

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

5. Covering Period 07 01 2001 through 12 31 2001

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  
Signature of Treasurer Electronically Filed by Kevin Corcoran Date 01 28 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: <sup>h</sup>07 <sup>d</sup>01 <sup>y</sup>2001 To: <sup>h</sup>12 <sup>d</sup>31 <sup>y</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2001		8415.51
(b) Cash on Hand at Beginning of Reporting Period .....	50444.82	
(c) Total Receipts (from Line 19) .....	37853.20	110679.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	88298.02	119094.71
7. Total Disbursements (from Line 30) .....	20658.02	51454.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67640.00	67640.00
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: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2001

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) .....	22679.80	
(ii) Unitemized .....	15173.40	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	37853.20	110179.20
(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) .....	37853.20	110179.20
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	500.00
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) .....	37853.20	110679.20
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	37853.20	110679.20

**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.....	2277.85	11250.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2277.85	11250.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	29000.00
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.....	2880.17	11204.42
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	20658.02	51454.71
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	20658.02	51454.71
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	37853.20	110179.20
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	37853.20	110179.20
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2277.85	11250.29
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2277.85	11250.29

**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 / 95	
	<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

Full Name (Last, First, Middle Initial)  
**A. Terry Alard**

Mailing Address  
1600 A Street #3D1

City State Zip Code  
Anchorage AK 99501

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Wilson Agency Health Insurance Agent

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

Transaction ID: SA11A1.8938

Full Name (Last, First, Middle Initial)  
**B. Terry Alard**

Mailing Address  
1600 A Street #3D1

City State Zip Code  
Anchorage AK 99501

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Wilson Agency Health Insurance Agent

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

Transaction ID: SA11A1.8939

Full Name (Last, First, Middle Initial)  
**C. Terry Alard**

Mailing Address  
1600 A Street #3D1

City State Zip Code  
Anchorage AK 99501

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Wilson Agency Health Insurance Agent

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

Transaction ID: SA11A1.8940

**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: PAGE 6 / 95

(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. Terry Alard

Mailing Address

1600 A Street #3D1

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
The Wilson Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Transaction ID: SA11A1.8941

Full Name (Last, First, Middle Initial)

B. Terry Alard

Mailing Address

1600 A Street #3D1

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
The Wilson Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8942

Full Name (Last, First, Middle Initial)

C. Thomas Brudate

Mailing Address

2000 North 14th. Street, Suite 450

City

State

Zip Code

Arlington

VA

22201

Date of Receipt

N M / D E / Y Y Y Y  
11 / 30 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
NAHU

Occupation

Director of Congressional Affairs

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8556

**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 7 / 95	
	<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. Tim Byme**

Mailing Address  
3113 W. Beltline Highway

City State Zip Code  
Madison WI 53713

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8998

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

Mailing Address  
3113 W. Beltline Highway

City State Zip Code  
Madison WI 53713

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8999

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

Mailing Address  
3113 W. Beltline Highway

City State Zip Code  
Madison WI 53713

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9000

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 95	
	<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)  
Tin Byme

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Mailing Address  
3113 W. Beltline Highway

City State Zip Code  
Madison WI 53713

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9001

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Mailing Address  
445 E. 5th Avenue

City State Zip Code  
Anchorage AK 99501

Amount of Each Receipt this Period  
50.00

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) ▼ 350.00

Transaction ID: SA11A1.9008

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Mailing Address  
445 E. 5th Avenue

City State Zip Code  
Anchorage AK 99501

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9009

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **125.00**

**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 9 / 95

(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. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: SA11A1.9010

Full Name (Last, First, Middle Initial)

B. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: SA11A1.9011

Full Name (Last, First, Middle Initial)

C. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y  
11 / 03 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: SA11A1.8655

**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 10 / 95	
	<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)  
D. Bailey Calvin

Mailing Address  
445 E. 5th Avenue

City State Zip Code  
Anchorage AK 99501

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
100.00

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) ▼ 700.00

Transaction ID: SA11A1.9013

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

Mailing Address  
508 East Grand River, Suite 200

City State Zip Code  
Brighton MI 48116

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Colt Park Agency Health Insurance Agent

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

Transaction ID: SA11A1.8521

**C.** Full Name (Last, First, Middle Initial)  
Robert Campbell, Jr.

Mailing Address  
P O Box 821873

City State Zip Code  
Fort Worth TX 76182-1873

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
54.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advance Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 242.00

Transaction ID: SA11A1.9019

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **204.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 95	
	<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)  
Robert Campbell, Jr.

Mailing Address  
P O Box B21873  
City State Zip Code  
Fort Worth TX 76182-1873

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advance Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 252.00

Transaction ID: SA11A1.9020

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

Mailing Address  
400 East Hwy., Suite 208  
City State Zip Code  
Casselberry FL 32707-4975

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8719

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

Mailing Address  
400 East Hwy., Suite 208  
City State Zip Code  
Casselberry FL 32707-4975

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 29 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8720

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **50.00**

**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 / 95	
	<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. Barbara Coggins**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2001

Mailing Address  
400 East Hwy., Suite 208

City State Zip Code  
Casselberry FL 32707-4975

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8721

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2001

Mailing Address  
400 East Hwy., Suite 208

City State Zip Code  
Casselberry FL 32707-4975

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8722

Full Name (Last, First, Middle Initial)  
**C. William O. Daggett, Jr.**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2001

Mailing Address  
500 E Swedesford Road #301

City State Zip Code  
Wayne PA 19087-1898

Amount of Each Receipt this Period  
2400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kistler-Tiffany Benefits Health Insurance Agent

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

Transaction ID: SA11A1.8657

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2440.00**

**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 / 95	
	<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)  
Robert W. Danforth

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2001

Mailing Address  
P.O. Box 30007

City State Zip Code  
Reno NV 89520-3007

Amount of Each Receipt this Period  
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Universal Health Network Health Insurance Agent

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

Transaction ID: SA11A1.8227

**B.** Full Name (Last, First, Middle Initial)  
Rush David Dixon

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2001

Mailing Address  
11821 Parklawn Drive, Suite 210

City State Zip Code  
Rockville MD 20852-2539

Amount of Each Receipt this Period  
120.00

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) ▼ 220.00

Transaction ID: SA11A1.8151

**C.** Full Name (Last, First, Middle Initial)  
Mike Dolins

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
6440 Avondale Drive, Ste. 204

City State Zip Code  
Oklahoma City OK 73116-6416

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9082

**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	FOR LINE NUMBER: (check only one)		PAGE 14 / 95	
	<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. Mike Dolins**

Mailing Address  
6440 Avondale Drive, Ste. 204

City State Zip Code  
Oklahoma City OK 73116-6416

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9083

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

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9084

Full Name (Last, First, Middle Initial)  
**C. Eugene Ebersole**

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 390.00

Transaction ID: SA11A1.9085

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 95	
	<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. Eugene Ebersole**

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 430.00

Transaction ID: SA11A1.9086

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

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 470.00

Transaction ID: SA11A1.9087

Full Name (Last, First, Middle Initial)  
**C. Eugene Ebersole**

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 510.00

Transaction ID: SA11A1.9088

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 95	
	<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)  
Eugene Ebersole

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9090

**B.** Full Name (Last, First, Middle Initial)  
Rose Englund

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
7400 York Road #200

City State Zip Code  
Towson MD 21204-7540

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Dental Network Health Insurance Agent

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

Transaction ID: SA11A1.9104

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2001

Mailing Address  
312 E. Main Street

City State Zip Code  
Salisbury MD 21802-2317

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Avery Hall Life Insurance Agency, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.8739

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 95	
	<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)  
David L. Fear

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

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) ▼ 275.00

Transaction ID: SA11A1.9117

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

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

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) ▼ 300.00

Transaction ID: SA11A1.9118

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

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

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) ▼ 325.00

Transaction ID: SA11A1.9119

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 95	
	<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. David L. Fear**

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

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) ▼ 350.00

Transaction ID: SA11A1.9120

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

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

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) ▼ 375.00

Transaction ID: SA11A1.9121

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

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

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) ▼ 400.00

Transaction ID: SA11A1.9122

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 95	
	<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. Jeffrey Fishback**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 21 / 2001

Mailing Address  
736 Johnson Ferry Road Building C-20D  
City State Zip Code  
Marietta GA 30068-5618

Amount of Each Receipt this Period  
2.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Purchasing Alliance Solutions Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 242.00

Transaction ID: SA11A1.8456

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 08 / 2001

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

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1090.00

Transaction ID: SA11A1.8177

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2001

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

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1290.00

Transaction ID: SA11A1.8529

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **252.00**

**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 / 95

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)  
Genard Gershanowitz

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2001

Mailing Address  
405 Tarrytown Road, PMB773

City State Zip Code  
White Plains NY 10607-1313

Amount of Each Receipt this Period  
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Morrell Consulting Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.8621

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

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) ▼ 280.00

Transaction ID: SA11A1.9154

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

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) ▼ 360.00

Transaction ID: SA11A1.9155

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

**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 / 95	
	<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  
11 / 02 / 2001

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) ▼ 440.00

Transaction ID: SA11A1.9156

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  
12 / 03 / 2001

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) ▼ 520.00

Transaction ID: SA11A1.9157

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

Mailing Address  
7412 Karl Drive

City State Zip Code  
Lincoln NE 68516-4368

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Senior Benefit Strategies Health Insurance Agent

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

Transaction ID: SA11A1.9163

**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 22 / 95	
	<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. Robert Grundman**

Mailing Address  
7412 Karl Drive

City State Zip Code  
Lincoln NE 68516-4368

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent

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

Transaction ID: SA11A1.9164

Full Name (Last, First, Middle Initial)  
**B. Bob Hagan**

Mailing Address  
P.O. Box 240328

City State Zip Code  
Anchorage AK 99524

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Hagan Insurance Occupation Health Insurance Agent

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

Transaction ID: SA11A1.8563

Full Name (Last, First, Middle Initial)  
**C. Carol Hayes**

Mailing Address  
796 Johnson Ferry Road, #C-200

City State Zip Code  
Marietta GA 30066

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2001

Amount of Each Receipt this Period  
1.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 221.00

Transaction ID: SA11A1.8394

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **521.00**

**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)  
Carol Hayes

Mailing Address  
736 Johnson Ferry Road, #C-200

City State Zip Code  
Marietta GA 30068

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 21 / 2001

Amount of Each Receipt this Period  
5.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 226.00

Transaction ID: SA11A1.8502

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

Mailing Address  
6140 S. 104th East Avenue Suite 200

City State Zip Code  
Tulsa OK 74133-1588

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heldebrand & Associates Health Insurance Agent

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

Transaction ID: SA11A1.9197

**C.** Full Name (Last, First, Middle Initial)  
James Heldebrand

Mailing Address  
6140 S. 104th East Avenue Suite 200

City State Zip Code  
Tulsa OK 74133-1588

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heldebrand & Associates Health Insurance Agent

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

Transaction ID: SA11A1.9198

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00

**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 / 95

(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. Donna HI**

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Amount of Each Receipt this Period  
50.00

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) ▼ 260.00

Transaction ID: SA11A1.9214

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
50.00

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) ▼ 310.00

Transaction ID: SA11A1.9215

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
50.00

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) ▼ 360.00

Transaction ID: SA11A1.9216

**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 25 / 95

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) Donna HI Date of Receipt  
Mailing Address PO Box 724 N M / D E / Y Y Y Y  
10 02 2001  
City Snelville State GA Zip Code 30078 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer DDH Associates Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 410.00  
Transaction ID: SA11A1.9217

**B.** Full Name (Last, First, Middle Initial) Donna HI Date of Receipt  
Mailing Address PO Box 724 N M / D E / Y Y Y Y  
11 02 2001  
City Snelville State GA Zip Code 30078 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer DDH Associates Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 460.00  
Transaction ID: SA11A1.9218

**C.** Full Name (Last, First, Middle Initial) Donna HI Date of Receipt  
Mailing Address PO Box 724 N M / D E / Y Y Y Y  
12 03 2001  
City Snelville State GA Zip Code 30078 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer DDH Associates Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 510.00  
Transaction ID: SA11A1.9219

**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 26 / 95	
	<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

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  
12 / 07 / 2001

Amount of Each Receipt this Period  
2.00

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) ▼ 512.00

Transaction ID: SA11A1.8578

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

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) ▼ 950.00

Transaction ID: SA11A1.9286

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

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) ▼ 1050.00

Transaction ID: SA11A1.9287

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **202.00**

**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 27 / 95

(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. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y  
09 / 04 / 2001

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Transaction ID: SA11A1.9288

Full Name (Last, First, Middle Initial)

B. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y  
10 / 02 / 2001

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Transaction ID: SA11A1.9289

Full Name (Last, First, Middle Initial)

C. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y  
11 / 02 / 2001

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Transaction ID: SA11A1.9290

**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 28 / 95	
	<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 Y Y Y  
12 / 03 / 2001

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) ▼ 1450.00

Transaction ID: SA11A1.9281

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 Y Y Y  
07 / 02 / 2001

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) ▼ 350.00

Transaction ID: SA11A1.9282

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 Y Y Y  
08 / 02 / 2001

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) ▼ 400.00

Transaction ID: SA11A1.9283

**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 29 / 95	
	<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 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

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: SA11A1.9294

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

Mailing Address  
2633 State Rte. 59 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

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) ▼ 500.00

Transaction ID: SA11A1.9295

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

Mailing Address  
2633 State Rte. 59 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

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) ▼ 550.00

Transaction ID: SA11A1.9296

**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 30 / 95	
	<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 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
600.00

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) ▼ 600.00

Transaction ID: SA11A1.9297

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  
08 / 28 / 2001

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 710.00

Transaction ID: SA11A1.8778

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  
08 / 28 / 2001

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 795.00

Transaction ID: SA11A1.8779

**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  
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(check only one)

11a  11b  11c  12  
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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

N M / D E / Y Y Y Y  
10 / 20 / 2001

Amount of Each Receipt this Period

85.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
BCI Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Transaction ID: SA11A1.8780

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

N M / D E / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period

85.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
BCI Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Transaction ID: SA11A1.8781

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

N M / D E / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period

85.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
BCI Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Transaction ID: SA11A1.8782

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

**255.00**

**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 / 95	
	<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. Michael Kielan** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 45279 08 10 2001

City State Zip Code  
Omaha NE 68145-0279 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent
--	--------------------------------------

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

**Transaction ID: SA11A1.8631**

**B. Rufus Langley** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 2997 08 21 2001

City State Zip Code  
Durham NC 27715-2997 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 70.00

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

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

**Transaction ID: SA11A1.8632**

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

Mailing Address N M / D E / Y Y Y Y  
1210 Cole Mill Road 08 26 2001

City State Zip Code  
Durham NC 27705-2908 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

**Transaction ID: SA11A1.8602**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> 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)  
Gene (Eugene C.) Lee, Jr. Date of Receipt

Mailing Address N M / D E / Y Y Y  
1210 Cole Mill Road 10 / 20 / 2001

City State Zip Code  
Durham NC 27705-2908 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

**Transaction ID: SA11A1.8803**

**B.** Full Name (Last, First, Middle Initial)  
Gene (Eugene C.) Lee, Jr. Date of Receipt

Mailing Address N M / D E / Y Y Y  
1210 Cole Mill Road 11 / 20 / 2001

City State Zip Code  
Durham NC 27705-2908 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

**Transaction ID: SA11A1.8804**

**C.** Full Name (Last, First, Middle Initial)  
Gene (Eugene C.) Lee, Jr. Date of Receipt

Mailing Address N M / D E / Y Y Y  
1210 Cole Mill Road 12 / 20 / 2001

City State Zip Code  
Durham NC 27705-2908 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

**Transaction ID: SA11A1.8805**

**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 34 / 95	
	<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  
1 Piedmont Center, #400

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 202.00

Transaction ID: SA11A1.9329

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

Mailing Address  
1 Piedmont Center, #400

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 244.00

Transaction ID: SA11A1.9330

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

Mailing Address  
1 Piedmont Center, #400

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 286.00

Transaction ID: SA11A1.9331

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **126.00**

**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 35 / 95	
	<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. Ronald Levine**

Mailing Address  
1 Piedmont Center, #400

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2001

Amount of Each Receipt this Period  
1.00

FEC ID number of contributing federal political committee.

Name of Employer  
Employease, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 287.00

Transaction ID: SA11A1.8289

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

Mailing Address  
1 Piedmont Center, #400

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

Name of Employer  
Employease, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 329.00

Transaction ID: SA11A1.9332

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

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46565-1744

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
KL Benefits

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9340

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **123.00**

**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 / 95	
	<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

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  
08 / 02 / 2001

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) ▼ 450.00

Transaction ID: SA11A1.9341

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  
09 / 04 / 2001

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) ▼ 530.00

Transaction ID: SA11A1.9342

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  
10 / 02 / 2001

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) ▼ 610.00

Transaction ID: SA11A1.9343

**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 37 / 95	
	<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**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9344

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 770.00

Transaction ID: SA11A1.9345

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2001

Mailing Address  
110 East Crockett

City State Zip Code  
San Antonio TX 78205-2812

Amount of Each Receipt this Period  
250.00

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) ▼ 830.00

Transaction ID: SA11A1.8270

**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

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(check only one)

PAGE 38 / 95

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
James Machock  
Mailing Address  
PO Box 885  
City State Zip Code  
Fort Wayne IN 46801-0885  
Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001  
Amount of Each Receipt this Period  
40.00  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Acordia Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 280.00  
Transaction ID: SA11A1.9346

**B.** Full Name (Last, First, Middle Initial)  
James Machock  
Mailing Address  
PO Box 885  
City State Zip Code  
Fort Wayne IN 46801-0885  
Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001  
Amount of Each Receipt this Period  
40.00  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Acordia Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 320.00  
Transaction ID: SA11A1.9347

**C.** Full Name (Last, First, Middle Initial)  
James Machock  
Mailing Address  
PO Box 885  
City State Zip Code  
Fort Wayne IN 46801-0885  
Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001  
Amount of Each Receipt this Period  
40.00  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Acordia Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 360.00  
Transaction ID: SA11A1.9348

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 95

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
James Machock  
Mailing Address  
PO Box 885  
City State Zip Code  
Fort Wayne IN 46801-0885  
Date of Receipt  
M / D / Y  
10 / 02 / 2001  
Amount of Each Receipt this Period  
400.00  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Acordia Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00  
Transaction ID: SA11A1.9349

**B.** Full Name (Last, First, Middle Initial)  
James Machock  
Mailing Address  
PO Box 885  
City State Zip Code  
Fort Wayne IN 46801-0885  
Date of Receipt  
M / D / Y  
11 / 02 / 2001  
Amount of Each Receipt this Period  
400.00  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Acordia Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 440.00  
Transaction ID: SA11A1.9350

**C.** Full Name (Last, First, Middle Initial)  
James Machock  
Mailing Address  
PO Box 885  
City State Zip Code  
Fort Wayne IN 46801-0885  
Date of Receipt  
M / D / Y  
12 / 03 / 2001  
Amount of Each Receipt this Period  
400.00  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Acordia Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 480.00  
Transaction ID: SA11A1.9351

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **120.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 95

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. Diane Mahoney** Date of Receipt

Mailing Address N M / D E / Y Y Y  
PO Box 883 11 / 06 / 2001

City State Zip Code  
Randallstown MD 21133-0683 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation  
Velco Insurance Agency Inc Health Insurance Agent

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

**Transaction ID: SA11A1.8183**

**B. Dennis Mather** Date of Receipt

Mailing Address N M / D E / Y Y Y  
10540 York Road 10 / 28 / 2001

City State Zip Code  
Cockeysville MD 21030 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Occupation  
BenefitMal.com Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1570.00

**Transaction ID: SA11A1.8852**

**C. Michael Metzick** Date of Receipt

Mailing Address N M / D E / Y Y Y  
P.O. Box 38248 07 / 02 / 2001

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

FEC ID number of contributing federal political committee. 200.00

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1750.00

**Transaction ID: SA11A1.9373**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

**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 41 / 95	
	<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)  
Michael Meterick

Mailing Address  
P.O. Box 38248  
City Greensboro State NC Zip Code 27438

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1950.00

Transaction ID: SA11A1.9374

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

Mailing Address  
P.O. Box 38248  
City Greensboro State NC Zip Code 27438

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2150.00

Transaction ID: SA11A1.9375

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

Mailing Address  
P.O. Box 38248  
City Greensboro State NC Zip Code 27438

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2350.00

Transaction ID: SA11A1.8806

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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)

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

Date of Receipt

N M / D E / Y Y Y Y  
10 / 28 / 2001

Amount of Each Receipt this Period

200.00

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 ▼

2550.00

Transaction ID: SA11A1.8807

Full Name (Last, First, Middle Initial)

B. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438

Date of Receipt

N M / D E / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period

200.00

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 ▼

2750.00

Transaction ID: SA11A1.8808

Full Name (Last, First, Middle Initial)

C. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438

Date of Receipt

N M / D E / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period

200.00

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 ▼

2850.00

Transaction ID: SA11A1.8809

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

**600.00**

**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 / 95	
	<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 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  
11 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
May Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.8810

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  
12 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
May Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.8811

Full Name (Last, First, Middle Initial)  
**C. Dwight Mazzone**

Mailing Address  
6950 E. Thomas Road, Suite 138

City State Zip Code  
Scottsdale AZ 85251

Date of Receipt  
N M / D E / Y Y Y Y  
07 / 13 / 2001

Amount of Each Receipt this Period  
2400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
C/M Benefits, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2640.00

Transaction ID: SA11A1.8140

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2440.00**

**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 / 95	
	<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. Sandra V. Mobley**

Mailing Address  
5848 Ridgewood Road, D-102

City State Zip Code  
Jackson MS 39211-2646

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2001

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.8149

Full Name (Last, First, Middle Initial)  
**B. Sandra V. Mobley**

Mailing Address  
5848 Ridgewood Road, D-102

City State Zip Code  
Jackson MS 39211-2646

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9378

Full Name (Last, First, Middle Initial)  
**C. Sandra V. Mobley**

Mailing Address  
5848 Ridgewood Road, D-102

City State Zip Code  
Jackson MS 39211-2646

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9379

**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 45 / 95	
	<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. Sandra V. Mobley**

Mailing Address  
5848 Ridgewood Road, D-102

City State Zip Code  
Jackson MS 39211-2646

Date of Receipt  
N M / D E / Y Y Y Y  
11 02 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9380

Full Name (Last, First, Middle Initial)  
**B. Sandra V. Mobley**

Mailing Address  
5848 Ridgewood Road, D-102

City State Zip Code  
Jackson MS 39211-2646

Date of Receipt  
N M / D E / Y Y Y Y  
12 03 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9381

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

Mailing Address  
P.O. Box 604

City State Zip Code  
Darlington SC 29540-0604

Date of Receipt  
N M / D E / Y Y Y Y  
10 02 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9385

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **45.00**

**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 46 / 95	
	<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. Wesley Moore**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 604 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Darlington SC 29540-0604

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 11 / 02 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 25.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

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

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

Transaction ID: SA11A1.9386

**B. Wesley Moore**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 604 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Darlington SC 29540-0604

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 12 / 03 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 25.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

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

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

Transaction ID: SA11A1.9387

**C. Jim Mozingo**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 201 S. McPherson Church Road Suite 103 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Fayetteville NC 28305

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 09 / 26 / 2001

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) ▼ 230.00

Transaction ID: SA11A1.8824

**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 47 / 95

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. Jim Mozingo

Mailing Address

201 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y  
10 / 20 / 2001

Amount of Each Receipt this Period

80.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Transaction ID: SA11A1.8825

Full Name (Last, First, Middle Initial)

B. Jim Mozingo

Mailing Address

201 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period

80.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Transaction ID: SA11A1.8826

Full Name (Last, First, Middle Initial)

C. Jim Mozingo

Mailing Address

201 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period

80.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Transaction ID: SA11A1.8827

**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 48 / 95	
	<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. Mark Newbold**

Mailing Address  
1208 North Lincoln, Suite 200  
City: Spokane State: WA Zip Code: 89201

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Conkery & Jones Benefits, Inc. Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8192

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

Mailing Address  
47 Laurel Hill Drive  
City: Niantic State: CT Zip Code: 06357

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period  
21.00

FEC ID number of contributing federal political committee.

Name of Employer: Parker Health Plan Agency Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 321.00

Transaction ID: SA11A1.8831

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

Mailing Address  
47 Laurel Hill Drive  
City: Niantic State: CT Zip Code: 06357

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period  
21.00

FEC ID number of contributing federal political committee.

Name of Employer: Parker Health Plan Agency Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 342.00

Transaction ID: SA11A1.8832

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **542.00**

**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 / 95	
	<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. Jesse Patton**

Mailing Address  
2175 NW 88th Street Suite 14

City State Zip Code  
Des Moines IA 50325-5557

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 05 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Associations Marketing Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.8641

Full Name (Last, First, Middle Initial)  
**B. Casey Phillips (Jouett)**

Mailing Address  
1021 Main Street Suite #1300

City State Zip Code  
Houston TX 77002-6505

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MCG/Dutworth, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9437

Full Name (Last, First, Middle Initial)  
**C. Casey Phillips (Jouett)**

Mailing Address  
1021 Main Street Suite #1300

City State Zip Code  
Houston TX 77002-6505

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MCG/Dutworth, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9438

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1020.00**

**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 / 95	
	<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. Casey Phillips (Jouett)**

Mailing Address  
1021 Main Street Suite #1300  
City State Zip Code  
Houston TX 77002-6505

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MCG/Dulworth, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9439

Full Name (Last, First, Middle Initial)  
**B. Casey Phillips (Jouett)**

Mailing Address  
1021 Main Street Suite #1300  
City State Zip Code  
Houston TX 77002-6505

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MCG/Dulworth, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9440

Full Name (Last, First, Middle Initial)  
**C. Paige Phillips**

Mailing Address  
P.O. Box 43350  
City State Zip Code  
Birmingham AL 35243-0350

Date of Receipt  
N M / D E / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 205.00

Transaction ID: SA11A1.9442

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **40.00**

**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 / 95	
	<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. Paige Phillips**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 43350 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Birmingham AL 35243-0350

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 09 / 04 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 20.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

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

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

Transaction ID: SA11A1.9443

**B. Paige Phillips**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 43350 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Birmingham AL 35243-0350

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 10 / 02 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 20.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

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

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

Transaction ID: SA11A1.9444

**C. Paige Phillips**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 43350 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Birmingham AL 35243-0350

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 12 / 03 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 40.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

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

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 285.00

Transaction ID: SA11A1.9445

**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 52 / 95	
	<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. Robert W. Pitman**

Mailing Address  
6D17 E. McKellips Road, #104-46

City State Zip Code  
Mesa AZ 85215-2800

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9451

Full Name (Last, First, Middle Initial)  
**B. Robert W. Pitman**

Mailing Address  
6D17 E. McKellips Road, #104-46

City State Zip Code  
Mesa AZ 85215-2800

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9452

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

Mailing Address  
P.O. Box 850011

City State Zip Code  
Yukon OK 73065-0011

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 14 / 2001

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JNC Group Health Insurance Agent

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

Transaction ID: SA11A1.8195

**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 53 / 95	
	<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. Eric Raymond**

Mailing Address  
1000 Abrium Way Suite 202 Atrium 1  
City: Mt. Laurel State: NJ Zip Code: 08054-3904

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Summit Insurance Advisors Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8671

Full Name (Last, First, Middle Initial)  
**B. Shan Ricketts**

Mailing Address  
736 Johnson Ferry Road, Bldg. C#20  
City: Marietta State: GA Zip Code: 30068

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8844

Full Name (Last, First, Middle Initial)  
**C. Shan Ricketts**

Mailing Address  
736 Johnson Ferry Road, Bldg. C#20  
City: Marietta State: GA Zip Code: 30068

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8845

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **290.00**

**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 54 / 95	
	<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. Shan Ricketts**

Mailing Address  
736 Johnson Ferry Road, Bldg. C#20  
City: Marietta State: GA Zip Code: 30068

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8846

Full Name (Last, First, Middle Initial)  
**B. Shan Ricketts**

Mailing Address  
736 Johnson Ferry Road, Bldg. C#20  
City: Marietta State: GA Zip Code: 30068

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 21 / 2001

Amount of Each Receipt this Period  
1.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 301.00

Transaction ID: SA11A1.8444

Full Name (Last, First, Middle Initial)  
**C. Shan Ricketts**

Mailing Address  
736 Johnson Ferry Road, Bldg. C#20  
City: Marietta State: GA Zip Code: 30068

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 321.00

Transaction ID: SA11A1.8847

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **41.00**

**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 55 / 95	
	<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. Stan Ricketts**

Mailing Address  
736 Johnson Ferry Road, Bldg. C#20

City State Zip Code  
Marietta GA 30068

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Purchasing Alliance Solutions, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 341.00

Transaction ID: SA11A1.8848

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

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

City State Zip Code  
Fairbury NE 68352-2501

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
28.80

FEC ID number of contributing federal political committee.

Name of Employer  
Advanced Financial Services, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 215.20

Transaction ID: SA11A1.9471

Full Name (Last, First, Middle Initial)  
**C. Glen Rienscha**

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

City State Zip Code  
Fairbury NE 68352-2501

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Advanced Financial Services, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 235.20

Transaction ID: SA11A1.9472

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **68.80**

**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 56 / 95	
	<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. Michael Rivera**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 12200 Northwest Freeway #862 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Houston TX 77092

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 07 / 02 / 2001

Amount of Each Receipt this Period \_\_\_\_\_  
 200.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Northwest General Insurance Health Insurance Agent

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ 1400.00

Transaction ID: SA11A1.9185

**B. William T. Robinson**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 100 South Sunrise Way \_\_\_\_\_ PMB 364 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Palm Springs CA 92262-6737

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 10 / 02 / 2001

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) ▼ 210.00

Transaction ID: SA11A1.9492

**C. William T. Robinson**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 100 South Sunrise Way \_\_\_\_\_ PMB 364 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Palm Springs CA 92262-6737

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 11 / 02 / 2001

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) ▼ 230.00

Transaction ID: SA11A1.9493

**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 57 / 95	
	<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**

Mailing Address  
100 South Sunrise Way PMB 364  
City State Zip Code  
Palm Springs CA 82262-6737

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Palm Canyon Insurance Agency

Occupation  
Health Insurance Agent

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: SA11A1.9494

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer  
The Rowe Group

Occupation  
Health Insurance Agent

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Transaction ID: SA11A1.9495

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer  
The Rowe Group

Occupation  
Health Insurance Agent

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Transaction ID: SA11A1.9496

**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 58 / 95

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)  
Eugene Rowe  
Date of Receipt  
Mailing Address  
16000 Venutra Blvd, #1103  
N M / D E / Y Y Y Y  
09 / 04 / 2001  
City State Zip Code  
Encino CA 91436-2767  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 30.00  
Name of Employer Occupation  
The Rowe Group Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00  
Transaction ID: SA11A1.9497

**B.** Full Name (Last, First, Middle Initial)  
Eugene Rowe  
Date of Receipt  
Mailing Address  
16000 Venutra Blvd, #1103  
N M / D E / Y Y Y Y  
10 / 02 / 2001  
City State Zip Code  
Encino CA 91436-2767  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 30.00  
Name of Employer Occupation  
The Rowe Group Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00  
Transaction ID: SA11A1.9498

**C.** Full Name (Last, First, Middle Initial)  
Eugene Rowe  
Date of Receipt  
Mailing Address  
16000 Venutra Blvd, #1103  
N M / D E / Y Y Y Y  
11 / 02 / 2001  
City State Zip Code  
Encino CA 91436-2767  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 30.00  
Name of Employer Occupation  
The Rowe Group Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 330.00  
Transaction ID: SA11A1.9499

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **90.00**  
**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 59 / 95

(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. Eugene Rowe**

Mailing Address  
16000 Venutra Blvd, #1103

City State Zip Code  
Encino CA 91436-2767

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

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) ▼ 360.00

Transaction ID: SA11A1.9500

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

Mailing Address  
1220-B East Joppa Road, Suite 421

City State Zip Code  
Towson MD 21286-5815

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2001

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Concordia Health Insurance Agent

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

Transaction ID: SA11A1.8184

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

Mailing Address  
P.O. Box 4252

City State Zip Code  
Timonium MD 21094

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2310.00

Transaction ID: SA11A1.9508

**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 60 / 95
	<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. Stephen Salamon**

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2320.00

Transaction ID: SA11A1.9509

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2330.00

Transaction ID: SA11A1.9510

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2340.00

Transaction ID: SA11A1.9512

**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: (check only one)		PAGE 61 / 95	
	<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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2350.00

Transaction ID: SA11A1.9513

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2360.00

Transaction ID: SA11A1.9514

Full Name (Last, First, Middle Initial)  
**C. Raynar 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  
08 / 29 / 2001

Amount of Each Receipt this Period  
20.00

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) ▼ 240.00

Transaction ID: SA11A1.8862

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **40.00**

**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 62 / 95

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 O N T H / D A Y / Y E A R  
09 / 26 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Multiple Benefits Corp.

Occupation

Multiple Benefits Corp.

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Transaction ID: SA11A1.8863

Full Name (Last, First, Middle Initial)

B. Raymer Sale

Mailing Address

510 Briscoe Blvd. #200

City

State

Zip Code

Lawrenceville

GA

30045-6700

Date of Receipt

M O N T H / D A Y / Y E A R  
10 / 28 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Multiple Benefits Corp.

Occupation

Multiple Benefits Corp.

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Transaction ID: SA11A1.8864

Full Name (Last, First, Middle Initial)

C. Raymer Sale

Mailing Address

510 Briscoe Blvd. #200

City

State

Zip Code

Lawrenceville

GA

30045-6700

Date of Receipt

M O N T H / D A Y / Y E A R  
11 / 21 / 2001

Amount of Each Receipt this Period

5.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Multiple Benefits Corp.

Occupation

Multiple Benefits Corp.

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Transaction ID: SA11A1.8452

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **45.00**

**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 63 / 95	
	<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. Raymer Sale**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2001

Mailing Address  
510 Briscoe Blvd. #200

City State Zip Code  
Lawrenceville GA 30045-6700

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 305.00

Transaction ID: SA11A1.8865

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2001

Mailing Address  
510 Briscoe Blvd. #200

City State Zip Code  
Lawrenceville GA 30045-6700

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8866

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Mailing Address  
810 Tara Plaza

City State Zip Code  
Papillion NE 68046

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9523

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 / 95	
	<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. Mark Schlang**

Mailing Address  
810 Tara Plaza  
City State Zip Code  
Papillion NE 68046

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer  
The Benefit Consultant Group, Inc.

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9524

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

Mailing Address  
P.O. Box 4068  
City State Zip Code  
Wilmington NC 28406

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer  
Dental Plans, Plus

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9184

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

Mailing Address  
P.O. Box 4068  
City State Zip Code  
Wilmington NC 28406

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Dental Plans, Plus

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.8870

**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 65 / 95	
	<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. Mel Schlesinger**

Mailing Address  
P.O. Box 4068  
City: Wilmington State: NC Zip Code: 28406

Date of Receipt  
M / D / Y Y Y Y  
09 / 26 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8871

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

Mailing Address  
P.O. Box 4068  
City: Wilmington State: NC Zip Code: 28406

Date of Receipt  
M / D / Y Y Y Y  
10 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 310.00

Transaction ID: SA11A1.8872

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

Mailing Address  
P.O. Box 4068  
City: Wilmington State: NC Zip Code: 28406

Date of Receipt  
M / D / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8873

**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 66 / 95	
	<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. Mel Schlesinger**

Mailing Address  
P.O. Box 4068  
City: Wilmington State: NC Zip Code: 28406

Date of Receipt  
M / D / Y Y Y Y  
12 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8874

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

Mailing Address  
7431 O Street  
City: Lincoln State: NE Zip Code: 68510-2444

Date of Receipt  
M / D / Y Y Y Y  
08 / 10 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8829

Full Name (Last, First, Middle Initial)  
**C. Greg Selter**

Mailing Address  
916 Main St.  
City: Vancouver State: WA Zip Code: 98666-0189

Date of Receipt  
M / D / Y Y Y Y  
12 / 07 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8867

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

**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  
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FOR LINE NUMBER:  
(check only one)

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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  
07 / 02 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer  
Executive Benefit Plans, Inc.

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.9531

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  
08 / 02 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer  
Executive Benefit Plans, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 430.00

Transaction ID: SA11A1.9532

C. 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  
09 / 04 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer  
Executive Benefit Plans, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 630.00

Transaction ID: SA11A1.9533

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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

Date of Receipt  
M / D / Y Y Y Y  
10 / 02 / 2001

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) ▼ 830.00

Transaction ID: SA11A1.9534

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

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

Date of Receipt  
M / D / Y Y Y Y  
11 / 02 / 2001

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) ▼ 1030.00

Transaction ID: SA11A1.9535

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

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

Date of Receipt  
M / D / Y Y Y Y  
12 / 03 / 2001

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) ▼ 1230.00

Transaction ID: SA11A1.9536

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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	<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. Stuart Shapiro**

Mailing Address  
P.O. Box 58  
City State Zip Code  
Wheeling IL 60090-0058

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9542

Full Name (Last, First, Middle Initial)  
**B. Bob G. Shupe**

Mailing Address  
P.O. Box 2344  
City State Zip Code  
Brentwood TN 37024-2344

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8879

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  
07 / 02 / 2001

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) ▼ 505.00

Transaction ID: SA11A1.9543

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 / 95	
	<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. Roger Skinner**

Mailing Address  
5546 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

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) ▼ 530.00

Transaction ID: SA11A1.9544

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

Mailing Address  
5546 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

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) ▼ 555.00

Transaction ID: SA11A1.9545

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

Mailing Address  
5546 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

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) ▼ 580.00

Transaction ID: SA11A1.9546

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 / 95	
	<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  
11 / 02 / 2001

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) ▼

Amount of Each Receipt this Period  
805.00

Transaction ID: SA11A1.9547

Full Name (Last, First, Middle Initial)  
**B. 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  
12 / 03 / 2001

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) ▼

Amount of Each Receipt this Period  
630.00

Transaction ID: SA11A1.9548

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

Mailing Address  
523 Kirkland Way

City State Zip Code  
Kirkland WA 98033-6219

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Smith Meecham Insurance Health Insurance Agent

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

Amount of Each Receipt this Period  
210.00

Transaction ID: SA11A1.9562

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

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

11a  11b  11c  12  
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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. Patricia Smith

Mailing Address

523 Kirkland Way

City

Kirkland

State

WA

Zip Code

98033-6219

Date of Receipt

N M / D E / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Smith Meacham Insurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Transaction ID: SA11A1.9563

Full Name (Last, First, Middle Initial)

B. Patricia Smith

Mailing Address

523 Kirkland Way

City

Kirkland

State

WA

Zip Code

98033-6219

Date of Receipt

N M / D E / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Smith Meacham Insurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9564

Full Name (Last, First, Middle Initial)

C. Patricia Smith

Mailing Address

523 Kirkland Way

City

Kirkland

State

WA

Zip Code

98033-6219

Date of Receipt

N M / D E / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Smith Meacham Insurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Transaction ID: SA11A1.9565

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

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



**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 / 95	
	<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. Patricia Smith**

Mailing Address  
523 Kirkland Way  
City: Kirkland State: WA Zip Code: 98033-6219

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Smith Meacham Insurance Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.9566

Full Name (Last, First, Middle Initial)  
**B. Janice Stolz**

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2001

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer: United Concordia Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8645

Full Name (Last, First, Middle Initial)  
**C. 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  
10 / 24 / 2001

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

Transaction ID: SA11A1.8645

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
or each category of the  
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(check only one)

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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)  
Susan Sullivan

Date of Receipt  
M / D / Y Y Y Y  
11 / 06 / 2001

Mailing Address  
3 Taft Court

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
MAMSI Health Plan Health Insurance Agent

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

Transaction ID: SA11A1.8180

**B.** Full Name (Last, First, Middle Initial)  
Danny Tompkins

Date of Receipt  
M / D / Y Y Y Y  
11 / 28 / 2001

Mailing Address  
P.O. Box 1810

City State Zip Code  
Roswell GA 30077

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

Name of Employer Occupation  
Admin America Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 202.00

Transaction ID: SA11A1.8899

**C.** Full Name (Last, First, Middle Initial)  
Danny Tompkins

Date of Receipt  
M / D / Y Y Y Y  
12 / 28 / 2001

Mailing Address  
P.O. Box 1810

City State Zip Code  
Roswell GA 30077

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

Name of Employer Occupation  
Admin America Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 222.00

Transaction ID: SA11A1.8900

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 / 95	
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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. Bynum Tuttle**

Mailing Address  
P.O. Box 1110  
City State Zip Code  
Denton NC 27239

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2001

Amount of Each Receipt this Period  
2800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Employee Benefit Designs Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 5000.00

Transaction ID: SA11A1.8662

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

Mailing Address  
1923 Spillway Road, Suite 194  
City State Zip Code  
Brandon MS 39047-6021

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Health Insurance Agent

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

Transaction ID: SA11A1.9594

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

Mailing Address  
1923 Spillway Road, Suite 194  
City State Zip Code  
Brandon MS 39047-6021

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 540.00

Transaction ID: SA11A1.9595

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2700.00**

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

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

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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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  
1923 Spillway Road, Suite 194

City State Zip Code  
Brandon MS 39047-6021

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 590.00

Transaction ID: SA11A1.9596

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

Mailing Address  
1923 Spillway Road, Suite 194

City State Zip Code  
Brandon MS 39047-6021

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Health Insurance Agent

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

Transaction ID: SA11A1.9597

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

Mailing Address  
1923 Spillway Road, Suite 194

City State Zip Code  
Brandon MS 39047-6021

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 690.00

Transaction ID: SA11A1.9598

**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 77 / 95	
	<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  
1923 Spillway Road, Suite 194

City State Zip Code  
Brandon MS 39047-6021

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 740.00

Transaction ID: SA11A1.9589

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

Mailing Address  
3555 NW 58th Street, Suite 310

City State Zip Code  
Oklahoma City OK 73112

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9608

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

Mailing Address  
3555 NW 58th Street, Suite 310

City State Zip Code  
Oklahoma City OK 73112

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9609

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 / 95	
	<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. Sue Wilson**

Mailing Address  
3555 NW 58th Street, Suite 31D

City State Zip Code  
Oklahoma City OK 73112

Date of Receipt  
M / D / Y Y Y Y  
11 / 02 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9610

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

Mailing Address  
3555 NW 58th Street, Suite 31D

City State Zip Code  
Oklahoma City OK 73112

Date of Receipt  
M / D / Y Y Y Y  
12 / 03 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9611

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>22679.80</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. AMEX</b>		Date of Disbursement 07 / 23 / 2001
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 238.01
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9708
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMEX</b>		Date of Disbursement 08 / 21 / 2001
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 7.08
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9710
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMEX</b>		Date of Disbursement 09 / 21 / 2001
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 8.01
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9711
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>251.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. AMEX</b>		Date of Disbursement 10 <sup>th</sup> / 22 <sup>nd</sup> / 2001
Mailing Address P.O. Box 53852 City Phoenix		Amount of Each Disbursement this Period  51.77
State AZ	Zip Code 85072-3852	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9713
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMEX</b>		Date of Disbursement 11 <sup>th</sup> / 21 <sup>st</sup> / 2001
Mailing Address P.O. Box 53852 City Phoenix		Amount of Each Disbursement this Period  3.25
State AZ	Zip Code 85072-3852	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9717
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMEX</b>		Date of Disbursement 12 <sup>th</sup> / 21 <sup>st</sup> / 2001
Mailing Address P.O. Box 53852 City Phoenix		Amount of Each Disbursement this Period  5.91
State AZ	Zip Code 85072-3852	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9720
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>60.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) <b>A. National Association of Health Underwriters</b>			Date of Disbursement 07 / 16 / 2001		
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201			Amount of Each Disbursement this Period 495.42		
Purpose of Disbursement Reimbursement for PAC Admin. Costs			Category/ Type		
Candidate Name					
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.8699		

Full Name (Last, First, Middle Initial) <b>B. National Association of Health Underwriters</b>			Date of Disbursement 08 / 15 / 2001		
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201			Amount of Each Disbursement this Period 127.53		
Purpose of Disbursement Reimbursement for PAC Admin. Costs			Category/ Type		
Candidate Name					
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9702		

Full Name (Last, First, Middle Initial) <b>C. National Association of Health Underwriters</b>			Date of Disbursement 09 / 24 / 2001		
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201			Amount of Each Disbursement this Period 68.11		
Purpose of Disbursement Reimbursement for PAC Admin. Costs			Category/ Type		
Candidate Name					
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9703		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>689.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. National Association of Health Underwriters</b>		Date of Disbursement 10 <sup>M</sup> / 24 <sup>D</sup> / 2001 <sup>Y</sup>
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 297.98
Purpose of Disbursement Reimbursement for PAC Admin. Costs	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.9704

Full Name (Last, First, Middle Initial) <b>B. National Association of Health Underwriters</b>		Date of Disbursement 12 <sup>M</sup> / 03 <sup>D</sup> / 2001 <sup>Y</sup>
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 232.34
Purpose of Disbursement Reimbursement for PAC Admin. Costs	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.9705

Full Name (Last, First, Middle Initial) <b>C. NOVA Information System</b>		Date of Disbursement 07 <sup>M</sup> / 03 <sup>D</sup> / 2001 <sup>Y</sup>
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 388.88
Purpose of Disbursement Monthly Credit Card Settlement Fee	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.9707

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>917.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. NOVA Information System</b>		Date of Disbursement 08 / 02 / 2001	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 62.39	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼	Transaction ID: SB21B.9709	
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. NOVA Information System</b>		Date of Disbursement 08 / 05 / 2001	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 62.15	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼	Transaction ID: SB21B.9712	
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. NOVA Information System</b>		Date of Disbursement 10 / 02 / 2001	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 61.58	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼	Transaction ID: SB21B.9714	
State:            District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>176.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. NOVA Information System</b>		Date of Disbursement 11 / 02 / 2001	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 85.07	
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.9716	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NOVA Information System</b>		Date of Disbursement 12 / 04 / 2001	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 87.44	
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.9719	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		Date of Disbursement 07 / 24 / 2001	
Mailing Address PO Box 85024 City: Richmond State: VA Zip Code: 23285-5024		Amount of Each Disbursement this Period 50.94	
Purpose of Disbursement Monthly Bank Account Service Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9708	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>183.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2277.85</b>

**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) <b>A. ALLARD VICTORY COMMITTEE</b>		Date of Disbursement 10 / 05 / 2001	
Mailing Address PO BOX 75103 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name A WAYNE ALLARD			
Office Sought:	House <input checked="" type="checkbox"/> Senate President	Disbursement For:	2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: CO	District: 00	Transaction ID: SB23.9680	

Full Name (Last, First, Middle Initial) <b>B. ANDREWS FOR CONGRESS COMMITTEE</b>		Date of Disbursement 11 / 07 / 2001	
Mailing Address 215 FOURTH AVENUE SUITE 200 City State Zip Code HADDON HEIGHTS NJ 08035		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ROBERT E ANDREWS			
Office Sought:	<input checked="" type="checkbox"/> House Senate President	Disbursement For:	2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: NJ	District: 01	Transaction ID: SB23.9686	

Full Name (Last, First, Middle Initial) <b>C. BIGGERT, JUDY</b>		Date of Disbursement 09 / 20 / 2001	
Mailing Address PO BOX 637 City State Zip Code HINSDALE IL 60522		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JUDY BIGGERT FOR CONGRESS			
Office Sought:	<input checked="" type="checkbox"/> House Senate President	Disbursement For:	2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: IL	District: 13	Transaction ID: SB23.9685	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> 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 06 / 55

<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) <b>A. BOEHNER, JOHN A</b>		Date of Disbursement 08 / 20 / 2001	
Mailing Address 7608-I CINCINNATI DAYTON RD City WEST CHESTER State OH Zip Code 45069		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOHN BOEHNER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.9653	
State: OH      District: 06			

Full Name (Last, First, Middle Initial) <b>B. COBLE FOR CONGRESS</b>		Date of Disbursement 11 / 09 / 2001	
Mailing Address 338 N ELM ST      PO BOX 1177 City GREENSBORO State NC Zip Code 27401		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN HOWARD COBLE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.9687	
State: NC      District: 06			

Full Name (Last, First, Middle Initial) <b>C. COOKSEY FOR SENATE</b>		Date of Disbursement 08 / 09 / 2001	
Mailing Address POST OFFICE BOX 15020 City MONROE State LA Zip Code 71207		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN CHARLES COOKSEY			
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.9851	
State: LA      District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> 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) <b>A. FLETCHER FOR CONGRESS</b>			Date of Disbursement 08 / 09 / 2001	
Mailing Address 3220 STOWERS DRIVE City: MONROE State: LA Zip Code: 71201			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ERNEST LEE FLETCHER				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: SB23.9652	
State: LA District: 05				

Full Name (Last, First, Middle Initial) <b>B. FLETCHER FOR CONGRESS</b>			Date of Disbursement 10 / 05 / 2001	
Mailing Address 3220 STOWERS DRIVE City: MONROE State: LA Zip Code: 71201			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ERNEST LEE FLETCHER				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: SB23.9669	
State: LA District: 05				

Full Name (Last, First, Middle Initial) <b>C. JIM DAVIS FOR CONGRESS</b>			Date of Disbursement 10 / 27 / 2001	
Mailing Address PO BOX 18143 City: TAMPA State: FL Zip Code: 33609			Amount of Each Disbursement this Period -250.00	
Purpose of Disbursement Check was lost-Stop payment issued.			Category/ Type	
Candidate Name JIM DAVIS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.9731	
State: FL District: 11				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1750.00</b>
<b>TOTAL</b> 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) <b>A. KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC)</b>		Date of Disbursement 09 / 10 / 2001	
Mailing Address POST OFFICE BOX 20209 City: ALEXANDRIA State: VA Zip Code: 22320		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9722	

Full Name (Last, First, Middle Initial) <b>B. KINGSTON, JOHN HEDDENS</b>		Date of Disbursement 07 / 30 / 2001	
Mailing Address 207 FIDDLERS BEND City: SAVANNAH State: GA Zip Code: 31408		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: GA District: 01	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9648	

Full Name (Last, First, Middle Initial) <b>C. MATHESON FOR CONGRESS</b>		Date of Disbursement 10 / 05 / 2001	
Mailing Address 677 SOUTH 200 WEST SUITE A City: SALT LAKE CITY State: UT Zip Code: 84101		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: UT District: 02	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9881	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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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) <b>A. NORTHUP FOR CONGRESS</b>		Date of Disbursement 10 / 05 / 2001
Mailing Address PO BOX 7313 City: LOUISVILLE State: KY Zip Code: 40207		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name ANNE MEAGHER NORTHUP	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: KY District: 03	Transaction ID: SB23.9688

Full Name (Last, First, Middle Initial) <b>B. PAT ROBERTS FOR SENATE</b>		Date of Disbursement 10 / 09 / 2001
Mailing Address BOX 433 City: CREAT BEND State: KS Zip Code: 67530		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name PAT ROBERTS	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: KS District: 00	Transaction ID: SB23.9682

Full Name (Last, First, Middle Initial) <b>C. DAVID D PHELPS</b>		Date of Disbursement 10 / 20 / 2001
Mailing Address 35 DEWEY ROAD City: ELDORADO State: IL Zip Code: 62930		Amount of Each Disbursement this Period -250.00
Purpose of Disbursement Check was lost-Stop payment issued.	Candidate Name PHELPS FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: IL District: 10	Transaction ID: SB23.9729

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(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) <b>A. RANGEL FOR CONGRESS</b>		Date of Disbursement 09 / 10 / 2001	
Mailing Address PO BOX 5577 City: NEW YORK State: NY Zip Code: 10027 MANHATTANVILLE STA		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHARLES B RANGEL			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.9656	
State: NY District: 15			

Full Name (Last, First, Middle Initial) <b>B. ROSS, MICHAEL AVERY</b>		Date of Disbursement 12 / 07 / 2001	
Mailing Address 416 MANOR City: PRESCOTT State: AR Zip Code: 71857 PO BOX 374		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.9668	
State: AR District: 04			

Full Name (Last, First, Middle Initial) <b>C. TALENT FOR SENATE COMMITTEE</b>		Date of Disbursement 11 / 07 / 2001	
Mailing Address 1031 EXECUTIVE PARKWAY SUITE 100 City: ST LOUIS State: MO Zip Code: 63141		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JAMES M TALENT			
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.9684	
State: MO District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(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) <b>A. TAUZIN, W J BILLY</b>			Date of Disbursement 11 / 07 / 2001	
Mailing Address 813 HIGHWAY 20 City THIBODAUX State LA Zip Code 70301			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BILLY TAUZIN CONGRESSIONAL COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: SB23.9685	
State: LA      District: 03				

Full Name (Last, First, Middle Initial) <b>B. VELAZQUEZ FOR CONGRESS</b>			Date of Disbursement 10 / 16 / 2001	
Mailing Address 771 LIEGE DRIVE City HOLLISTER State CA Zip Code 95023			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name IGNACIO VELAZQUEZ				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: SB23.9683	
State: CA      District: 17				

Full Name (Last, First, Middle Initial) <b>C. WATTS FOR CONGRESS</b>			Date of Disbursement 09 / 10 / 2001	
Mailing Address P.O. BOX 720445 City NORMAN State OK Zip Code 73070			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JULIUS CAESAR JR (JC) WATTS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: SB23.9681	
State: OK      District: 04				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(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) <b>A. WELLER, GERALD C 'JERRY'</b>		Date of Disbursement 07 <sup>th</sup> : 05 <sup>th</sup> : 2001 <sup>st</sup>	
Mailing Address PO BOX 15283 City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JERRY WELLER FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 5B23.9645	
State: IL      District: 11			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15500.00</b>

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

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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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) <b>A. Jo Anne Burris</b>		Date of Disbursement 07 / 05 / 2001	
Mailing Address 806 N. 8th Street City: Sheboygan State: WI Zip Code: 53081		Amount of Each Disbursement this Period 425.00	
Purpose of Disbursement Board of Dir.-Travel reimbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		
State:                  District:	Transaction ID: SB29.9693		

Full Name (Last, First, Middle Initial) <b>B. Dwight Mazzone</b>		Date of Disbursement 07 / 12 / 2001	
Mailing Address 8350 E. Thomas Road, Suite 13B City: Scottsdale State: AZ Zip Code: 85251		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Board of Dir.-Travel reimbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		
State:                  District:	Transaction ID: SB29.9695		

Full Name (Last, First, Middle Initial) <b>C. F. Jim Parks</b>		Date of Disbursement 07 / 30 / 2001	
Mailing Address 22 West Lake Forest Drive City: Palmyra State: VA Zip Code: 22963		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Board of Dir.-Travel reimbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		
State:                  District:	Transaction ID: SB29.9696		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1225.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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) <b>A. Edward Raling</b>		Date of Disbursement 07 / 05 / 2001
Mailing Address P.O. Box 49198 City: Wichita State: KS Zip Code: 67201-9198		Amount of Each Disbursement this Period -555.75
Purpose of Disbursement Lost raffle prize check		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9733
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Edward Raling</b>		Date of Disbursement 07 / 05 / 2001
Mailing Address P.O. Box 49198 City: Wichita State: KS Zip Code: 67201-9198		Amount of Each Disbursement this Period 528.75
Purpose of Disbursement Reissued raffle prize-check less bankfee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9734
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stephen Salamon</b>		Date of Disbursement 10 / 24 / 2001
Mailing Address P.O. Box 4252 City: Timonium State: MD Zip Code: 21094		Amount of Each Disbursement this Period 432.51
Purpose of Disbursement Board of Dir.-Fundraising Expenses		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9897
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>403.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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) <b>A. Stephen Salamon</b>		Date of Disbursement 11 / 15 / 2001	
Mailing Address P.O. Box 4252 City Timonium		State MD	Zip Code 21094
Purpose of Disbursement Board of Dir.-Fundraising Expenses		Amount of Each Disbursement this Period 587.49	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9698	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Scott Shalek</b>		Date of Disbursement 07 / 05 / 2001	
Mailing Address 74 Grand Avenue, Suite 104 City Fox Lake		State IL	Zip Code 60020
Purpose of Disbursement Board of Dir.-Fundraiser Expenses		Amount of Each Disbursement this Period 284.17	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9692	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Charles Westmoreland</b>		Date of Disbursement 07 / 12 / 2001	
Mailing Address 1923 Spillway Road, Suite 194 City Brandon		State MS	Zip Code 39047-6021
Purpose of Disbursement Board of Dir.-Fundraiser Expenses		Amount of Each Disbursement this Period 400.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9694	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1251.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2880.17</b>