

**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 Political Action Committee - HUPAC

ADDRESS (number and street) 2000 NORTH 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 X NEW (N) OR AMENDED (A)

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

5. Covering Period 04 01 2002 through 06 30 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 07 15 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: ^h04 ^d01 ^y2002 To: ^h06 ^d30 ^y2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^y 2002 | | 67640.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 80765.10 | |
| (c) Total Receipts (from Line 19) | 36363.50 | 83253.50 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 117128.60 | 150893.50 |
| 7. Total Disbursements (from Line 30) | 28191.32 | 61956.22 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 88937.28 | 88937.28 |
| 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 Political Action Committee - HUPAC

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

| 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) | 14993.00 | |
| (ii) Unitemized | 21370.50 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 36363.50 | 83253.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) | 36363.50 | 83253.50 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 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) | 36363.50 | 83253.50 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 36363.50 | 83253.50 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 6041.32 | 17806.22 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 6041.32 | 17806.22 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 22150.00 | 44150.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 28191.32 | 61956.22 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 28191.32 | 61956.22 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 36363.50 | 83253.50 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 36363.50 | 83253.50 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 6041.32 | 17806.22 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 6041.32 | 17806.22 |

**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 / 68 | |
| | <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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Jo Anne Buris

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
P.O. Box 251

City State Zip Code
Sheboygan WI 53082-0251

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LMT Maritime Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 460.00

Transaction ID: SA11A1.12313

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco. Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.12083

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
P.O. Box 695

City State Zip Code
Collierville TN 38027-0695

Amount of Each Receipt this Period
40.00

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) ▼ 240.00

Transaction ID: SA11A1.11922

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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

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

| | | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 6 / 68 |
| | <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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Dorothy Cociu

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
P.O. Box 6677

City State Zip Code
Fullerton CA 92834-6677

Amount of Each Receipt this Period
100.00

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) ▼ 225.00

Transaction ID: SA11A1.12390

B. Full Name (Last, First, Middle Initial)
Dan Crook

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12293

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 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
Dan Crook, CLU and Associates Health Insurance Agent

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

Transaction ID: SA11A1.11929

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 / 68 | |
| | <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 Political Action Committee - HUPAC

A. Don Crook

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 3118 Honey Tree Lane _____
 City _____ State _____ Zip Code _____
 Austin TX 78746

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 28 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 120.00

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

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 410.00

Transaction ID: SA11A1.12410

B. Lisa DaRycke

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4833 South Sheridan Suite 407 _____
 City _____ State _____ Zip Code _____
 Tulsa OK 74145-5718

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 28 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 50.00

Name of Employer _____ Occupation _____
 Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12425

C. George Dunk

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4000 Westown Parkway Suite 204 _____
 City _____ State _____ Zip Code _____
 West Des Moines IA 50266-6705

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 29 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 240.00

Name of Employer _____ Occupation _____
 Benefit Source Inc. Health Insurance Agent

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Transaction ID: SA11A1.12363

SUBTOTAL of Receipts This Page (optional) ▶ **410.00**

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 8 / 68 | |
| | <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 Political Action Committee - HUPAC

A. Eugene Ebersole

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
405 Gretna Blvd. #103 A 06 03 2002
City State Zip Code
Gretna LA 70053-4945
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 40.00

Name of Employer: Ebersole & Associates, Inc. Occupation: Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11790

B. Eugene Ebersole

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
405 Gretna Blvd. #103 A 06 25 2002
City State Zip Code
Gretna LA 70053-4945
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

Name of Employer: Ebersole & Associates, Inc. Occupation: Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12388

C. Eugene Ebersole

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
405 Gretna Blvd. #103 A 06 28 2002
City State Zip Code
Gretna LA 70053-4945
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 40.00

Name of Employer: Ebersole & Associates, Inc. Occupation: Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00

Transaction ID: SA11A1.12101

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

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

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11802

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

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.12105

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95870

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
25.00

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) ▼ 225.00

Transaction ID: SA11A1.12107

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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 10 / 68

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Jeffrey Fishback

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
736 Johnson Ferry Road Building C-200
City State Zip Code
Marietta GA 30068-5618

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
Purchasing Alliance Solutions, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 580.00

Transaction ID: SA11A1.12352

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300
City State Zip Code
Albuquerque NM 87110

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1200.00

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

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

Transaction ID: SA11A1.12281

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
1010 Commons Way Bldg. G P.O. Box 1288
City State Zip Code
Toms River NJ 08754-1288

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation

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

Transaction ID: SA11A1.12431

SUBTOTAL of Receipts This Page (optional) ▶ **1400.00**

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Patti Goldfarb

Mailing Address

3D1 Madison Avenue

City

New York

State

NY

Zip Code

10016

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Medical Link

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.11077

Full Name (Last, First, Middle Initial)

B. Patti Goldfarb

Mailing Address

3D1 Madison Avenue

City

New York

State

NY

Zip Code

10016

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Medical Link

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Transaction ID: SA11A1.11481

Full Name (Last, First, Middle Initial)

C. Patti Goldfarb

Mailing Address

3D1 Madison Avenue

City

New York

State

NY

Zip Code

10016

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Medical Link

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Transaction ID: SA11A1.11812

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 12 / 68

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
0 6 / 2 6 / 2 0 0 2
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 370.00 Transaction ID: SA11A1.12292

B. Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
0 6 / 2 6 / 2 0 0 2
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 420.00 Transaction ID: SA11A1.12114

C. Full Name (Last, First, Middle Initial) Michael Gray Date of Receipt
Mailing Address 7431 O Street N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2
City Lincoln State NE Zip Code 68510-2444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Midlands Financial Benefits Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 370.00 Transaction ID: SA11A1.11078

SUBTOTAL of Receipts This Page (optional) ▶ **180.00**
TOTAL This Period (last page this line number only) ▶

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 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) ▼ 450.00

Transaction ID: SA11A1.11462

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 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) ▼ 530.00

Transaction ID: SA11A1.11813

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 630.00

Transaction ID: SA11A1.12287

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)
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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - 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
M M / D D / Y Y Y Y
06 / 28 / 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) ▼ 710.00

Transaction ID: SA11A1.12115

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
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
60.00

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) ▼ 240.00

Transaction ID: SA11A1.1243B

C. Full Name (Last, First, Middle Initial)
Joseph W. Guess

Mailing Address
P.O. Box 249

City State Zip Code
Pickens MS 39146-0249

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Guardian Health Insurance Agent

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

Transaction ID: SA11A1.11184

SUBTOTAL of Receipts This Page (optional) ▶ **380.00**

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

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(check only one)

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Anthony Halby

Mailing Address

313 Railroad Avenue, #201

City

State

Zip Code

Nevada City

CA

95959

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

Halby Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.11942

Full Name (Last, First, Middle Initial)

B. Anthony Halby

Mailing Address

313 Railroad Avenue, #201

City

State

Zip Code

Nevada City

CA

95959

Date of Receipt

N M / D E / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Halby Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Transaction ID: SA11A1.12442

Full Name (Last, First, Middle Initial)

C. Timothy Hendricks

Mailing Address

4200 East Skelly Drive #251

City

State

Zip Code

Tulsa

OK

74135-3208

Date of Receipt

N M / D E / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Business Planning Group of OK

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.1147D

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:
(check only one)

PAGE 16 / 68

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Timothy Hendricks

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
60.00

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) ▼ 300.00

Transaction ID: SA11A1.11820

Full Name (Last, First, Middle Initial)
B. Timothy Hendricks

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
60.00

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) ▼ 350.00

Transaction ID: SA11A1.12126

Full Name (Last, First, Middle Initial)
C. Donna HI

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30076

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
60.00

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) ▼ 490.00

Transaction ID: SA11A1.11088

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Donna HI

Mailing Address
PO Box 724
City State Zip Code
Snellville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
80.00

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) ▼ 550.00

Transaction ID: SA11A1.11472

Full Name (Last, First, Middle Initial)
B. Richard HI

Mailing Address
4435 O Street
City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

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) ▼ 240.00

Transaction ID: SA11A1.11822

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

Mailing Address
4435 O Street
City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

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) ▼ 280.00

Transaction ID: SA11A1.12130

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: (check only one) | | | | PAGE 18 / 68 |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
1155 Greenridge Terrace

City State Zip Code
Brookfield WI 53045-4558

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.12280

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

Mailing Address
2D19 Industrial Drive

City State Zip Code
Bethlehem PA 18017

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

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) ▼ 250.00

Transaction ID: SA11A1.12447

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

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1884

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 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) ▼ 1000.00

Transaction ID: SA11A1.11102

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

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 / 68 |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
05 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1100.00

Transaction ID: SA11A1.11486

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
06 / 03 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1200.00

Transaction ID: SA11A1.11835

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
06 / 26 / 2002

Amount of Each Receipt this Period
600.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12319

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
06 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1900.00

Transaction ID: SA11A1.12143

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

Mailing Address
2633 State Rte. 59 Ste. B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
05 / 02 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.11487

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

Mailing Address
2633 State Rte. 59 Ste. B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
06 / 03 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.11836

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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 21 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Thelma Kaczmarek

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 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) ▼ 400.00

Transaction ID: SA11A1.12387

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

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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) ▼ 450.00

Transaction ID: SA11A1.12144

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 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) ▼ 390.00

Transaction ID: SA11A1.11332

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
05 / 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) ▼ 475.00

Transaction ID: SA11A1.11690

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 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) ▼ 560.00

Transaction ID: SA11A1.11955

Full Name (Last, First, Middle Initial)
C. 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
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

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) ▼ 220.00

Transaction ID: SA11A1.12400

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 / 68

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Mailing Address
11508 Miracle Hills Drive, #102

City State Zip Code
Omaha NE 68154-4447

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) ▼ 240.00

Transaction ID: SA11A1.12140

B. Full Name (Last, First, Middle Initial)
Kenneth Kohri

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Mailing Address
40 North 100 East

City State Zip Code
Provo UT 84606-3100

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First West Brokerage Service Health Insurance Agent

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

Transaction ID: SA11A1.12376

C. Full Name (Last, First, Middle Initial)
Ruth Langley

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Mailing Address
P.O. Box 2997

City State Zip Code
Durham NC 27715-2997

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12335

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 24 / 68

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Gene (Eugene C.) Lee, Jr.

Mailing Address

1210 Cole Mill Road

City

State

Zip Code

Durham

NC

27705-2908

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

RL Forrester II Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.11340

Full Name (Last, First, Middle Initial)

B. Gene (Eugene C.) Lee, Jr.

Mailing Address

1210 Cole Mill Road

City

State

Zip Code

Durham

NC

27705-2908

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

RL Forrester II Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.11701

Full Name (Last, First, Middle Initial)

C. Gene (Eugene C.) Lee, Jr.

Mailing Address

1210 Cole Mill Road

City

State

Zip Code

Durham

NC

27705-2908

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

RL Forrester II Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Transaction ID: SA11A1.12314

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 25 / 68

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Gene (Eugene C.) Lee, Jr.

Mailing Address

1210 Cole Mill Road

City

State

Zip Code

Durham

NC

27705-2908

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

RL Forrester II Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Transaction ID: SA11A1.11965

Full Name (Last, First, Middle Initial)

B. Ronald Levine

Mailing Address

2460 Peach Tree Road, NW

Suite 1514

City

State

Zip Code

Atlanta

GA

30305

Date of Receipt

N M / D E / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period

42.00

FEC ID number of contributing
federal political committee.

Name of Employer

CompLink

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Transaction ID: SA11A1.11109

Full Name (Last, First, Middle Initial)

C. Ronald Levine

Mailing Address

2460 Peach Tree Road, NW

Suite 1514

City

State

Zip Code

Atlanta

GA

30305

Date of Receipt

N M / D E / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period

42.00

FEC ID number of contributing
federal political committee.

Name of Employer

CompLink

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Transaction ID: SA11A1.11493

SUBTOTAL of Receipts This Page (optional) ► **104.00**

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 26 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
42.00

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) ▼ 352.00

Transaction ID: SA11A1.11841

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 452.00

Transaction ID: SA11A1.12356

Full Name (Last, First, Middle Initial)
C. Ronald Levine

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
42.00

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) ▼ 494.00

Transaction ID: SA11A1.12150

SUBTOTAL of Receipts This Page (optional) ▶ **184.00**

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 27 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.1111

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.11495

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Transaction ID: SA11A1.11843

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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 28 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.12152

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 660.00

Transaction ID: SA11A1.12360

Full Name (Last, First, Middle Initial)
C. Gary Looney

Mailing Address
110 East Crockett

City State Zip Code
San Antonio TX 78205-2812

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Catio & Catio Health Insurance Agent

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

Transaction ID: SA11A1.12345

SUBTOTAL of Receipts This Page (optional) ▶ **680.00**

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 / 68 | |
| | <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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
William Mann Sr.

Mailing Address
11803 Grant Road #209

City State Zip Code
Cypress TX 77429

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Robertson Mann Associates Health Insurance Agent

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

Transaction ID: SA11A1.12290

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

Mailing Address
180 Charlotte Highway

City State Zip Code
Asheville NC 28803

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12157

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

Mailing Address
10540 York Road

City State Zip Code
Cockeysville MD 21030

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitMall.com Health Insurance Agent

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

Transaction ID: SA11A1.12304

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

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

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 30 / 68 | |
| | <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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Dennis Mather

Mailing Address
1D54Q York Road

City State Zip Code
Cockeysville MD 21030

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitMal.com Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1050.00

Transaction ID: SA11A1.12325

B. Full Name (Last, First, Middle Initial)
Michael Metzrick

Mailing Address
P.O. Box 38248

City State Zip Code
Greensboro NC 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MediFlex Benefits Center, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 755.00

Transaction ID: SA11A1.11350

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

Mailing Address
P.O. Box 38248

City State Zip Code
Greensboro NC 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MediFlex Benefits Center, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.11702

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 31 / 68

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438-8248

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period

85.00

FEC ID number of contributing
federal political committee.

Name of Employer
Med/Flex Benefits Center, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Transaction ID: SA11A1.11966

Full Name (Last, First, Middle Initial)

B. John May

Mailing Address

705 Lakeview Plaza Blvd #B

City

State

Zip Code

Worthington

OH

43085-4779

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
May Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Transaction ID: SA11A1.12034

Full Name (Last, First, Middle Initial)

C. John May

Mailing Address

705 Lakeview Plaza Blvd #B

City

State

Zip Code

Worthington

OH

43085-4779

Date of Receipt

N M / D E / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
May Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Transaction ID: SA11A1.12453

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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 32 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. James Mikey

Mailing Address
21914 Harper Ave.

City State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Benefit Planners Health Insurance Agent

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

Transaction ID: SA11A1.12296

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

Mailing Address
21914 Harper Ave.

City State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Benefit Planners Health Insurance Agent

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

Transaction ID: SA11A1.11969

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

Mailing Address
P.O. Box 7348

City State Zip Code
Monroe LA 71211-7348

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Resources Management, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11600

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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 33 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Julia Moore

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.12355

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

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.11970

Full Name (Last, First, Middle Initial)
C. Jim Mozingo

Mailing Address
201 S. McPherson Church Road Suite 103

City State Zip Code
Fayetteville NC 28305

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2002

Amount of Each Receipt this Period
80.00

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) ▼ 420.00

Transaction ID: SA11A1.11355

SUBTOTAL of Receipts This Page (optional) ▶ **190.00**

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 34 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Jim Mozingo

Mailing Address
2D1 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
80.00

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) ▼ 500.00

Transaction ID: SA11A1.11707

Full Name (Last, First, Middle Initial)
B. Jim Mozingo

Mailing Address
2D1 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
80.00

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) ▼ 580.00

Transaction ID: SA11A1.11971

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

Mailing Address
32110 Agoura Road
City State Zip Code
Westlake Village CA 91361

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Warner Pacific Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12403

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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 35 / 68

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Cynthia Osborne

Mailing Address

1600 Canal Street

Sutie 141D

City

State

Zip Code

New Orleans

LA

70112

Date of Receipt

N M / D E / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Patient Care

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.12298

Full Name (Last, First, Middle Initial)

B. F. Jim Parks

Mailing Address

22 West Lake Forest Drive

City

State

Zip Code

Palmyra

VA

22963

Date of Receipt

N M / D E / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
F. Jim Parks Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.12368

Full Name (Last, First, Middle Initial)

C. Susan Rash

Mailing Address

8D14 Midlothian Turnpike, #200

City

State

Zip Code

Richmond

VA

23235-5291

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Benefit Consultants of VA, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: SA11A1.1204D

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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 36 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. John Rice

Mailing Address
625 S. Minnesota Ave., #203

City State Zip Code
Sioux Falls SD 57104-4873

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rice Insurance Agency, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Transaction ID: SA11A1.12348

Full Name (Last, First, Middle Initial)
B. Aline Roberts

Mailing Address
508 Marin Street, #125

City State Zip Code
Thousand Oaks CA 91360

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Dimensions Health Insurance Agent

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

Transaction ID: SA11A1.12354

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

Mailing Address
100 South Sunrise Way PMB 964

City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

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) ▼ 240.00

Transaction ID: SA11A1.12274

SUBTOTAL of Receipts This Page (optional) ▶ **730.00**

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 37 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Mailing Address
100 South Sunrise Way PMB 364
City State Zip Code
Palm Springs CA 92262-6737

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) ▼ 260.00

Transaction ID: SA11A1.12212

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

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

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) ▼ 210.00

Transaction ID: SA11A1.12213

Full Name (Last, First, Middle Initial)
C. Stephen Salomon

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Mailing Address
P.O. Box 4252
City State Zip Code
Timonium MD 21094-4252

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) ▼ 2340.00

Transaction ID: SA11A1.11143

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 38 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 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) ▼ 2350.00

Transaction ID: SA11A1.11527

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 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) ▼ 2360.00

Transaction ID: SA11A1.11877

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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) ▼ 2370.00

Transaction ID: SA11A1.12215

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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 / 68

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Raymer Sale

Mailing Address
510 Briscoe Blvd. #200

City State Zip Code
Lawrenceville GA 30045-6700

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Multiple Benefits Corp.

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

Transaction ID: SA11A1.11991

Full Name (Last, First, Middle Initial)
B. Mark Schlange

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
30.00

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) ▼ 210.00

Transaction ID: SA11A1.12217

Full Name (Last, First, Middle Initial)
C. Mel Schiesinger

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Denial Plans, Plus Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 208.00

Transaction ID: SA11A1.11993

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 40 / 68

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Kenneth Schmidt

Mailing Address
200 North Broadway Suite 140D
City State Zip Code
St. Louis MO 63102-2755

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Marsh Advantage America

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

Amount of Each Receipt this Period 60.00

Transaction ID: SA11A1.12466

B. Full Name (Last, First, Middle Initial)
Kathyrne Sedon

Mailing Address
P.O. Box 720889
City State Zip Code
Oklahoma City OK 73172-0889

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 2

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Solutions Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 240.00

Amount of Each Receipt this Period 120.00

Transaction ID: SA11A1.12383

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

Mailing Address
P.O. Box 355
City State Zip Code
Apollo PA 15813-0355

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

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) ▼ 800.00

Amount of Each Receipt this Period 200.00

Transaction ID: SA11A1.11146

SUBTOTAL of Receipts This Page (optional) ▶ **370.00**

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

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

Mailing Address
P.O. Box 355

City State Zip Code
Apollo PA 15613-0355

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

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) ▼ 1000.00

Transaction ID: SA11A1.11882

B. Full Name (Last, First, Middle Initial)
Mark Sheffer

Mailing Address
P.O. Box 355

City State Zip Code
Apollo PA 15613-0355

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

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) ▼ 1200.00

Transaction ID: SA11A1.12220

C. Full Name (Last, First, Middle Initial)
Scott Shalek

Mailing Address
P.O. Box 67

City State Zip Code
Ringwood IL 60072-0067

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
660.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shalek Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 910.00

Transaction ID: SA11A1.12329

SUBTOTAL of Receipts This Page (optional) ▶ **1060.00**

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

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 42 / 68 | |
| | <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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Stuart Shapiro

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Shapiro Financial Group, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12467

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

Mailing Address
7920 Miramar Road #125
City State Zip Code
San Diego CA 92126-4206

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Dental Option Insurance Services

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12468

Full Name (Last, First, Middle Initial)
C. Roger Sidner

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
GroupLink, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12297

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
5548 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

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) ▼ 275.00

Transaction ID: SA11A1.12222

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

Mailing Address
P.O. Box 2073

City State Zip Code
Wichita Falls TX 76307-2037

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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) ▼ 210.00

Transaction ID: SA11A1.12227

Full Name (Last, First, Middle Initial)
C. Carl Stantzy

Mailing Address
2922 Cypress Street Suite 100

City State Zip Code
West Monroe LA 71291-5348

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern Heritage Insurance Certified Senior Advisor

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11605

SUBTOTAL of Receipts This Page (optional) ▶ **285.00**

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 44 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
268 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Amount of Each Receipt this Period
200.00

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) ▼ 800.00

Transaction ID: SA11A1.11385

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

Mailing Address
268 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
200.00

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) ▼ 800.00

Transaction ID: SA11A1.11998

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

Mailing Address
P.O. Box 1476

City State Zip Code
Fallon NV 89407-1476

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

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) ▼ 210.00

Transaction ID: SA11A1.12291

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 45 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
P.O. Box 1476
City Fallon State NV Zip Code 89407-1476

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11990

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

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 300.00

Transaction ID: SA11A1.12377

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

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12233

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 46 / 68

(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 Political Action Committee - HUPAC

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

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

Transaction ID: SA11A1.11395

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 440.00

Transaction ID: SA11A1.11744

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 520.00

Transaction ID: SA11A1.12007

| | | |
|--|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 240.00 |
| 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 47 / 68 | |
| | <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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Vicky Van Tersch

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
5709 North West Avenue

City State Zip Code
Fresno CA 93711-2366

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Price Associates Insurance Serv., Inc. Regional Sales Manager

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 224.00

Transaction ID: SA11A1.12334

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Mailing Address
P.O. Box 838

City State Zip Code
Lilburn GA 30047-0838

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Protection Agency Health Insurance Agent

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

Transaction ID: SA11A1.11901

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Mailing Address
P.O. Box 838

City State Zip Code
Lilburn GA 30047-0838

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Protection Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.12242

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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 48 / 68

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11164

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11550

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11902

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 49 / 68 | |
| | <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 Political Action Committee - HUPAC

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12263

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12243

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.12405

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 50 / 68

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. Trei Wild Date of Receipt
Mailing Address N M / D E / Y Y Y Y
5495 Belt Line Road Suite 155 0 6 / 2 6 / 2 0 0 2
City State Zip Code
Dallas TX 75240-7643 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 100.00

| | |
|--|--------------------------------------|
| Name of Employer Safeguard Health Plans | Occupation Health Insurance Agent |
| Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General | 850.00 |
| Other (specify) ▼ | |

Transaction ID: SA11A1.12290

B. Jeanine Wilson Date of Receipt
Mailing Address N M / D E / Y Y Y Y
400 Field Drive 0 6 / 2 6 / 2 0 0 2
City State Zip Code
Lake Forest IL 60045-2581 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 100.00

| | |
|---------------------------------------|--------------------------------------|
| Name of Employer Stamark | Occupation Health Insurance Agent |
| Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General | 460.00 |
| Other (specify) ▼ | |

Transaction ID: SA11A1.12351

C. Robert Ziff Date of Receipt
Mailing Address N M / D E / Y Y Y Y
17 North Delmorr Avenue 0 4 / 2 9 / 2 0 0 2
City State Zip Code
Morrisville PA 19067-6278 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 80.00

| | |
|---|--------------------------------------|
| Name of Employer Avarill Insurance & Financial Serv, Inc | Occupation Health Insurance Agent |
| Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General | 340.00 |
| Other (specify) ▼ | |

Transaction ID: SA11A1.11402

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 280.00 |
| 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 51 / 68 |
| | <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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Robert Ziff

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 420.00

Transaction ID: SA11A1.11750

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

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12013

C.

| | | |
|--|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 160.00 |
| TOTAL This Period (last page this line number only) | ▶ | 14993.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 88

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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 Political Action Committee - HUPAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AMEX | | Date of Disbursement 04 / 22 / 2002 |
| Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 | | Amount of Each Disbursement this Period 12.54 |
| 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.11413 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. AMEX | | Date of Disbursement 06 / 21 / 2002 |
| Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 | | Amount of Each Disbursement this Period 12.54 |
| 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.11760 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. AMEX | | Date of Disbursement 06 / 21 / 2002 |
| Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 | | Amount of Each Disbursement this Period 18.44 |
| 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.12181 |
| State: District: | | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 43.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 88

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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 Political Action Committee - HUPAC

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey W. Gennaro | | Date of Disbursement 06 / 26 / 2002 | |
| Mailing Address PO Box 10315 City State Zip Code Phoenix AZ 85084-0315 | | Amount of Each Disbursement this Period 250.00 | |
| Purpose of Disbursement HUPAC Convention Raffle Winner | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District: | Transaction ID: SB21B.12478 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters | | Date of Disbursement 04 / 17 / 2002 | |
| Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201 | | Amount of Each Disbursement this Period 154.21 | |
| Purpose of Disbursement Reimbursement for PAC Admin. Costs | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District: | Transaction ID: SB21B.11282 | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters | | Date of Disbursement 04 / 24 / 2002 | |
| Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201 | | Amount of Each Disbursement this Period 1375.00 | |
| Purpose of Disbursement CC 2002 Board Registration Fees | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District: | Transaction ID: SB21B.11283 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1779.21 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 88

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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 Political Action Committee - HUPAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters | | Date of Disbursement 05 / 17 / 2002 |
| Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201 | | Amount of Each Disbursement this Period 815.85 |
| Purpose of Disbursement Reimbursement for PAC admin. costs | | Category/ Type |
| Candidate Name | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | Transaction ID: SB21B.11763 |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters | | Date of Disbursement 06 / 12 / 2002 |
| Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201 | | Amount of Each Disbursement this Period 251.72 |
| Purpose of Disbursement Reimbursement for PAC Admin. Costs | | Category/ Type |
| Candidate Name | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | Transaction ID: SB21B.12177 |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. NOVA Information System | | Date of Disbursement 04 / 02 / 2002 |
| Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030 | | Amount of Each Disbursement this Period 81.58 |
| 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.11414 |
| State: District: | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1148.93 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 88

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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 Political Action Committee - HUPAC

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. NOVA Information System | | Date of Disbursement 05 / 02 / 2002 | |
| Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030 | | Amount of Each Disbursement this Period 80.84 | |
| Purpose of Disbursement Monthly Credit Card Settlement Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District: | Transaction ID: SB21B.11762 | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. NOVA Information System | | Date of Disbursement 06 / 04 / 2002 | |
| Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030 | | Amount of Each Disbursement this Period 88.83 | |
| Purpose of Disbursement Monthly Credit Card Settlement Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District: | Transaction ID: SB21B.12183 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Jim Poe | | Date of Disbursement 06 / 26 / 2002 | |
| Mailing Address P.O. Box 850011 City: Yukon State: OK Zip Code: 73085-0011 | | Amount of Each Disbursement this Period 750.00 | |
| Purpose of Disbursement HUPAC Convention Raffle Winner | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District: | Transaction ID: SB21B.12478 | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 929.47 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 68

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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 Political Action Committee - HUPAC

| | | |
|---|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Stuart Shapiro</p> <p>Mailing Address P.O. Box 587 City Wheeling State IL Zip Code 60090-0587</p> <p>Purpose of Disbursement HUPAC Convention Raffle Prize Winner</p> <p>Candidate Name</p> | | <p>Date of Disbursement 06 / 26 / 2002</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>Office Sought: House Senate President</p> <p>State: District:</p> | <p>Disbursement For: Primary General Other (specify) ▼</p> | <p>Transaction ID: SB21B.12480</p> |
| <p>B. Full Name (Last, First, Middle Initial) Sylvester Management Corporation</p> <p>Mailing Address P.O. Box 986 City Irma State SC Zip Code 29063</p> <p>Purpose of Disbursement FEC 2002 DC Trade Conference</p> <p>Candidate Name</p> | | <p>Date of Disbursement 04 / 26 / 2002</p> <p>Amount of Each Disbursement this Period 375.00</p> |
| <p>Office Sought: House Senate President</p> <p>State: District:</p> | <p>Disbursement For: Primary General Other (specify) ▼</p> | <p>Transaction ID: SB21B.11341</p> |

C.

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1875.00 |
| TOTAL This Period (last page this line number only) | 5776.13 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 68

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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 Political Action Committee - HUPAC

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. EVAN BAYH | | Date of Disbursement 06 / 06 / 2002 |
| Mailing Address 10 W MARKET SUITE 2000 City IN Zip Code 46204 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political Contribution | Candidate Name EVAN BAYH COMMITTEE | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | State: IN District: 00 | Transaction ID: SB23.12169 |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ROY BLUNT | | Date of Disbursement 06 / 06 / 2002 |
| Mailing Address PO BOX 278 City MO Zip Code 65757 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political Contribution | Candidate Name FRIENDS OF ROY BLUNT | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | State: MO District: 07 | Transaction ID: SB23.11582 |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. BOEHNER, JOHN A | | Date of Disbursement 06 / 06 / 2002 |
| Mailing Address 7908-I CINCINNATI DAYTON RD City OH Zip Code 45069 | | Amount of Each Disbursement this Period 450.00 |
| Purpose of Disbursement Political Contribution | Candidate Name FRIENDS OF JOHN BOEHNER | 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: OH District: 08 | Transaction ID: SB23.12168 |

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| SUBTOTAL of Disbursements This Page (optional) | 2450.00 |
| 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 Political Action Committee - HUPAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) CALDER BENJAMIN III CLAY</p> <p>Mailing Address 1824 MT PARAN ROAD NW City ATLANTA State GA Zip Code 30327</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name CALDER CLAY FOR US CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> | <p>Date of Disbursement 05 / 30 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.11622</p> |
| <p>B. Full Name (Last, First, Middle Initial) LARRY E CRAIG</p> <p>Mailing Address 2250 6TH AVE SW City PAYETTE State ID Zip Code 83661</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name CRAIG FOR U S SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> | <p>Date of Disbursement 05 / 22 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.11584</p> |
| <p>C. Full Name (Last, First, Middle Initial) MIKE DOYLE</p> <p>Mailing Address 2227 HAMPTON ST City PITTSBURGH State PA Zip Code 15218</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name DOYLE FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p> | <p>Date of Disbursement 05 / 30 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.11631</p> |

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| 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 | | | | |

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. BOB ETHERIDGE | | Date of Disbursement 05 / 30 / 2002 | |
| Mailing Address PO BOX 28001 City: RALEIGH State: NC Zip Code: 27611 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name BOB ETHERIDGE 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: NC District: 02 | Transaction ID: SB23.11611 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. HAROLD JR FORD | | Date of Disbursement 05 / 30 / 2002 | |
| Mailing Address 58 RIVERMIST LANE City: MEMPHIS State: TN Zip Code: 38103 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name RE-ELECT HAROLD FORD JR | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | | |
| State: TN District: 09 | Transaction ID: SB23.11613 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. JIM GERLACH | | Date of Disbursement 05 / 30 / 2002 | |
| Mailing Address 808 HARBOUR RIDGE LANE City: DOWNINGTOWN State: PA Zip Code: 19335 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name JIM GERLACH 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: PA District: 08 | Transaction ID: SB23.11618 | | |

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| 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 Political Action Committee - HUPAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. GRANGER, KAY | | Date of Disbursement 05 / 07 / 2002 |
| Mailing Address 715 JONES STREET City: FORT WORTH State: TX Zip Code: 76102 | | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political Contribution | Candidate Name KAY GRANGER CAMPAIGN FUND | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | State: TX District: 12 | Transaction ID: SB23.11564 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. RALPH M HALL | | Date of Disbursement 06 / 03 / 2002 |
| Mailing Address 1500 SUNSET HILL DRIVE City: ROCKWALL State: TX Zip Code: 75087 | | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political Contribution | Candidate Name HALL FOR CONGRESS COMMITTEE | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | State: TX District: 04 | Transaction ID: SB23.12160 |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. TIM HUTCHINSON | | Date of Disbursement 04 / 25 / 2002 |
| Mailing Address PO BOX 989 City: ROGERS State: AR Zip Code: 72757 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political Contribution | Candidate Name HUTCHINSON FOR SENATE | Category/ Type |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | State: AR District: 00 | Transaction ID: SB23.11200 |

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| 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 | | | | |

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. JAMES M INHOFE | | Date of Disbursement 04 / 24 / 2002 | |
| Mailing Address 2139 E 32ND ST City TULSA State OK Zip Code 74105 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name FRIENDS OF JIM INHOFE COMMITTEE | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: OK District: 00 | Transaction ID: SB23.11274 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. SAMUEL ROBERT JOHNSON | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address PO BOX 880086 City PLANO State TX Zip Code 75086 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name FRIENDS OF SAM JOHNSON | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | |
| State: TX District: 03 | Transaction ID: SB23.11567 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. TOM LATHAM | | Date of Disbursement 06 / 03 / 2002 | |
| Mailing Address 178 180TH STREET City ALEXANDER State IA Zip Code 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 Senate President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | |
| State: IA District: 04 | Transaction ID: SB23.12163 | | |

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| 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 | | | | |

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

| | |
|--|--|
| <p>A. JOHN LEWIS</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1520 PINEHURST DRIVE SW City ATLANTA State GA Zip Code 30311</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JOHN LEWIS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> | <p>Date of Disbursement 06 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.12172</p> |
|--|--|

| | |
|---|--|
| <p>B. MIKE MCINTYRE</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1701 NORTH CHESTNUT STREET City LUMBERTON State NC Zip Code 28358</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name MIKE MCINTYRE FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> | <p>Date of Disbursement 04 / 02 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.11191</p> |
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| | |
|--|--|
| <p>C. DENNIS MOORE</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8319 MULLEN RD City LENEXA State KS Zip Code 66215</p> <p>Purpose of Disbursement Pay La Brasserie-In Kind Contribution</p> <p>Candidate Name MOORE FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> | <p>Date of Disbursement 04 / 08 / 2002</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>Transaction ID: SB23.12204</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional) ▶</p> | <p>1200.00</p> |
| <p>TOTAL This Period (last page this line number only) ▶</p> | |

**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 Political Action Committee - HUPAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. DENNIS MOORE | | Date of Disbursement 05 / 20 / 2002 | |
| Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name MOORE FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | | |
| State: KS District: 03 | Transaction ID: SB23.11580 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. TIM MURPHY | | Date of Disbursement 05 / 30 / 2002 | |
| Mailing Address 221 BROOKSIDE BLVD City: PITTSBURCH State: PA Zip Code: 15241 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name TIM MURPHY 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: PA District: 18 | Transaction ID: SB23.11616 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. JAMES ALLEN NUSSLE | | Date of Disbursement 05 / 09 / 2002 | |
| Mailing Address PO BOX 324 City: MANCHESTER State: IA Zip Code: 52057 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name NUSSLE FOR CONGRESS COMMITTEE | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | | |
| State: IA District: 01 | Transaction ID: SB23.11573 | | |

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| 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 Political Action Committee - HUPAC

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. NANCY PELOSI | | Date of Disbursement 04 / 30 / 2002 |
| Mailing Address 235 MONTGOMERY STREET SUITE 610 City: SAN FRANCISCO State: CA Zip Code: 94104 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political Contribution | Candidate Name NANCY PELOSI FOR CONGRESS | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | State: CA District: 08 | Transaction ID: SB23.12178 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. JOHN E PETERSON | | Date of Disbursement 04 / 24 / 2002 |
| Mailing Address 248 N MAIN ST PO BOX 289 City: PLEASANTVILLE State: PA Zip Code: 16341 | | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political Contribution | Candidate Name FRIENDS OF JOHN PETERSON | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | State: PA District: 05 | Transaction ID: SB23.11277 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. THOMAS E PETRI | | Date of Disbursement 04 / 25 / 2002 |
| Mailing Address N5329 DENEVEU LANE City: FOND DU LAC State: WI Zip Code: 54935 | | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political Contribution | Candidate Name CITIZENS FOR TOM PETRI | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | State: WI District: 08 | Transaction ID: SB23.11288 |

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| 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 | | | | |

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. CHARLES W 'CHIP' JR PICKERING | | | Date of Disbursement 05 / 31 / 2002 | |
| Mailing Address PO BOX 6440 City LAUREL State MS Zip Code 39441 | | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | | Category/ Type | |
| Candidate Name PICKERING FOR CONGRESS | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | Transaction ID: SB23.11754 | |
| State: MS District: 03 | | | | |

| | | | | |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. MICHAEL DENNIS ROGERS | | | Date of Disbursement 05 / 30 / 2002 | |
| Mailing Address 1304 QUINTARD AVENUE City ANNISTON State AL Zip Code 36201 | | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | | Category/ Type | |
| Candidate Name MIKE ROGERS FOR CONGRESS | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | Transaction ID: SB23.11625 | |
| State: AL District: 03 | | | | |

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. PETE SESSIONS | | | Date of Disbursement 04 / 26 / 2002 | |
| Mailing Address PO BOX 38585 City DALLAS State TX Zip Code 75238 | | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | | Category/ Type | |
| Candidate Name PETE SESSIONS FOR CONGRESS 2002 | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | Transaction ID: SB23.11289 | |
| State: TX District: 06 | | | | |

| | |
|--|----------------|
| 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 Political Action Committee - HUPAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. JOHN BARDEN SHADEGG | | Date of Disbursement 04 / 08 / 2002 | |
| Mailing Address PO BOX 45444 City PHOENIX State AZ Zip Code 85084 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name JOHN SHADEGG FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: AZ District: 03 | Transaction ID: SB23.11183 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. DONALD L SHERWOOD | | Date of Disbursement 06 / 09 / 2002 | |
| Mailing Address 41 SHERWOOD DRIVE City TUNKHANNOCK State PA Zip Code 18657 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name FRIENDS OF DON SHERWOOD | | | |
| 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: PA District: 10 | Transaction ID: SB23.12188 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. LEE R TERRY | | Date of Disbursement 04 / 25 / 2002 | |
| Mailing Address 11770 FARNAM STREET City OMAHA State NE Zip Code 68154 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Political Contribution | | Category/ Type | |
| Candidate Name LEE TERRY FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: NE District: 02 | Transaction ID: SB23.11188 | | |

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| 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 | | | | |

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. PATRICK J TOOMEY | | Date of Disbursement 05 / 23 / 2002 |
| Mailing Address 5250 WHEATLAND City: ZIONSVILLE State: PA Zip Code: 18092 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Political Contribution | Candidate Name PAT TOOMEY FOR CONGRESS COMMITTEE | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | State: PA District: 15 | Transaction ID: SB23.11757 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. JIM TURNER | | Date of Disbursement 05 / 07 / 2002 |
| Mailing Address 803 E GOLIAD AVE City: CROCKETT State: TX Zip Code: 75836 | | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political Contribution | Candidate Name JIM TURNER FOR CONGRESS COMMITTEE | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | State: TX District: 02 | Transaction ID: SB23.11570 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ROGER F WICKER | | Date of Disbursement 04 / 26 / 2002 |
| Mailing Address PO BOX 874 City: TUPELO State: MS Zip Code: 38802 | | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Political Contribution | Candidate Name FRIENDS OF ROGER WICKER 2002 | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | | |
| Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | State: MS District: 01 | Transaction ID: SB23.11336 |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 68

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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 Political Action Committee - HUPAC

| | | | |
|--|--|---|--|
| <p>Full Name (Last, First, Middle Initial) A. HEATHER A WILSON</p> | | <p>Date of Disbursement 04 / 02 / 2002</p> | |
| <p>Mailing Address 9220 GUADALUPE TRAIL NM City: ALBUQUERQUE State: NM Zip Code: 87114</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 HEATHER WILSON FOR CONGRESS</p> | | <p>Transaction ID: SB23.11182</p> | |
| <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> | <p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p> | | |
| <p>State: NM District: 01</p> | | | |

| | | | |
|--|--|---|--|
| <p>Full Name (Last, First, Middle Initial) B. TOM YOUNG</p> | | <p>Date of Disbursement 05 / 30 / 2002</p> | |
| <p>Mailing Address POST OFFICE BOX 1001 City: MOBILE State: AL Zip Code: 36633</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 TOM YOUNG FOR CONGRESS</p> | | <p>Transaction ID: SB23.11628</p> | |
| <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> | <p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p> | | |
| <p>State: AL District: 01</p> | | | |

C.

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | 22150.00 |