



National
Association of Health
Underwriters

NAHU is an association of health and disability insurance professionals serving
the needs of over 119 million Americans.

RECEIVED
AUG 22 9 55 AM '94

August 18, 1994

Debbie Manzano
Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Dear Ms. Manzano:

I have enclosed for submission to the Federal Election Commission the July 15 Quarterly Report for the National Association of Health Underwriters PAC (HUPAC). I deeply regret the delay in our filing this report.

NAHU will shortly submit an amendment to our Statement of Organization to name a new Treasurer. In the meantime, I hope the FEC will accept my submission in lieu of our presently named Treasurer.

Please contact me at 202/778-8769 if you have any question as to our report or Statement of Organization. Thank you again for your assistance.

Sincerely,

E. Neil Trautwein
Assistant Treasurer, HUPAC

240337182191

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

AUG 22 5 00 AM '94

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PAC (HUPAC) ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, NW, Suite 810 CITY, STATE and ZIP CODE Washington, DC 20036	2. FEC IDENTIFICATION NUMBER C00283135 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 58.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 13.00	
(c) Total Receipts (from Line 19)	\$ 7007.00	\$ 7107.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7020.00	\$ 7165
7. Total Disbursements (from Line 3D)	\$ 135.00	\$ 180.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6885.00	\$ 6985.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9500 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer E. Neil Trautwein (Assistant Treasurer)	
Signature of Treasurer 	Date 8/18/94

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

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

(revised 1/1/91)

NAME OF COMMITTEE National Assoc. of Health Underwriters PAC (HUPAC)		REPORT COVERING PERIOD FROM 4/1/94 TO 6/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	\$4965.00	\$4965.00
ii.	Unitemized	2042.00	2142.00
iii.	Total	\$7007.00	\$7007.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	\$7007.00	\$7107.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$100	\$160.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	\$7107.00	\$7267.00
20.	Total Federal Receipts	\$7107.00	\$7267.00
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	\$45.00	\$90.00
c.	Total Operating Expenditures		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	\$90.00	\$90.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds	\$90.00	\$90.00
29.	Other Disbursements		
30.	Total Disbursements	\$135.00	\$180.00
31.	Total Federal Disbursements	\$135.00	\$180.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	\$7007.00	\$7107.00
33.	Total Contribution Refunds (from line 28d)	\$90.00	\$90.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$6917.00	\$7017.00
35.	Total Federal Operating Expenditures	\$45.00	\$90.00
36.	Offsets to Operating Expenditures (from line 15)	\$100.00	\$160.00
37.	Net Operating Expenditures		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

11(G)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

A. Full Name, Mailing Address and ZIP Code Jeraldine A. Corrie 457 East Parkcenter Blvd. Boise, ID 83706 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Insurance Benefits, Inc.	Date (month, day, year) 6/20/94	Amount of Each Receipt this Period \$390.00
	Occupation Agent Broker	Aggregate Year-to-Date > \$ 390	
	B. Full Name, Mailing Address and ZIP Code Scott E. Deru 649 N. Main Street Layton, UT 84041 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Date (month, day, year) 6/20/94		Amount of Each Receipt this Period \$265.00	
Occupation Insurance agent		Aggregate Year-to-Date > \$ 265.00	
C. Full Name, Mailing Address and ZIP Code Jay B. Grant 600 Stewart St., Suite 1115 Seattle, WA 98101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacificCare	Date (month, day, year) 5/9/94	Amount of Each Receipt this Period \$790.00
	Occupation Insurance Executive	7/7/94	
	Aggregate Year-to-Date > \$ 1,790.00		
D. Full Name, Mailing Address and ZIP Code Alan S. Katz 20750 Ventura Blvd. Suite 350 Woodland Hills, CA 91364 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CentreStone	Date (month, day, year) 6/5/94	Amount of Each Receipt this Period \$1,000.00
	Occupation Insurance Executive	Aggregate Year-to-Date > \$ 1,000.00	
	E. Full Name, Mailing Address and ZIP Code Gerald Katz First Union Center, Suite 1300 200 East Broward Blvd. Fort Lauderdale, FL 33301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Date (month, day, year) 6/8/94		Amount of Each Receipt this Period \$200.00	
Occupation Sales Rep. Consultant		Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code David A. Saltzman 12062 S.W. 117th Ct. #102 Miami, FL 33186 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer D.A. Saltzman	Date (month, day, year) 6/8/94	Amount of Each Receipt this Period \$200.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 200	
	G. Full Name, Mailing Address and ZIP Code Dennis Warren P.O. Box 38 / 6603 220th S.W. Mountlake Terrace, WA 98043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Date (month, day, year) 6/7/94		Amount of Each Receipt this Period \$500	
Occupation Insurance Agent		Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional)

\$4345.00

TOTAL This Period (last page this line number only)

4
3
1
2
3
4
5
6
7
8
9
0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 2
 FOR LINE NUMBER 11 (aX.)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC (HUPAC)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Williams 13911 Ridgdale Dr. #363 Hopkins, MN 55343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Patrick Williams & Assoc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 325	6/20/94	\$325.00
Patricia Zavidow 1601 Lancaster Circle Thousand Oaks, CA 91360 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Zavidow-Shows Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 295	6/5/94	\$295.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$4965

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>8-19-94</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT / /
<i>JMH</i>	<i>8-22-94</i>
PREPARER	DATE PREPARED

24039.03196