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: KS District: 03	Transaction ID: SB23.14012

Full Name (Last, First, Middle Initial) B. GEORGE RADANOVICH		Date of Disbursement 10 ^M / 08 ^D / 2002 ^Y
Mailing Address 30151 TOMAS STREET City: RANCHO SANTA MARCA State: CA Zip Code: 92688		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RADANOVICH FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: CA District: 19	Transaction ID: SB23.14038

Full Name (Last, First, Middle Initial) C. RICHARD GEORGE RENZI		Date of Disbursement 10 ^M / 09 ^D / 2002 ^Y
Mailing Address 2063 Raintree Drive City: Flagstaff State: AZ Zip Code: 86004		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RENZI FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: AZ District: 01	Transaction ID: SB23.14060

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. MICHAEL DENNIS ROGERS		Date of Disbursement 10 / 15 / 2002	
Mailing Address 1304 QUINTARD AVENUE City ANNISTON State AL Zip Code 36201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE ROGERS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: AL District: 03	Transaction ID: SB23.14086		

Full Name (Last, First, Middle Initial) B. MICHAEL K SIMPSON		Date of Disbursement 10 / 09 / 2002	
Mailing Address 786 HOFF DRIVE City BLACKFOOT State ID Zip Code 83221		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SIMPSON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: ID District: 02	Transaction ID: SB23.14047		

Full Name (Last, First, Middle Initial) C. JOHN SULLIVAN		Date of Disbursement 10 / 09 / 2002	
Mailing Address 1648 EAST 44 STREET City TULSA State OK Zip Code 74105		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN SULLIVAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OK District: 01	Transaction ID: SB23.14035		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

Full Name (Last, First, Middle Initial) A. LEE R TERRY		Date of Disbursement 10 / 08 / 2002
Mailing Address 11770 FARNAM STREET City: OMAHA State: NE Zip Code: 68154		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name LEE TERRY FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: NE District: 02	Transaction ID: SB23.14018

Full Name (Last, First, Middle Initial) B. W TODD TIAHRT		Date of Disbursement 10 / 08 / 2002
Mailing Address 1329 AMITY City: CODDARD State: KS Zip Code: 67052		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name TIAHRT FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: KS District: 04	Transaction ID: SB23.14005

Full Name (Last, First, Middle Initial) C. MARK UDALL		Date of Disbursement 10 / 10 / 2002
Mailing Address 8890 WOLFF COURT #200 City: WESTMINSTER State: CO Zip Code: 80031		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MARK UDALL FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: CO District: 02	Transaction ID: SB23.14089

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. UPTON, FREDERICK STEPHEN		Date of Disbursement 10 / 06 / 2002	
Mailing Address 285 RIDGEWAY City State Zip Code ST JOSEPH MI 49085		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name UPTON FOR ALL OF US			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI District: 06	Transaction ID: SB23.14010		

Full Name (Last, First, Middle Initial) B. ALBERT R WYNN		Date of Disbursement 10 / 09 / 2002	
Mailing Address 528 HARRY S TRUMAN DRIVE City State Zip Code LARCO MD 20774		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name WYNN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD District: 04	Transaction ID: SB23.14029		

C.	
SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	19250.00