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

[X] 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)
William Mann Sr.

Mailing Address
11803 Grant Road #209

City: Cypress State: TX Zip Code: 77429

FEC ID number of contributing federal political committee.

Name of Employer: Robertson Mann Associates
Occupation: Health Insurance Agent

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 26 2002

Amount of Each Receipt this Period: 100.00

Transaction ID: SA11A1.12290

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

Mailing Address
180 Charlotte Highway

City: Asheville State: NC Zip Code: 28803

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 28 2002

Amount of Each Receipt this Period: 20.00

Transaction ID: SA11A1.12157

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

Mailing Address
10540 York Road

City: Cockeysville State: MD Zip Code: 21030

FEC ID number of contributing federal political committee.

Name of Employer: BenefitMall.com
Occupation: Health Insurance Agent

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 26 2002

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11A1.12304

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

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