

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 21 11 45 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters (HUPAC) PAC		2. FEC IDENTIFICATION NUMBER C0D283135
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, NW Suite 810		
CITY, STATE and ZIP CODE Washington, DC 20036		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the General
(Type of Election)
election on 11/3/98 in the State of n/a
 30-Day Post-Election Report following the General Election
on _____ in the State of _____

- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/98</u> through <u>10/14/98</u>		\$ 3,984.66
6. (a) Cash on Hand January 1, 19 <u>98</u>	\$ 15,146.53	
(b) Cash on Hand at Beginning of Reporting Period	\$ 868.72	\$ 32,645.37
(c) Total Receipts (from Line 19)	\$ 16,015.25	\$ 36,630.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,589.36	\$ 24,204.14
7. Total Disbursements (from Line 30)	\$ 12,425.89	\$ 12,425.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ -0-	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-894-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin P. Corcoran

Signature of Treasurer



Date

10/19/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE National Association of Health Underwriters PAC		REPORT COVERING PERIOD FROM 10/1/98 TO 10/14/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		405.00	7,930.00
i. Unionized (use Schedule A)		339.18	24,590.83
ii. Ununionized		744.18	32,520.83
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		744.18	32,520.83
d. Total Contributions (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		124.54	124.54
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity		868.72	32,645.37
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		868.72	32,645.37
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		1,089.36	12,704.14
b. Other Federal Operating Expenditures		1,089.36	12,704.14
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees		2,500	11,250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (Use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			250.00
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			250.00
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		3,589.36	24,204.14
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		3,589.36	24,204.14
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
iii. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		744.18	32,520.83
33. Total Contribution Refunds (from line 28d)		-0-	250.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		744.18	32,270.83
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		1,089.36	12,704.14
36. Offsets to Operating Expenditures (from line 15)		124.54	124.54
37. Net Operating Expenditures (subtract line 35 from 36) >		964.82	12,579.60

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Hendricks 4200 East Skelly Drive Suite 835 Tulsa, OK 74135-3235	Business Planning Group of Oklahoma	10/2/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date > \$ 575.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Houkom 1000 S. Cleveland Massillon Road Suite 103 Akron, OH 44333-9204	Ruth L. Houkom Benefit Designs, Inc.	10/2/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insur. Agent		
	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Kross 3341 Harrison Avenue Cincinnati, OH 45211	United Benefits Agency, Inc.	10/2/98	\$20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date > \$ 275.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Matznick P.O. Box 38248 Greensboro, NC 27438-8248	Med/Flex Benefits Center	10/2/98	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insur. Agent		
	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Rowe 16000 Ventura Blvd., Suite 909 Encino, CA 91436	The Rowe Group	10/2/98	\$30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insur. Agent		
	Aggregate Year-to-Date > \$ 225.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marti Shagun 5425 Youree Drive, Suite 200 Shreveport, LA 71105-4644	Cigna Employee Benefits Co.	10/7/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$405.00

TOTAL This Period (last page this line number only) \$405.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21 (b)

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)

Nation Association of Health Underwriters PAC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mattox Commercial Photography 5021 Seminary Road Suite 130 Alexandria, VA 22311-2094	Photos/Enlargements for Sen. Nickles Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Luncheon Photos	10/14/98 10/1/98	\$140.95 \$269.50
B. Full Name, Mailing Address and ZIP Code American Express P.O. Box 42010 Philadelphia, PA 19162-4201	Purpose of Disbursement Sen. Nickles Luncheon at The Monocle Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Luncheon	10/1/98	\$664.30
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$1,074.75

TOTAL This Period (last page this line number only)

\$1,074.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	contribution on behalf of Rep. Jim Greenwood Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98 (R-PA)	\$500.00
Committee to Re-elect Nancy Johnson P.O. Box 1986 New Britain, CT 06050	contribution-6th district of Connecticut Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98	\$1,000.00
The Grassley Committee P.O. Box 1000 De Moines, IA 50309	contribution-US Senator Iowa Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$2,500.00

TOTAL This Period (last page this line number only)

\$2,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-21-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JML</i> PREPARER	<i>10-29-98</i> DATE PREPARED