

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

5. Covering Period 10 17 2002 through 11 25 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.

Office Use Only

FEC FORM 3X
(Revised 1/2001)

**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: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W ^Y 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	49622.76	
(c) Total Receipts (from Line 19)	13191.50	133335.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62814.26	200975.00
7. Total Disbursements (from Line 30)	26374.86	164535.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36439.40	36439.40
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 ^D17 ^Y2002 To: ^W11 ^D25 ^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)	4867.00	
(ii) Unitemized	6824.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11691.50	130835.00
(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)	11691.50	130835.00
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	1500.00	2500.00
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)	13191.50	133335.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	13191.50	133335.00

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.....	1334.86	32989.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1334.86	32989.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	131506.00
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.....	40.00	40.00
(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))..... ▶	40.00	40.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	26374.86	164535.60
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	26374.86	164535.60
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11691.50	130835.00
33. Total Contribution Refunds (from Line 28(d)).....	40.00	40.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11651.50	130795.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1334.86	32989.60
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1334.86	32989.60

**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 5 / 61	
	<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. Full Name (Last, First, Middle Initial)
William Anderson

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

Date of Receipt
M / D / Y
10 / 30 / 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) ▼ 280.00

Transaction ID: SA11A1.14190

B. Full Name (Last, First, Middle Initial)
William Anderson

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

Date of Receipt
M / D / Y
11 / 01 / 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) ▼ 300.00

Transaction ID: SA11A1.14504

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

Mailing Address
7606 University Avenue #B
City State Zip Code
Lubbock TX 79423-2128

Date of Receipt
M / D / Y
11 / 01 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan
Occupation
Ashmore Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.14505

SUBTOTAL of Receipts This Page (optional) ▶ **140.00**

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 6 / 61

(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. Ann Bell

Mailing Address

1661 Shoreline Drive

Suite 100

City

State

Zip Code

Boise

ID

83702-6746

Date of Receipt

N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period

15.00

FEC ID number of contributing
federal political committee.

Name of Employer
Higgins & Rutledge Insurance, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Transaction ID: SA11A1.14510

Full Name (Last, First, Middle Initial)

B. Kris Bizjak

Mailing Address

6075 Poplar Avenue

Suite 221

City

State

Zip Code

Memphis

TN

38119-0113

Date of Receipt

N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
Humana

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.14512

Full Name (Last, First, Middle Initial)

C. Shawn Brahears

Mailing Address

110 Old Padonia Road

Suite 201

City

State

Zip Code

Cockeysville

MD

21030-4949

Date of Receipt

N M / D E / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
Wye/Oak Insurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.14203

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 61

(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

A. Full Name (Last, First, Middle Initial)
Thomas Bryon

Mailing Address
8780 Mastin Street Suite F
City State Zip Code
Overland Park KS 66212-4789

Date of Receipt
M / D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SS & G and Associates, Inc. President/Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 230.00

Transaction ID: SA11A1.14206

B. Full Name (Last, First, Middle Initial)
Christine F. Bures

Mailing Address
4300 S. I-10 Service Road West #21B
City State Zip Code
Metairie LA 70001

Date of Receipt
M / D / Y Y Y Y
10 / 25 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Comprehensive Insurance Services, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.1440B

C. Full Name (Last, First, Middle Initial)
Tim Byme

Mailing Address
3113 W. Beltline Highway
City State Zip Code
Madison WI 53713

Date of Receipt
M / D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 275.00

Transaction ID: SA11A1.14517

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)
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FOR LINE NUMBER: PAGE 8 / 61

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

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

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

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
400.00

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) ▼ 400.00

Transaction ID: SA11A1.14510

B. Full Name (Last, First, Middle Initial)
Jon Cameron

Mailing Address
P.O. Box 885

City State Zip Code
Collierville TN 38027-0695

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.14208

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

Mailing Address
3010 Fenwood Triangle

City State Zip Code
Roswell GA 30075-4199

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
200.00

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) ▼ 240.00

Transaction ID: SA11A1.14526

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**

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 / 61	
	<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)
Dorothy Cociu

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
P.O. Box 6677

City State Zip Code
Fullerton CA 92834-6677

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Benefit Consulting Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.14215

B. Full Name (Last, First, Middle Initial)
Barbara Coggins

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.14216

C. Full Name (Last, First, Middle Initial)
Don Crook

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Don Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.14219

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

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 61	
	<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)
Carol Cutter

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
One National City Center Suite 700-E
City State Zip Code
Indianapolis IN 46255-0001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer N.C.I.G. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14220

B. Full Name (Last, First, Middle Initial)
Teresa DaBruin

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
400 Interstate N. Parkway #1700
City State Zip Code
Atlanta GA 30339-5047

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 230.00

Transaction ID: SA11A1.14222

C. Full Name (Last, First, Middle Initial)
Lisa DaRycke

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Designs of Oklahoma Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14223

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

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 61

(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

A. Mike Dolins Date of Receipt
Mailing Address: 6440 Avondale Drive, Ste. 204
City: Oklahoma City State: OK Zip Code: 73116-6416
FEC ID number of contributing federal political committee: 20.00
Name of Employer: Dolins & Company, Inc. Occupation: Health Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00
Transaction ID: SA11A1.14535

B. Eugene Ebersole Date of Receipt
Mailing Address: 405 Gretna Blvd. #103 A
City: Gretna State: LA Zip Code: 70053-4945
FEC ID number of contributing federal political committee: 40.00
Name of Employer: Ebersole & Associates, Inc. Occupation: Health Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00
Transaction ID: SA11A1.14537

C. Thomas M. Evans Date of Receipt
Mailing Address: 2717 North 118th Circle
City: Omaha State: NE Zip Code: 68164-9872
FEC ID number of contributing federal political committee: 40.00
Name of Employer: United Healthcare Midlands Occupation: Health Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00
Transaction ID: SA11A1.1454D

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**
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 / 61	
	<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. David L. Fear

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
55.00

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) ▼ 545.00

Transaction ID: SA11A1.14542

Full Name (Last, First, Middle Initial)
B. Eva Jean Fomslont

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Delta Dental Plans of NM Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2850.00

Transaction ID: SA11A1.14372

Full Name (Last, First, Middle Initial)
C. Eva Jean Fomslont

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Delta Dental Plans of NM Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2700.00

Transaction ID: SA11A1.14709

SUBTOTAL of Receipts This Page (optional) ▶ **155.00**

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 13 / 61

(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

A. Full Name (Last, First, Middle Initial)
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
11 / 01 / 2002

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) ▼

Amount of Each Receipt this Period
240.00

Transaction ID: SA11A1.14545

B. Full Name (Last, First, Middle Initial)
Charles Garten

Mailing Address
1010 Commons Way Bldg. G P.O. Box 1268

City State Zip Code
Toms River NJ 08754-1268

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitPort, LLC Health Insurance Agent

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

Amount of Each Receipt this Period
350.00

Transaction ID: SA11A1.14230

C. Full Name (Last, First, Middle Initial)
Charles Garten

Mailing Address
1010 Commons Way Bldg. G P.O. Box 1268

City State Zip Code
Toms River NJ 08754-1268

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitPort, LLC Health Insurance Agent

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

Amount of Each Receipt this Period
370.00

Transaction ID: SA11A1.14694

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 14 / 61	
	<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)
Patsi Goldfarb

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Mailing Address
3D1 Madison Avenue

City State Zip Code
New York NY 10016

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Link Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 620.00

Transaction ID: SA11A1.14540

B. Full Name (Last, First, Middle Initial)
Patsi Goldfarb

Date of Receipt
N M / D E / Y Y Y Y
11 / 05 / 2002

Mailing Address
3D1 Madison Avenue

City State Zip Code
New York NY 10016

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Link Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 640.00

Transaction ID: SA11A1.14687

C. Full Name (Last, First, Middle Initial)
Carolyn L. Goodman

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

Mailing Address
4055 Valley View Lane Suite 960

City State Zip Code
Dallas TX 75244-5063

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CBIZ Benefits & Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 245.00

Transaction ID: SA11A1.14233

SUBTOTAL of Receipts This Page (optional) ▶ **95.00**

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 / 61

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

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

A. Full Name (Last, First, Middle Initial)
Michael Gray

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1080.00

Transaction ID: SA11A1.14550

B. Full Name (Last, First, Middle Initial)
Katherine Greene

Mailing Address
802 N. Carancahua Suite 1700

City State Zip Code
Corpus Christi TX 78470-0182

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Humana Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Transaction ID: SA11A1.14551

C. Full Name (Last, First, Middle Initial)
Robert Grundman

Mailing Address
7412 Karl Drive

City State Zip Code
Lincoln NE 68516-4368

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Senior Benefit Strategies Health Insurance Agent

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

Transaction ID: SA11A1.14552

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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 / 61	
	<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. Anthony Halby

Mailing Address
313 Railroad Avenue, #201

City State Zip Code
Nevada City CA 85959

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Halby Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.14236

Full Name (Last, First, Middle Initial)
B. Chris Harrison

Mailing Address
233 Fairway Drive

City State Zip Code
Fayetteville NC 28305-5511

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2002

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Benefit Systems, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 312.00

Transaction ID: SA11A1.14398

Full Name (Last, First, Middle Initial)
C. William J. Hartman

Mailing Address
P.O. Box 8270

City State Zip Code
Fort Wayne IN 46896-8270

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Republic Insurance Company Health Insurance Agent

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

Transaction ID: SA11A1.1424D

SUBTOTAL of Receipts This Page (optional) ▶ **112.00**

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 / 61	
	<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. Leesa Hayes

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
9720 Bunsen Parkway _____ 11 / 01 / 2002
City State Zip Code _____
Louisville KY 40299-1802 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 20.00

Name of Employer Occupation _____
Thompson Associates, Inc. Health Insurance Agent _____
Receipt For: Aggregate Year-to-Date ▼ _____
Primary General _____
Other (specify) ▼ _____ 270.00

Transaction ID: SA11A1.14555

B. James Heldebrand

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
6140 S. 104th East Avenue Suite 200 _____ 11 / 01 / 2002
City State Zip Code _____
Tulsa OK 74133-1588 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 20.00

Name of Employer Occupation _____
Heldebrand & Associates Health Insurance Agent _____
Receipt For: Aggregate Year-to-Date ▼ _____
Primary General _____
Other (specify) ▼ _____ 220.00

Transaction ID: SA11A1.14557

C. Lisa Mary Helmen

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
3480 Preston Ridge Road Suite 100 _____ 11 / 01 / 2002
City State Zip Code _____
Alpharetta GA 30005-2054 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 20.00

Name of Employer Occupation _____
Love, Douglas & Pope Inc. Health Insurance Agent _____
Receipt For: Aggregate Year-to-Date ▼ _____
Primary General _____
Other (specify) ▼ _____ 220.00

Transaction ID: SA11A1.14558

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 / 61	
	<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)
A. Timothy Hendricks

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Business Planning Group of OK Health Insurance Agent

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

Transaction ID: SA11A1.14550

Full Name (Last, First, Middle Initial)
B. Donna Hill

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30078

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 898.00

Transaction ID: SA11A1.14562

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

Amount of Each Receipt this Period
40.00

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) ▼ 440.00

Transaction ID: SA11A1.14563

SUBTOTAL of Receipts This Page (optional) ▶ **165.00**

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 19 / 61	
	<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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2002

Mailing Address
2D19 Industrial Drive

City State Zip Code
Bethlehem PA 18017

Amount of Each Receipt this Period
600.00

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) ▼ 600.00

Transaction ID: SA11A1.14712

B. Full Name (Last, First, Middle Initial)
Lisa Jacobs

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
12315 Huston Street

City State Zip Code
Valley Village CA 91607-3618

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The United States Life Insur. Company Senior Sales Executive

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

Transaction ID: SA11A1.14571

C. Full Name (Last, First, Middle Initial)
Guy Johnson

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
6235 Morrison Boulevard Suite 302

City State Zip Code
Charlotte NC 28211-3508

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Strategic Employee Benefit Services Health Insurance Agent

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

Transaction ID: SA11A1.14252

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**

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 20 / 61

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

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

A. Full Name (Last, First, Middle Initial)
Karen D. Jones

Mailing Address
5225 South Loop 289 Suite 111

City State Zip Code
Lubbock TX 79424-1319

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross Blue Shield of IL Health Insurance Agent

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

Transaction ID: SA11A1.14574

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

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

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) ▼ 2300.00

Transaction ID: SA11A1.14576

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

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
50.00

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) ▼ 2350.00

Transaction ID: SA11A1.14713

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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 21 / 61

(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. 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
11 / 01 / 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) ▼ 770.00

Transaction ID: SA11A1.14577

Full Name (Last, First, Middle Initial)
B. Thomas Kaufman

Mailing Address
1875 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCI Insurance Services, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.1425B

Full Name (Last, First, Middle Initial)
C. Mark D. Kennedy

Mailing Address
1173 Brittmoore Road

City State Zip Code
Houston TX 77043-5003

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Concepts Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 340.00

Transaction ID: SA11A1.1426D

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 22 / 61	
	<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

A. Full Name (Last, First, Middle Initial)
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
11 / 01 / 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) ▼ 320.00

Transaction ID: SA11A1.14581

B. Full Name (Last, First, Middle Initial)
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
11 / 22 / 2002

Amount of Each Receipt this Period
40.00

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) ▼ 360.00

Transaction ID: SA11A1.14767

C. Full Name (Last, First, Middle Initial)
David Kross

Mailing Address
3341 Harrison Avenue

City State Zip Code
Cincinnati OH 45211

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Benefits Agency Health Insurance Agent

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

Transaction ID: SA11A1.14736

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 23 / 61	
	<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. David Kross Date of Receipt

Mailing Address N M / D E / Y Y Y Y
3341 Harrison Avenue 11 / 15 / 2002

City State Zip Code
Cincinnati OH 45211

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

100.00

Name of Employer United Benefits Agency	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 320.00

Other (specify) ▼

Transaction ID: SA11A1.14744

B. Lance Ledbetter Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5851 Glenridge Drive, NE Suite 250 10 / 30 / 2002

City State Zip Code
Atlanta GA 30328-6169

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

20.00

Name of Employer Allstate Financial	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 210.00

Other (specify) ▼

Transaction ID: SA11A1.14267

C. Gene (Eugene D.) Lee, Jr. Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1210 Cole Mill Road 10 / 30 / 2002

City State Zip Code
Durham NC 27705-2908

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

30.00

Name of Employer RL Forrester II Insurance Agency	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 490.00

Other (specify) ▼

Transaction ID: SA11A1.14268

SUBTOTAL of Receipts This Page (optional)	150.00
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 24 / 61	
	<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)
Ronald Levine

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
2480 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Complink

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 816.00

Transaction ID: SA11A1.14260

B. Full Name (Last, First, Middle Initial)
Brian Liechty

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
KL Benefits

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 960.00

Transaction ID: SA11A1.14582

C. Full Name (Last, First, Middle Initial)
Diane Mahoney

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2002

Mailing Address
PO Box 683

City State Zip Code
Randallstown MD 21133-0683

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Velco Insurance Agency Inc

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14772

SUBTOTAL of Receipts This Page (optional) ▶ **260.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Dale Maloney Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1434 West Fairbanks Avenue 10 / 30 / 2002

City State Zip Code
Winter Park FL 32789-4806 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼	
Primary General	320.00
Other (specify) ▼	

Transaction ID: SA11A1.14273

B. Kimberly Martin Date of Receipt

Mailing Address N M / D E / Y Y Y Y
180 Charlotte Highway 11 / 01 / 2002

City State Zip Code
Asheville NC 28803 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼	
Primary General	290.00
Other (specify) ▼	

Transaction ID: SA11A1.14586

C. Michael Metzick Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 38248 10 / 30 / 2002

City State Zip Code
Greensboro NC 27438-8248 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 85.00

Name of Employer MediFlex Benefits Center, Inc.	Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼	
Primary General	1315.00
Other (specify) ▼	

Transaction ID: SA11A1.14275

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial)
Mark McWright

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
575 South Charles Street Suite 300

City State Zip Code
Baltimore MD 21201-2428

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.14278

B. Full Name (Last, First, Middle Initial)
James Mikay

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
21914 Harper Ave.

City State Zip Code
Saint Clair Shores MI 48080-2218

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Professional Benefit Planners Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14280

C. Full Name (Last, First, Middle Initial)
Wesley Moore

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
P.O. Box 604

City State Zip Code
Darlington SC 29540-0604

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 295.00

Transaction ID: SA11A1.14591

SUBTOTAL of Receipts This Page (optional) ▶ **145.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 61	
	<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. Jim Mozingo

Mailing Address
201 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1360.00

Transaction ID: SA11A1.14281

Full Name (Last, First, Middle Initial)
B. Josh Naca

Mailing Address
836 North 34th Street Suite 208
City State Zip Code
Seattle WA 98103-8869

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Health Services Vice President Sales & Service

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

Transaction ID: SA11A1.14594

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

Mailing Address
P.O. Box 4000
City State Zip Code
Clinton TN 37717-4000

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 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) ▼ 230.00

Transaction ID: SA11A1.14597

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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

A. Full Name (Last, First, Middle Initial)
Patricia Norket

Mailing Address
P.O. Box 220748

City State Zip Code
Charlotte NC 28222-0748

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent

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

Transaction ID: SA11A1.14288

B. Full Name (Last, First, Middle Initial)
Ken Delameier

Mailing Address
245 South 84th Street Suite W100

City State Zip Code
Lincoln NE 68510-2697

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AFLAC Health Insurance Agent

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

Transaction ID: SA11A1.14600

C. Full Name (Last, First, Middle Initial)
John Parker

Mailing Address
47 Laurel Hill Drive

City State Zip Code
Niantic CT 06357

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 280.00

Transaction ID: SA11A1.14294

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**

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 29 / 61	
	<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. Paige Philips Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 43350 11 / 01 / 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 Occupation
The Wheeler Companies, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General 380.00
Other (specify) ▼

Transaction ID: SA11A1.14605

B. Robert W. Pilman Date of Receipt

Mailing Address N M / D E / Y Y Y Y
6017 E. McKellips Road, #104-46 11 / 01 / 2002

City State Zip Code
Mesa AZ 85215-2800

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

Name of Employer Occupation
PIT VII, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14610

C. Dina Popson Date of Receipt

Mailing Address N M / D E / Y Y Y Y
305 Douglas Avenue 10 / 30 / 2002

City State Zip Code
Altamonte Springs FL 32714-3332

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

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

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

Transaction ID: SA11A1.14298

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial)

A. Jon C. Rauser

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 0 / 2 1 / 2 0 0 2

735 North Water Street

Suite 510

City

State

Zip Code

Milwaukee

WI

53202-4104

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

110.00

Name of Employer
The Rauser Agency, Inc.

Occupation
Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

230.00

Transaction ID: SA11A1.14403

Full Name (Last, First, Middle Initial)

B. Dennis J. Recker

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 0 / 2 1 / 2 0 0 2

871 North Perry Street

City

State

Zip Code

Ottawa

OH

45875-1218

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

100.00

Name of Employer
Fawcett, Lammón, Recker & Associates

Occupation
Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

400.00

Transaction ID: SA11A1.14134

Full Name (Last, First, Middle Initial)

C. Dennis J. Recker

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 1 / 0 1 / 2 0 0 2

971 North Perry Street

City

State

Zip Code

Ottawa

OH

45875-1218

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

20.00

Name of Employer
Fawcett, Lammón, Recker & Associates

Occupation
Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

420.00

Transaction ID: SA11A1.14614

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial)
A. Pamela A. Reidy

Mailing Address
P.O. Box 2260

City State Zip Code
Manomet MA 02345-2260

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14773

Full Name (Last, First, Middle Initial)
B. Gian Rienscha

Mailing Address
415 5th. Street P.O. Box 664

City State Zip Code
Fairbury NE 68352-2501

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14616

Full Name (Last, First, Middle Initial)
C. Joseph K. Roberts

Mailing Address
7431 'O' Street

City State Zip Code
Lincoln NE 68510

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Registered Representative

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

Transaction ID: SA11A1.14616

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial)
Joseph K. Roberts

Mailing Address
7431 'O' Street

City State Zip Code
Lincoln NE 68510

Date of Receipt
N M / D E / Y Y Y Y
11 / 14 / 2002

Amount of Each Receipt this Period
110.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Registered Representative

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: SA11A1.14716

B. Full Name (Last, First, Middle Initial)
William T. Robinson

Mailing Address
100 South Sunrise Way PMB 364

City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.14620

C. Full Name (Last, First, Middle Initial)
Ernest G. Robison

Mailing Address
490 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14311

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

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial)
A. Sharon Ross

Mailing Address
6230 Fairview Road Suite 315
City State Zip Code
Charlotte NC 28210-3253

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United HealthCare Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00

Transaction ID: SA11A1.14317

Full Name (Last, First, Middle Initial)
B. Eugene Rowe

Mailing Address
18000 Venutra Blvd, #1103
City State Zip Code
Encino CA 91436-2767

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: SA11A1.14621

Full Name (Last, First, Middle Initial)
C. Patsy Ryan

Mailing Address
1220-B East Joppa Road, Suite 421
City State Zip Code
Towson MD 21286-5815

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Concordia Health Insurance Agent

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

Transaction ID: SA11A1.14708

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial)
Stephen Salamon

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2410.00

Transaction ID: SA11A1.14623

B. Full Name (Last, First, Middle Initial)
Stephen Salamon

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
N M / D E / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2450.00

Transaction ID: SA11A1.14697

C. Full Name (Last, First, Middle Initial)
Rayner Sale

Mailing Address
510 Briscoe Blvd. #200

City State Zip Code
Lawrenceville GA 30045-6700

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Health Insurance Agent

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

Transaction ID: SA11A1.14321

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial)
Mark Schlang

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period
30.00

Transaction ID: SA11A1.14625

B. Full Name (Last, First, Middle Initial)
Mel Schlesinger

Mailing Address
P.O. Box 4055

City State Zip Code
Wilmington NC 28406

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, Plus Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 348.00

Amount of Each Receipt this Period
40.00

Transaction ID: SA11A1.14323

C. Full Name (Last, First, Middle Initial)
Alan Schulman

Mailing Address
P.O. Box 309

City State Zip Code
Olney MD 20830-0309

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Colonial Supplemental Insurance General Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 230.00

Amount of Each Receipt this Period
50.00

Transaction ID: SA11A1.14774

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial)
Greg Seifer

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
916 Main St

City State Zip Code
Vancouver WA 98666-0189

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Biggs Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: SA11A1.14326

B. Full Name (Last, First, Middle Initial)
Jackie Severson

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2002

Mailing Address
P.O. Box 1468

City State Zip Code
Janesville WI 53547-1468

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Schwartz and Shea Insurance Agency Marketing Representative

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 280.00

Transaction ID: SA11A1.14387

C. Full Name (Last, First, Middle Initial)
Mark Chaffer

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
P.O. Box 355

City State Zip Code
Apollo PA 15813-0355

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.14628

SUBTOTAL of Receipts This Page (optional) ▶ **265.00**

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)

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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

A. Mark Sheffer Date of Receipt
 Mailing Address: P.O. Box 355, Apollo, PA 15613-0355
 Amount of Each Receipt this Period: 40.00
 Name of Employer: Executive Benefit Plans, Inc. Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2040.00
 Transaction ID: SA11A1.14700

B. Scott Shelek Date of Receipt
 Mailing Address: P.O. Box 87, Ringwood, IL 60072-0087
 Amount of Each Receipt this Period: 20.00
 Name of Employer: Shelek Financial Services Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 930.00
 Transaction ID: SA11A1.14693

C. Stuart Shapiro Date of Receipt
 Mailing Address: P.O. Box 587, Wheeling, IL 60090-0587
 Amount of Each Receipt this Period: 20.00
 Name of Employer: Shapiro Financial Group, Inc. Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00
 Transaction ID: SA11A1.14629

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**
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 38 / 61	
	<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. Full Name (Last, First, Middle Initial)
Bob G. Shupe

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
P.O. Box 2344

City State Zip Code
Brentwood TN 37024-2344

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Security Planning, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 290.00

Transaction ID: SA11A1.14327

B. Full Name (Last, First, Middle Initial)
Roger Skinner

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 375.00

Transaction ID: SA11A1.14630

C. Full Name (Last, First, Middle Initial)
Patricia Smith

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
523 Kirkland Way

City State Zip Code
Kirkland WA 98033-6219

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Smith Meecham Insurance Health Insurance Agent

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

Transaction ID: SA11A1.14634

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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 39 / 61

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		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 State Zip Code
Wichita Falls TX 76307-2037

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spragins Insurance Agency Owner/Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 290.00

Transaction ID: SA11A1.14636

Full Name (Last, First, Middle Initial)
B. James Stenger

Mailing Address
288 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
N M / D E / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAS Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1420.00

Transaction ID: SA11A1.14707

Full Name (Last, First, Middle Initial)
C. Juliana Stevenson

Mailing Address
P.O. Box 1476

City State Zip Code
Fallon NV 89407-1476

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Nevada Insurance Services, Inc Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 560.00

Transaction ID: SA11A1.14336

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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 40 / 61

(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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 825.00

Transaction ID: SA11A1.14641

B. Full Name (Last, First, Middle Initial)
Robert Tretter

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
18612 East 75th Street Suite 200

City State Zip Code
Indianapolis IN 46250

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14343

C. Full Name (Last, First, Middle Initial)
Peter Vinton

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2002

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Corporate Coverage, LLC Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 840.00

Transaction ID: SA11A1.14348

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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 41 / 61

(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. Michael Wardrip

Mailing Address
P.O. Box 63B
City Lilburn State GA Zip Code 30047-0638

Date of Receipt
N M / D E / Y Y Y Y
11 / 01 / 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 ▼ 320.00

Transaction ID: SA11A1.14650

Full Name (Last, First, Middle Initial)
B. Charles Washmoreland

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
11 / 01 / 2002

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 ▼ 750.00

Transaction ID: SA11A1.14651

Full Name (Last, First, Middle Initial)
C. Jenni Whitaker

Mailing Address
131 Interpark Avenue
City San Antonio State TX Zip Code 78216-1841

Date of Receipt
N M / D E / Y Y Y Y
10 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer
Eichltz, Dennis, Wray & Westheimer

Occupation
Health Insurance Agent

Receipt For:
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Transaction ID: SA11A1.14357

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 42 / 61	
	<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

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. Sue Wilson Date of Receipt
 Mailing Address: 3555 NW 58th Street, Suite 31D
 City: Oklahoma City State: OK Zip Code: 73112
 Amount of Each Receipt this Period: 25.00
 Name of Employer: Sue Wilson Brokerage, Inc. Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00
 Transaction ID: SA11A1.14656

B. Barbara Wong Date of Receipt
 Mailing Address: 411 W. 4th Avenue, #200
 City: Anchorage State: AK Zip Code: 99501
 Amount of Each Receipt this Period: 25.00
 Name of Employer: Capital Management Benefits Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
 Transaction ID: SA11A1.14661

C. Constance Zerkowski Date of Receipt
 Mailing Address: 2277 Townsgate Road Suite 212
 City: Westlake Village State: CA Zip Code: 91361-2421
 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 ▼ 425.00
 Transaction ID: SA11A1.14361

SUBTOTAL of Receipts This Page (optional) ► **135.00**
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 43 / 61
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

Mailing Address
17 North Delmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
 N M / D E / Y Y Y Y
10 30 / 2002

FEC ID number of contributing federal political committee. **80.00**

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **870.00**

Amount of Each Receipt this Period

Transaction ID: SA11A1.14362

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	4867.00

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
THOMAS E PETRI

Mailing Address
N5329 DENEVEU LANE

City State Zip Code
FOND DU LAC WI 54935

Date of Receipt
N M / D E / Y Y Y Y
10 24 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Check returned to HUPAC

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA16.14787

B. Full Name (Last, First, Middle Initial)
JOHN WILLIAM III WARNER

Mailing Address
400 N MADISON STREET

City State Zip Code
ALEXANDRIA VA 22314

Date of Receipt
N M / D E / Y Y Y Y
11 22 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Check returned to HUPAC

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

Transaction ID: SA16.14888

C.

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

**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. AMEX		Date of Disbursement 10 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 32.45
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.14415
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 11 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 34.23
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.14668
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 11 / 14 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City Arlington State VA Zip Code 22201		Amount of Each Disbursement this Period 852.40
Purpose of Disbursement October 2002 Operating Expenses		Transaction ID: SB21B.14675
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	919.08
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 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. NOVA Information System		Date of Disbursement 11 / 04 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 180.08	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14870	
State: District:			

Full Name (Last, First, Middle Initial) B. Sidney's Music & Entertainment		Date of Disbursement 11 / 22 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City: Washington State: DC Zip Code: 20038		Amount of Each Disbursement this Period 392.50	
Purpose of Disbursement Fundraiser Entertainment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14877	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	392.56
TOTAL This Period (last page this line number only)	1311.64

**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. THOMAS CASS BALLENGER		Date of Disbursement 10 / 25 / 2002	
Mailing Address 867 20TH AVENUE DRIVE NW City: HICKORY State: NC Zip Code: 28601		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CASS BALLENGER FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.14477			

Full Name (Last, First, Middle Initial) B. JOE LINUS BARTON		Date of Disbursement 10 / 25 / 2002	
Mailing Address 701 WILLIAMSBURG City: ENNIS State: TX Zip Code: 75119		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CONGRESSMAN JOE BARTON COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.14486			

Full Name (Last, First, Middle Initial) C. JOSEPH E III BRADLEY		Date of Disbursement 10 / 23 / 2002	
Mailing Address 645 SOUTH MAIN STREET City: WOLFEBORO State: NH Zip Code: 03894		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JEB BRADLEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Transaction ID: SB23.14173			

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)

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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				

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. O MAXIE BURNS		Date of Disbursement 10 / 21 / 2002	
Mailing Address 5417 NEWINGTON HWY City State Zip Code SYLVANIA GA 30487		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BURNS 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: GA District: 12	Transaction ID: SB23.14150		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER B CANNON		Date of Disbursement 10 / 25 / 2002	
Mailing Address 257 EAST 200 SOUTH #950 City State Zip Code SALT LAKE CITY UT 84111		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CANNON 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: UT District: 03	Transaction ID: SB23.14440		

Full Name (Last, First, Middle Initial) C. ERIC IVAN CANTOR		Date of Disbursement 10 / 25 / 2002	
Mailing Address 6004 OXBURY COURT City State Zip Code GLEN ALLEN VA 23059		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CANTOR 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: VA District: 07	Transaction ID: SB23.14448		

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
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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. SHELLEY MOORE CAPITO			Date of Disbursement 10 / 25 / 2002	
Mailing Address 2 COMSTOCK PLACE City CHARLESTON State WV Zip Code 25314			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.14474	
Candidate Name SHELLEY MOORE CAPITO FOR CONGRESS		Category/ Type		
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: WV District: 02		

Full Name (Last, First, Middle Initial) B. CALDER BENJAMIN III CLAY			Date of Disbursement 10 / 21 / 2002	
Mailing Address 1824 MT PARAN ROAD NW City ATLANTA State GA Zip Code 30327			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.14142	
Candidate Name CALDER CLAY FOR US CONGRESS		Category/ Type		
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: GA District: 03		

Full Name (Last, First, Middle Initial) C. TOM COLE			Date of Disbursement 10 / 21 / 2002	
Mailing Address 104 BRIARWOOD City MOORE State OK Zip Code 73160			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.14153	
Candidate Name COLE VICTORY 2002 COMMITTEE		Category/ Type		
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: OK District: 04		

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)

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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. COLEMAN, NORM		Date of Disbursement 10 / 24 / 2002	
Mailing Address 1410 ENERGY PARK DRIVE SUITE 11 City: ST PAUL State: MN Zip Code: 55108		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name COLEMAN FOR CONGRESS			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MN District: 00	Transaction ID: SB23.14421		

Full Name (Last, First, Middle Initial) B. LARRY ED COMBEST		Date of Disbursement 10 / 25 / 2002	
Mailing Address PO BOX 10687 City: LUBBOCK State: TX Zip Code: 79408		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name COMBEST CONGRESSIONAL COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 19	Transaction ID: SB23.14468		

Full Name (Last, First, Middle Initial) C. BARBARA L CUBIN		Date of Disbursement 10 / 25 / 2002	
Mailing Address 2241 BELMONT RD City: CASPER State: WY Zip Code: 82604		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CUBIN FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WY District: 01	Transaction ID: SB23.14462		

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)

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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
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<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. NORMAN DUBOIS DICKS		Date of Disbursement 10 th / 25 th / 2002	
Mailing Address 16911 HIGHWAY 106 City BELFAIR State WA Zip Code 98528		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NORM DICKS 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: WA District: 06	Transaction ID: SB23.14465		

Full Name (Last, First, Middle Initial) B. DEWEY LEE FLETCHER		Date of Disbursement 11 th / 14 th / 2002	
Mailing Address 3220 STOWERS DRIVE City MONROE State LA Zip Code 71201		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FLETCHER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ Runoff		
State: LA District: 05	Transaction ID: SB23.14681		

Full Name (Last, First, Middle Initial) C. ERNEST LEE FLETCHER		Date of Disbursement 10 th / 22 nd / 2002	
Mailing Address PO BOX 4703 City LEXINGTON State KY Zip Code 40544		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FLETCHER 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: KY District: 06	Transaction ID: SB23.14159		

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)

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<input type="checkbox"/> 29				

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

<p>Full Name (Last, First, Middle Initial) A. JONAS MARTIN FROST</p>			<p>Date of Disbursement 10 / 25 / 2002</p>		
<p>Mailing Address 2535 WEDGLEA #206 City: DALLAS State: TX Zip Code: 75211</p>			<p>Amount of Each Disbursement this Period 1000.00</p>		
<p>Purpose of Disbursement Political Contribution</p>			<p>Category/ Type</p>		
<p>Candidate Name MARTIN FROST CAMPAIGN COMMITTEE</p>					
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14426</p>		
<p>State: TX District: 24</p>					

<p>Full Name (Last, First, Middle Initial) B. J PHILLIP MD GINGREY</p>			<p>Date of Disbursement 10 / 21 / 2002</p>		
<p>Mailing Address 632 N ST MARY'S LANE City: MARIETTA State: CA Zip Code: 30064</p>			<p>Amount of Each Disbursement this Period 500.00</p>		
<p>Purpose of Disbursement Political Contribution</p>			<p>Category/ Type</p>		
<p>Candidate Name GINGREY FOR CONGRESS</p>					
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14144</p>		
<p>State: GA District: 11</p>					

<p>Full Name (Last, First, Middle Initial) C. PORTER JOHNSTON GOSS</p>			<p>Date of Disbursement 10 / 25 / 2002</p>		
<p>Mailing Address 1822 WOODRING ROAD City: SANIBEL State: FL Zip Code: 33957</p>			<p>Amount of Each Disbursement this Period 500.00</p>		
<p>Purpose of Disbursement Political Contribution</p>			<p>Category/ Type</p>		
<p>Candidate Name PORTER GOSS RE-ELECTION TEAM</p>					
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14456</p>		
<p>State: FL District: 14</p>					

SUBTOTAL of Disbursements This Page (optional)	2000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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. ROBERT CANNON HAYES		Date of Disbursement 10 ^M / 22 ^D / 2002 ^Y	
Mailing Address 1176 ASHEFORD GREEN AVENUE City: CONCORD State: NC Zip Code: 28027		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HAYES 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: NC District: 06	Transaction ID: SB23.14156		

Full Name (Last, First, Middle Initial) B. DARRELL E ISSA		Date of Disbursement 10 ^M / 25 ^D / 2002 ^Y	
Mailing Address 30151 TOMAS STREET City: RANCHO SANTA MARC State: CA Zip Code: 92688		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ISSA 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: CA District: 49	Transaction ID: SB23.14443		

Full Name (Last, First, Middle Initial) C. STEPHANIE TUBBS JONES		Date of Disbursement 10 ^M / 30 ^D / 2002 ^Y	
Mailing Address 11301 WADE PARK AVE City: CLEVELAND State: OH Zip Code: 44106		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name STEPHANIE TUBBS JONES FOR US 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: OH District: 11	Transaction ID: SB23.14489		

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

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(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
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<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. SUE N KELLY			Date of Disbursement 10 / 24 / 2002	
Mailing Address 187 JAY STREET City State Zip Code KATONAH NY 10536			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name SUE KELLY 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: NY District: 19		Transaction ID: SB23.14418		

Full Name (Last, First, Middle Initial) B. MARK STEVEN KIRK			Date of Disbursement 10 / 23 / 2002	
Mailing Address 2-R 512 5TH ST City State Zip Code WILMETTE IL 60091			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name KIRK 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: IL District: 10		Transaction ID: SB23.14161		

Full Name (Last, First, Middle Initial) C. MARK STEVEN KIRK			Date of Disbursement 10 / 23 / 2002	
Mailing Address 2-R 512 5TH ST City State Zip Code WILMETTE IL 60091			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name KIRK FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2003 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District: 10		Transaction ID: SB23.14785		

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

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

Use separate schedule(s)
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(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
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. JAMES T KOLBE		Date of Disbursement 10 / 23 / 2002	
Mailing Address PO BOX 31568 City State Zip Code TUCSON AZ 85751		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name KOLBE 2002			
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: AZ District: 06	Transaction ID: SB23.14164		

Full Name (Last, First, Middle Initial) B. TOM LATHAM		Date of Disbursement 10 / 25 / 2002	
Mailing Address 178 180TH STREET City State Zip Code ALEXANDER IA 50420		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LATHAM 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: IA District: 04	Transaction ID: SB23.14432		

Full Name (Last, First, Middle Initial) C. KENNETH RAY LUCAS		Date of Disbursement 10 / 23 / 2002	
Mailing Address PO BOX 17344 City State Zip Code COVINGTON KY 41017		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LUCAS 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: KY District: 04	Transaction ID: SB23.14178		

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

Full Name (Last, First, Middle Initial) A. HOWARD P 'BUCK' MCKEON		Date of Disbursement 10 / 25 / 2002	
Mailing Address 24265 SAN FERNANDO ROAD City State Zip Code SANTA CLARITA CA 91321		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BUCK MCKEON 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: CA District: 25	Transaction ID: SB23.14446		

Full Name (Last, First, Middle Initial) B. MORELLA, CONSTANCE A		Date of Disbursement 10 / 21 / 2002	
Mailing Address 2228 RAYBURN HOUSE OFFICE BLDG City State Zip Code WASHINGTON DC 20515		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF CONNIE MORELLA 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: 08	Transaction ID: SB23.14160		

Full Name (Last, First, Middle Initial) C. NATL REPUBLICAN CONGRESSIONAL COMM.		Date of Disbursement 11 / 08 / 2002	
Mailing Address 320 FIRST STREET, SE City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NATL REPUBLICAN CONGRESSIONAL COMM.			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:	Transaction ID: SB23.14674		

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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<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. MIKE PENCE		Date of Disbursement 10 ^M / 25 ^E / 2002 ^Y
Mailing Address 12955 N GERMAN DRIVE City State Zip Code COLUMBUS IN 47203		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name MIKE PENCE COMMITTEE	Disbursement For: Primary X General Other (specify) ▼	Transaction ID: SB23.14436
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IN District: 06		

Full Name (Last, First, Middle Initial) B. JOSEPH R PITTS		Date of Disbursement 10 ^M / 25 ^E / 2002 ^Y
Mailing Address 687 UNIONVILLE ROAD PO BOX 775 City State Zip Code UNIONVILLE PA 19375		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name FRIENDS OF JOE PITTS	Disbursement For: Primary X General Other (specify) ▼	Transaction ID: SB23.14471
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: 16		

Full Name (Last, First, Middle Initial) C. KEVIN L RAYE		Date of Disbursement 10 ^M / 23 ^E / 2002 ^Y
Mailing Address 110 EASTERN AVENUE City State Zip Code BREWER ME 04412		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name RAYE FOR CONGRESS	Disbursement For: Primary X General Other (specify) ▼	Transaction ID: SB23.14170
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ME District: 02		

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

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

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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. EDWARD LEE SCHROCK		Date of Disbursement 10 / 25 / 2002	
Mailing Address 4213 DOUGHERTY COURT City State Zip Code VIRGINIA BEACH VA 23455		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ED SCHROCK 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: VA District: 02	Transaction ID: SB23.14453		

Full Name (Last, First, Middle Initial) B. DAVID ALBERT SCOTT		Date of Disbursement 10 / 21 / 2002	
Mailing Address 162 HURT STREET NE City State Zip Code ATLANTA GA 30307		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DAVID SCOTT 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: GA District: 13	Transaction ID: SB23.14147		

Full Name (Last, First, Middle Initial) C. FRANK JAMES JR SENSENBRENNER		Date of Disbursement 10 / 25 / 2002	
Mailing Address N78 W14726 NORTH POINT DRIVE City State Zip Code MENOMONEE FALLS WI 53051		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SENSENBRENNER 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: WI District: 05	Transaction ID: SB23.14480		

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)

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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				

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. JOHN M SHIMKUS		Date of Disbursement 10 th / 23 rd / 2002	
Mailing Address 504 SUMNER BLVD City State Zip Code COLLINSVILLE IL 62234		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name VOLUNTEERS FOR SHIMKUS			
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: IL District: 19	Transaction ID: SB23.14176		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH		Date of Disbursement 10 th / 25 th / 2002	
Mailing Address 58 SECOND AVENUE City State Zip Code ROEBLING NJ 08554		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name COMM. TO REELECT CONGR. CHRIS SMITH			
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: 04	Transaction ID: SB23.14483		

Full Name (Last, First, Middle Initial) C. MARK E SOUDER		Date of Disbursement 10 th / 25 th / 2002	
Mailing Address 2427 WINDSONG COURT City State Zip Code FORT WAYNE IN 46804		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SOUDER 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: IN District: 03	Transaction ID: SB23.14433		

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)

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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. JOHN S TANNER		Date of Disbursement 10 ^M / 25 ^D / 2002 ^Y	
Mailing Address 1600 MEADOWLARK DRIVE City State Zip Code UNION CITY TN 38261		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOHN TANNER			
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: TN District: 06	Transaction ID: SB23.14459		

Full Name (Last, First, Middle Initial) B. SUZANNE HAIK TERRELL		Date of Disbursement 11 ^M / 14 ^D / 2002 ^Y	
Mailing Address P.O. BOX 44267 City State Zip Code BATON ROUGE LA 70804		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TERRELL FOR SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General Other (specify) ▼ Runoff		
State: LA District: 00	Transaction ID: SB23.14678		

Full Name (Last, First, Middle Initial) C. STANLEY J THOMPSON		Date of Disbursement 10 ^M / 25 ^D / 2002 ^Y	
Mailing Address 5523 GRAND AVENUE City State Zip Code DES MOINES IA 50312		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name THOMPSON 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: IA District: 03	Transaction ID: SB23.14428		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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. ED WHITFIELD		Date of Disbursement 10 / 23 / 2002	
Mailing Address 108 ALUMNI AVENUE City State Zip Code HOPKINSVILLE KY 42240		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name WHITFIELD 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: KY District: 01	Transaction ID: SB23.14184		

Full Name (Last, First, Middle Initial) B. ADDISON (JOE) GRAVES WILSON		Date of Disbursement 10 / 31 / 2002	
Mailing Address PO BOX 5709 City State Zip Code WEST COLUMBIA SC 29171		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOE WILSON 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: SC District: 02	Transaction ID: SB23.14493		

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	25000.00