

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

ADDRESS (number and street) 2000 14TH STREET SUITE 450  
 Check if different than previously reported. (ACC) ARLINGTON VA 22201

2. FEC IDENTIFICATION NUMBER C00283135  
 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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

5. Covering Period 10 17 2002 through 11 25 2002

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

Type or Print Name of Treasurer Kevin Corcoran, CAE

Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 12 05 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 - HUPAC

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>17 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>W</sup> <sup>Y</sup> 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period .....	49622.76	
(c) Total Receipts (from Line 19) .....	13191.50	133335.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62814.26	200975.00
7. Total Disbursements (from Line 30) .....	26374.86	164535.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36439.40	36439.40
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>17 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4867.00	
(ii) Unitemized .....	6824.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11691.50	130835.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	11691.50	130835.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	13191.50	133335.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	13191.50	133335.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1334.86	32989.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1334.86	32989.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	131506.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	40.00	40.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	40.00	40.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	26374.86	164535.60
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	26374.86	164535.60
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11691.50	130835.00
33. Total Contribution Refunds (from Line 28(d)).....	40.00	40.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11651.50	130795.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1334.86	32989.60
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1334.86	32989.60

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

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

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan  
Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14190

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

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

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan  
Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14504

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

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

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

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan  
Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14505

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Ann Bell**

Mailing Address  
1661 Shoreline Drive Suite 100  
City State Zip Code  
Boise ID 83702-6746

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

Amount of Each Receipt this Period  
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Higgins & Rutledge Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14510

Full Name (Last, First, Middle Initial)  
**B. Kris Bizjak**

Mailing Address  
6075 Poplar Avenue Suite 221  
City State Zip Code  
Memphis TN 38119-0113

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Humana Health Insurance Agent

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

Transaction ID: SA11A1.14512

Full Name (Last, First, Middle Initial)  
**C. Shawn Brahears**

Mailing Address  
110 Old Padonia Road Suite 201  
City State Zip Code  
Cockeysville MD 21030-4949

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WyeOak Insurance Health Insurance Agent

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

Transaction ID: SA11A1.14203

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

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

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

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

FOR LINE NUMBER: PAGE 7 / 61

(check only one)

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

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

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

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

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14206

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

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

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

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.1440B

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

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

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

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14517

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **85.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
445 E. 5th Avenue

City State Zip Code  
Anchorage AK 99501

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

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14510

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

Mailing Address  
P.O. Box 885

City State Zip Code  
Collierville TN 38027-0695

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

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.14208

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

Mailing Address  
3010 Fenwood Triangle

City State Zip Code  
Roswell GA 30075-4199

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

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
S.M.C. Consultants, Inc. President/Agent

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

Transaction ID: SA11A1.14526

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
 Dorothy Cociu  
 Mailing Address  
 P.O. Box 6677  
 City State Zip Code  
 Fullerton CA 92834-6677  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 10 / 30 / 2002  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation  
 Advanced Benefit Consulting Health Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 325.00  
 Transaction ID: SA11A1.14215

**B.** Full Name (Last, First, Middle Initial)  
 Barbara Coggins  
 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 / 30 / 2002  
 Amount of Each Receipt this Period  
 20.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation  
 Benefits Solutions, Inc. Health Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 450.00  
 Transaction ID: SA11A1.14216

**C.** Full Name (Last, First, Middle Initial)  
 Don Crook  
 Mailing Address  
 3118 Honey Tree Lane  
 City State Zip Code  
 Austin TX 78746  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 10 / 30 / 2002  
 Amount of Each Receipt this Period  
 10.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Occupation  
 Don Crook, CLU and Associates Health Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 450.00  
 Transaction ID: SA11A1.14219

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **55.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 61

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

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

**A.** Full Name (Last, First, Middle Initial)  
Carol Cutter

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

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

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14220

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

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

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Strategic Employee Services Health Insurance Agent

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

Transaction ID: SA11A1.14222

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

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

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

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.14223

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Mike Dolins**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
6440 Avondale Drive, Ste. 204      11 / 01 / 2002

City      State      Zip Code  
Oklahoma City      OK      73116-6416

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

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

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

Transaction ID: SA11A1.14535

**B. Eugene Ebersole**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
405 Gretna Blvd. #103 A      11 / 01 / 2002

City      State      Zip Code  
Gretna      LA      70053-4945

FEC ID number of contributing federal political committee.      Amount of Each Receipt this Period  
40.00

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

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

Transaction ID: SA11A1.14537

**C. Thomas M. Evans**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
2717 North 118th Circle      11 / 01 / 2002

City      State      Zip Code  
Omaha      NE      68164-9872

FEC ID number of contributing federal political committee.      Amount of Each Receipt this Period  
40.00

Name of Employer      Occupation  
United Healthcare Midlands      Health Insurance Agent

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

Transaction ID: SA11A1.1454D

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Amount of Each Receipt this Period  
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 545.00

Transaction ID: SA11A1.14542

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

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

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) ▼ 2850.00

Transaction ID: SA11A1.14372

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

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

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) ▼ 2700.00

Transaction ID: SA11A1.14709

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 61

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Linda K. Friedrich**

Mailing Address  
4435 O Street

City State Zip Code  
Lincoln NE 68510-1842

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UNICO Financial Services, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14545

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

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

City State Zip Code  
Toms River NJ 08754-1268

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BenefitPort, LLC Health Insurance Agent

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

Transaction ID: SA11A1.14230

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

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

City State Zip Code  
Toms River NJ 08754-1268

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BenefitPort, LLC Health Insurance Agent

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

Transaction ID: SA11A1.14694

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 61

(check only one)

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

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

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

Mailing Address  
3D1 Madison Avenue

City State Zip Code  
New York NY 10016

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

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical Link Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 820.00

Transaction ID: SA11A1.14540

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

Mailing Address  
3D1 Madison Avenue

City State Zip Code  
New York NY 10016

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical Link Health Insurance Agent

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

Transaction ID: SA11A1.14687

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

Mailing Address  
4055 Valley View Lane Suite 960

City State Zip Code  
Dallas TX 75244-5063

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

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14233

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 61

(check only one)

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

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

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

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

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

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.14550

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

Mailing Address  
802 N. Carancahua Suite 1700

City State Zip Code  
Corpus Christi TX 78470-0182

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Humana Health Insurance Agent

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

Transaction ID: SA11A1.14551

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

Mailing Address  
7412 Karl Drive

City State Zip Code  
Lincoln NE 68516-4368

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Senior Benefit Strategies Health Insurance Agent

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

Transaction ID: SA11A1.14552

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Anthony Halby

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

Mailing Address  
313 Railroad Avenue, #201

City State Zip Code  
Nevada City CA 85959

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Halby Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.14236

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

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

Mailing Address  
233 Fairway Drive

City State Zip Code  
Fayetteville NC 28305-5511

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14398

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

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

Mailing Address  
P.O. Box 8270

City State Zip Code  
Fort Wayne IN 46896-8270

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Republic Insurance Company Health Insurance Agent

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

Transaction ID: SA11A1.1424D

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 61	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Leesa Hayes**

Mailing Address  
 9720 Bunsen Parkway

City State Zip Code  
 Louisville KY 40299-1802

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

Amount of Each Receipt this Period  
 20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Thompson Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14555

Full Name (Last, First, Middle Initial)  
**B. 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 / 01 / 2002

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: SA11A1.14557

Full Name (Last, First, Middle Initial)  
**C. Lisa Mary Helmen**

Mailing Address  
 3480 Preston Ridge Road Suite 100

City State Zip Code  
 Alpharetta GA 30005-2054

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

Amount of Each Receipt this Period  
 20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Love, Douglas & Pope Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14558

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 61

(check only one)

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

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

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

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

Mailing Address  
4200 East Skelly Drive #251

City State Zip Code  
Tulsa OK 74135-3206

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14550

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

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

Mailing Address  
PO Box 724

City State Zip Code  
Snelville GA 30078

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DDH Associates Health Insurance Agent

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

Transaction ID: SA11A1.14562

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

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

Mailing Address  
4435 O Street

City State Zip Code  
Lincoln NE 68510-1842

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UNICO Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.14563

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
2D19 Industrial Drive

City State Zip Code  
Bethlehem PA 18017

Amount of Each Receipt this Period  
600.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ronald S. Hoffman Insurance Agency Owner/Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 600.00

Transaction ID: SA11A1.14712

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

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

Mailing Address  
12315 Huston Street

City State Zip Code  
Valley Village CA 91607-3618

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14571

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

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

Mailing Address  
6235 Morrison Boulevard Suite 302

City State Zip Code  
Charlotte NC 28211-3508

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Strategic Employee Benefit Services Health Insurance Agent

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

Transaction ID: SA11A1.14252

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
5225 South Loop 289 Suite 111  
City Lubbock State TX Zip Code 79424-1319

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14574

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

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

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

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00

Transaction ID: SA11A1.14576

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

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

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

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14713

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 61

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

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

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

Mailing Address  
2633 State Rte. 69 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

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

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.14577

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

Mailing Address  
1875 Willow Street

City State Zip Code  
San Jose CA 95125

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.1425B

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

Mailing Address  
1173 Brittmoore Road

City State Zip Code  
Houston TX 77043-5003

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

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefit Concepts Inc. Health Insurance Agent

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

Transaction ID: SA11A1.1426D

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **245.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
11508 Miracle Hills Drive, #102

City State Zip Code  
Omaha NE 68154-4447

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14581

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

Mailing Address  
11508 Miracle Hills Drive, #102

City State Zip Code  
Omaha NE 68154-4447

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

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14767

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

Mailing Address  
3341 Harrison Avenue

City State Zip Code  
Cincinnati OH 45211

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Benefits Agency Health Insurance Agent

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

Transaction ID: SA11A1.14736

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. David Kross** Date of Receipt

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

City State Zip Code  
Cincinnati OH 45211 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

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

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

**Transaction ID: SA11A1.14744**

**B. Lance Ledbetter** Date of Receipt

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

City State Zip Code  
Atlanta GA 30328-6169 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

**Transaction ID: SA11A1.14267**

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

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

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

FEC ID number of contributing federal political committee. 30.00

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

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

**Transaction ID: SA11A1.14268**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</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)		PAGE 24 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
2480 Peach Tree Road, NW Suite 1514

City State Zip Code  
Atlanta GA 30305

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

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
Complink

Occupation  
Health Insurance Agent

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Transaction ID: SA11A1.14260

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

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:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Transaction ID: SA11A1.14582

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

Mailing Address  
PO Box 683

City State Zip Code  
Randallstown MD 21133-0683

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

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer  
Velco Insurance Agency Inc

Occupation  
Health Insurance Agent

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Transaction ID: SA11A1.14772

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

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



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

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

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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 - HUPAC

**A. Dale Maloney** Date of Receipt  
Mailing Address: 1434 West Fairbanks Avenue  
City: Winter Park State: FL Zip Code: 32789-4806  
Amount of Each Receipt this Period: 80.00  
FEC ID number of contributing federal political committee: \_\_\_\_\_  
Name of Employer: Resource Group of Winter Park, Inc. Occupation: Health Insurance Agent  
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00  
Transaction ID: SA11A1.14273

**B. Kimberly Martin** Date of Receipt  
Mailing Address: 180 Charlotte Highway  
City: Asheville State: NC Zip Code: 28803  
Amount of Each Receipt this Period: 20.00  
FEC ID number of contributing federal political committee: \_\_\_\_\_  
Name of Employer: Benefits Unlimited, Inc. Occupation: Health Insurance Agent  
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00  
Transaction ID: SA11A1.14586

**C. Michael Metzick** Date of Receipt  
Mailing Address: P.O. Box 38248  
City: Greensboro State: NC Zip Code: 27438-8248  
Amount of Each Receipt this Period: 85.00  
FEC ID number of contributing federal political committee: \_\_\_\_\_  
Name of Employer: Med/Flex Benefits Center, Inc. Occupation: Health Insurance Agent  
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1315.00  
Transaction ID: SA11A1.14275

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</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

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(check only one)

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

**A.** Full Name (Last, First, Middle Initial) Mark McWright Date of Receipt  
 Mailing Address 575 South Charles Street Suite 300 N M / D E / Y Y Y Y  
Baltimore MD 21201-2428 10 / 30 / 2002  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee. 100.00  
 Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 500.00  
 Transaction ID: SA11A1.14278

**B.** Full Name (Last, First, Middle Initial) James Mikay Date of Receipt  
 Mailing Address 21914 Harper Ave. N M / D E / Y Y Y Y  
Saint Clair Shores MI 48080-2218 10 / 30 / 2002  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee. 20.00  
 Name of Employer Professional Benefit Planners Occupation Health Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 400.00  
 Transaction ID: SA11A1.14280

**C.** Full Name (Last, First, Middle Initial) Wesley Moore Date of Receipt  
 Mailing Address P.O. Box 604 N M / D E / Y Y Y Y  
Darlington SC 29540-0604 11 / 01 / 2002  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee. 25.00  
 Name of Employer W.P. Moore, III Agency, Inc. Occupation Owner, Health Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 295.00  
 Transaction ID: SA11A1.14591

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **145.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s)  
or each category of the  
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11a  11b  11c  12  
13 14 15 16 17

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

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

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

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

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14281

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

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

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14594

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

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

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

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Insurance Service Group Health Insurance Group

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

Transaction ID: SA11A1.14597

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

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

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

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

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

Mailing Address  
P.O. Box 220748

City State Zip Code  
Charlotte NC 28222-0748

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14288

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

Mailing Address  
245 South 84th Street Suite W100

City State Zip Code  
Lincoln NE 68510-2697

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AFLAC Health Insurance Agent

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

Transaction ID: SA11A1.14600

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

Mailing Address  
47 Laurel Hill Drive

City State Zip Code  
Niantic CT 06357

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

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Parker Health Plan Agency Health Insurance Agent

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

Transaction ID: SA11A1.14294

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Paige Philips** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 43350 11 / 01 / 2002

City State Zip Code  
Birmingham AL 35243-0350

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
30.00

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

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

**Transaction ID: SA11A1.14605**

**B. Robert W. Pilman** Date of Receipt

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

City State Zip Code  
Mesa AZ 85215-2800

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

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

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

**Transaction ID: SA11A1.14610**

**C. Dina Popson** Date of Receipt

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

City State Zip Code  
Altamonte Springs FL 32714-3332

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

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

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

**Transaction ID: SA11A1.14298**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> 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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 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Jon C. Rauser**

Mailing Address  
735 North Water Street Suite 510  
City State Zip Code  
Milwaukee WI 53202-4104

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2002

Amount of Each Receipt this Period  
110.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Rauser Agency, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14403

Full Name (Last, First, Middle Initial)  
**B. Dennis J. Recker**

Mailing Address  
971 North Perry Street  
City State Zip Code  
Ottawa OH 45875-1218

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fawcett, Lammón, Recker & Associates Health Insurance Agent

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

Transaction ID: SA11A1.14134

Full Name (Last, First, Middle Initial)  
**C. Dennis J. Recker**

Mailing Address  
971 North Perry Street  
City State Zip Code  
Ottawa OH 45875-1218

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fawcett, Lammón, Recker & Associates Health Insurance Agent

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

Transaction ID: SA11A1.14614

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

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

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

**A.** Full Name (Last, First, Middle Initial) Pamela A. Reidy Date of Receipt  
Mailing Address P.O. Box 2260 N M / D E / Y Y Y Y  
11 06 2002  
City Manomet State MA Zip Code 02345-2260 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer Health Insurance Agent Occupation  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 220.00  
Transaction ID: SA11A1.14773

**B.** Full Name (Last, First, Middle Initial) Glan Rienscha Date of Receipt  
Mailing Address 415 5th. Street P.O. Box 664 N M / D E / Y Y Y Y  
11 01 2002  
City Fairbury State NE Zip Code 68352-2501 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Advanced Financial Services, Inc. Occupation  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 220.00  
Transaction ID: SA11A1.14616

**C.** Full Name (Last, First, Middle Initial) Joseph K. Roberts Date of Receipt  
Mailing Address 7431 'O' Street N M / D E / Y Y Y Y  
11 01 2002  
City Lincoln State NE Zip Code 68510 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Midlands Financial Benefits Occupation  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 220.00  
Transaction ID: SA11A1.14616

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **90.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
or each category of the  
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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

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

Mailing Address  
7431 'O' Street

City State Zip Code  
Lincoln NE 68510

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

Amount of Each Receipt this Period  
110.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Registered Representative

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

Transaction ID: SA11A1.14716

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

Mailing Address  
100 South Sunrise Way PMB 364

City State Zip Code  
Palm Springs CA 92262-6737

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.14620

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

Mailing Address  
490 Eraste Landry Road

City State Zip Code  
Lafayette LA 70506

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

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14311

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

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

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United HealthCare Health Insurance Agent

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

Transaction ID: SA11A1.14317

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

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

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

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.14621

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

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

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

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Concordia Health Insurance Agent

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

Transaction ID: SA11A1.14708

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
or each category of the  
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11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address  
P.O. Box 4252

City State Zip Code  
Timonium MD 21094-4252

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

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14623

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

Mailing Address  
P.O. Box 4252

City State Zip Code  
Timonium MD 21094-4252

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

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14697

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

Mailing Address  
510 Briscoe Blvd. #200

City State Zip Code  
Lawrenceville GA 30045-6700

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

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Multiple Benefits Corp. Health Insurance Agent

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

Transaction ID: SA11A1.14321

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

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

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

Use separate schedule(s)  
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 - HUPAC

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

Mailing Address  
810 Tara Plaza

City State Zip Code  
Papillion NE 68046

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

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14625

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

Mailing Address  
P.O. Box 4055

City State Zip Code  
Wilmington NC 28406

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

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dental Plans, Plus Health Insurance Agent

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

Transaction ID: SA11A1.14323

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

Mailing Address  
P.O. Box 309

City State Zip Code  
Olney MD 20830-0309

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

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Colonial Supplemental Insurance General Agent

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

Transaction ID: SA11A1.14774

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

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

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14326

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

Mailing Address  
P.O. Box 1468  
City: Janesville State: WI Zip Code: 53547-1468

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

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer: Schwartz and Shea Insurance Agency Occupation: Marketing Representative

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

Transaction ID: SA11A1.14387

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

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

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

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14628

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Mark Sheffer**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
P.O. Box 355      11 / 05 / 2002

City      State      Zip Code  
Apollo      PA      15613-0355

FEC ID number of contributing federal political committee.      Amount of Each Receipt this Period  
40.00

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

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General      2040.00  
Other (specify) ▼

Transaction ID: SA11A1.14700

**B. Scott Shelek**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
P.O. Box 87      11 / 05 / 2002

City      State      Zip Code  
Ringwood      IL      60072-0067

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

Name of Employer      Occupation  
Shelek Financial Services      Health Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General      930.00  
Other (specify) ▼

Transaction ID: SA11A1.14693

**C. Stuart Shapiro**      Date of Receipt

Mailing Address      N M / D E / Y Y Y Y  
P.O. Box 587      11 / 01 / 2002

City      State      Zip Code  
Wheeling      IL      60090-0587

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

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

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

Transaction ID: SA11A1.14629

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 61

(check only one)

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

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

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

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

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

Mailing Address  
P.O. Box 2344

City State Zip Code  
Brentwood TN 37024-2344

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14327

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

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

Mailing Address  
5546 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GroupLink, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14630

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

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

Mailing Address  
523 Kirkland Way

City State Zip Code  
Kirkland WA 98033-6219

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Smith Meecham Insurance Health Insurance Agent

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

Transaction ID: SA11A1.14634

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

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

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

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

FOR LINE NUMBER: PAGE 39 / 61

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

**A.** Jackie Spragins  
 Mailing Address: P.O. Box 2073  
 City: Wichita Falls State: TX Zip Code: 76307-2037  
 Date of Receipt: 11 / 01 / 2002  
 Amount of Each Receipt this Period: 20.00  
 Transaction ID: SA11A1.14636  
 Name of Employer: Spragins Insurance Agency Occupation: Owner/Agent  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00

**B.** James Stenger  
 Mailing Address: 288 South Street  
 City: Morristown State: NJ Zip Code: 07960-6019  
 Date of Receipt: 11 / 05 / 2002  
 Amount of Each Receipt this Period: 20.00  
 Transaction ID: SA11A1.14707  
 Name of Employer: NAS Financial Services Occupation: Health Insurance Agent  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1420.00

**C.** Juliana Stevenson  
 Mailing Address: P.O. Box 1476  
 City: Fallon State: NV Zip Code: 89407-1476  
 Date of Receipt: 10 / 30 / 2002  
 Amount of Each Receipt this Period: 80.00  
 Transaction ID: SA11A1.14336  
 Name of Employer: Western Nevada Insurance Services, Inc Occupation: Health Insurance Agent  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00

**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 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095-4538

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14641

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

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

Mailing Address  
18612 East 75th Street Suite 200

City State Zip Code  
Indianapolis IN 46250

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14343

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

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

Mailing Address  
9480 Deereco Road

City State Zip Code  
Timonium MD 21093

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Corporate Coverage, LLC Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14348

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 61	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
P.O. Box 63B

City State Zip Code  
Lilburn GA 30047-0638

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Family Protection Agency Health Insurance Agent

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

Transaction ID: SA11A1.14650

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

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

Mailing Address  
P.O. Box 925

City State Zip Code  
Jackson MS 39205-0923

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: SA11A1.14651

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

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

Mailing Address  
131 Interpark Avenue

City State Zip Code  
San Antonio TX 78216-1841

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14357

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 / 61	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

**A. Sue Wilson** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 3555 NW 58th Street, Suite 31D 11 / 01 / 2002

City State Zip Code Amount of Each Receipt this Period  
 Oklahoma City OK 73112 25.00

FEC ID number of contributing federal political committee. 25.00

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

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

**Transaction ID: SA11A1.14656**

**B. Barbara Wong** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 411 W. 4th Avenue, #200 11 / 01 / 2002

City State Zip Code Amount of Each Receipt this Period  
 Anchorage AK 99501 25.00

FEC ID number of contributing federal political committee. 25.00

Name of Employer Capital Management Benefits	Occupation Health Insurance Agent
---	--------------------------------------

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

**Transaction ID: SA11A1.14661**

**C. Constance Zerkowski** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 2277 Townsgate Road Suite 212 10 / 30 / 2002

City State Zip Code Amount of Each Receipt this Period  
 Westlake Village CA 91361-2421 85.00

FEC ID number of contributing federal political committee. 85.00

Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General 425.00  
 Other (specify) ▼

**Transaction ID: SA11A1.14361**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</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)				PAGE 43 / 61	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

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

Mailing Address  
**17 North Delmorr Avenue**

City State Zip Code  
**Morrisville PA 19067-6278**

Date of Receipt  
 N M / D C / Y Y Y Y  
**10 30 / 2002**

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

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

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

Amount of Each Receipt this Period

Transaction ID: **SA11A1.14362**

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>4867.00</b>

**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 / 61
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Mailing Address  
N5329 DENEVEU LANE

City State Zip Code  
FOND DU LAC WI 54935

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Check returned to HUPAC

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

Transaction ID: SA16.14787

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

Mailing Address  
400 N MADISON STREET

City State Zip Code  
ALEXANDRIA VA 22314

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

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Check returned to HUPAC

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

Transaction ID: SA16.14888

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1500.00</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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. AMEX</b>		Date of Disbursement 10 / 21 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 32.45	
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.14415	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMEX</b>		Date of Disbursement 11 / 21 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 34.23	
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.14668	
State: District:			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>919.08</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 48 / 61

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

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

Full Name (Last, First, Middle Initial) <b>A. NOVA Information System</b>		Date of Disbursement 11 / 04 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 180.08	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14870	
State: District:			

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

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>392.56</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1311.64</b>

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

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

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(check only one)

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

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

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

<p><b>B.</b> Full Name (Last, First, Middle Initial) JOE LINUS BARTON</p> <p>Mailing Address 701 WILLIAMSBURG City: ENNIS State: TX Zip Code: 75119</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name CONGRESSMAN JOE BARTON COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: TX District: 06</p>	<p>Date of Disbursement 10 / 25 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.14486</p>
<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>	

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

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. O MAXIE BURNS</b>		Date of Disbursement 10 / 21 / 2002	
Mailing Address 5417 NEWINGTON HWY City State Zip Code SYLVANIA GA 30487		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BURNS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA      District: 12	Transaction ID: SB23.14150		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER B CANNON</b>		Date of Disbursement 10 / 25 / 2002	
Mailing Address 257 EAST 200 SOUTH #950 City State Zip Code SALT LAKE CITY UT 84111		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CANNON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: UT      District: 03	Transaction ID: SB23.14440		

Full Name (Last, First, Middle Initial) <b>C. ERIC IVAN CANTOR</b>		Date of Disbursement 10 / 25 / 2002	
Mailing Address 6004 OXBURY COURT City State Zip Code GLEN ALLEN VA 23059		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CANTOR FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA      District: 07	Transaction ID: SB23.14448		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</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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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (in full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. SHELLEY MOORE CAPITO</b>		Date of Disbursement 10 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>
Mailing Address 2 COMSTOCK PLACE City CHARLESTON State WV Zip Code 25314		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name SHELLEY MOORE CAPITO FOR CONGRESS Category/ Type	Transaction ID: SB23.14474
Office Sought: <input checked="" type="checkbox"/> House Senate President State: WV District: 02		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CALDER BENJAMIN III CLAY</b>		Date of Disbursement 10 <sup>M</sup> / 21 <sup>D</sup> / 2002 <sup>Y</sup>
Mailing Address 1824 MT PARAN ROAD NW City ATLANTA State GA Zip Code 30327		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name CALDER CLAY FOR US CONGRESS Category/ Type	Transaction ID: SB23.14142
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District: 03		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TOM COLE</b>		Date of Disbursement 10 <sup>M</sup> / 21 <sup>D</sup> / 2002 <sup>Y</sup>
Mailing Address 104 BRIARWOOD City MOORE State OK Zip Code 73160		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name COLE VICTORY 2002 COMMITTEE Category/ Type	Transaction ID: SB23.14153
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OK District: 04		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</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  
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FOR LINE NUMBER:  
(check only one)

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

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

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

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

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

<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)  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. NORMAN DUBOIS DICKS</b>		Date of Disbursement 10 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 16911 HIGHWAY 106 City BELFAIR State WA Zip Code 98528		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NORM DICKS FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA           District: 06	Transaction ID: SB23.14465		

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

Full Name (Last, First, Middle Initial) <b>C. ERNEST LEE FLETCHER</b>		Date of Disbursement 10 <sup>M</sup> / 22 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address PO BOX 4703 City LEXINGTON State KY Zip Code 40544		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FLETCHER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY           District: 06	Transaction ID: SB23.14159		

<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)  
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(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>B. J PHILLIP MD GINGREY</b>		Date of Disbursement 10 / 21 / 2002	
Mailing Address 632 N ST MARY'S LANE City State Zip Code MARIETTA CA 90064		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GINGREY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA      District: 11	Transaction ID: SB23.14144		

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

<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)  
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 26  27  28a  28b  28c  29

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT CANNON HAYES</b>		Date of Disbursement 10 / 22 / 2002	
Mailing Address 1176 ASHEFORD GREEN AVENUE City: CONCORD State: NC Zip Code: 28027		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HAYES FOR CONGRESS		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06		Transaction ID: SB23.14156	
Full Name (Last, First, Middle Initial) <b>B. DARRELL E ISSA</b>		Date of Disbursement 10 / 25 / 2002	
Mailing Address 30151 TOMAS STREET City: RANCHO SANTA MARC State: CA Zip Code: 92688		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ISSA FOR CONGRESS		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49		Transaction ID: SB23.14443	
Full Name (Last, First, Middle Initial) <b>C. STEPHANIE TUBBS JONES</b>		Date of Disbursement 10 / 30 / 2002	
Mailing Address 11301 WADE PARK AVE City: CLEVELAND State: OH Zip Code: 44106		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name STEPHANIE TUBBS JONES FOR US CONGRESS		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11		Transaction ID: SB23.14489	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶			<b>1500.00</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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FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SUE N KELLY</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address 187 JAY STREET City State Zip Code KATONAH NY 10536			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name SUE KELLY FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.14418	
State: NY      District: 19				

Full Name (Last, First, Middle Initial) <b>B. MARK STEVEN KIRK</b>			Date of Disbursement 10 / 23 / 2002	
Mailing Address 2-R 512 5TH ST City State Zip Code WILMETTE IL 60091			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name KIRK FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.14161	
State: IL      District: 10				

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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(check only one)

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

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NAME OF COMMITTEE (in full)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. JAMES T KOLBE</b>		Date of Disbursement 10 / 23 / 2002
Mailing Address PO BOX 31568 City: TUCSON State: AZ Zip Code: 85751		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name KOLBE 2002	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: AZ District: 06	Transaction ID: SB23.14164

Full Name (Last, First, Middle Initial) <b>B. TOM LATHAM</b>		Date of Disbursement 10 / 25 / 2002
Mailing Address 178 180TH STREET City: ALEXANDER State: IA Zip Code: 50420		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name LATHAM FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: IA District: 04	Transaction ID: SB23.14432

Full Name (Last, First, Middle Initial) <b>C. KENNETH RAY LUCAS</b>		Date of Disbursement 10 / 23 / 2002
Mailing Address PO BOX 17344 City: COVINGTON State: KY Zip Code: 41017		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name LUCAS FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: KY District: 04	Transaction ID: SB23.14178

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</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 - HUPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) HOWARD P 'BUCK' MCKEON</p> <p>Mailing Address 24265 SAN FERNANDO ROAD City: SANTA CLARITA State: CA Zip Code: 91321</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name BUCK MCKEON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 10 / 25 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.14446</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MORELLA, CONSTANCE A</p> <p>Mailing Address 2228 RAYBURN HOUSE OFFICE BLDG City: WASHINGTON State: DC Zip Code: 20515</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name FRIENDS OF CONNIE MORELLA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 10 / 21 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.14160</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) NATL REPUBLICAN CONGRESSIONAL COMM.</p> <p>Mailing Address 320 FIRST STREET, SE City: WASHINGTON State: DC Zip Code: 20003</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name NATL REPUBLICAN CONGRESSIONAL COMM.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 11 / 08 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.14674</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	<p><b>2000.00</b></p>
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>B. JOSEPH R PITTS</b>		Date of Disbursement 10 / 25 / 2002	
Mailing Address 887 UNIONVILLE ROAD      PO BOX 775 City State Zip Code UNIONVILLE PA 19375		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOE PITTS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 16	Transaction ID: SB23.14471		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</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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FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EDWARD LEE SCHROCK</b>		Date of Disbursement 10 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 4213 DOUGHERTY COURT City State Zip Code VIRGINIA BEACH VA 23455		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ED SCHROCK FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA      District: 02	Transaction ID: SB23.14453		

Full Name (Last, First, Middle Initial) <b>B. DAVID ALBERT SCOTT</b>		Date of Disbursement 10 <sup>M</sup> / 21 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 162 HURT STREET NE City State Zip Code ATLANTA GA 30307		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DAVID SCOTT FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA      District: 13	Transaction ID: SB23.14147		

Full Name (Last, First, Middle Initial) <b>C. FRANK JAMES JR SENSENBRENNER</b>		Date of Disbursement 10 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address N78 W14726 NORTH POINT DRIVE City State Zip Code MENOMONEE FALLS WI 53051		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SENSENBRENNER COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WI      District: 05	Transaction ID: SB23.14480		

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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN M SHIMKUS</b>		Date of Disbursement 10 / 23 / 2002	
Mailing Address 504 SUMNER BLVD City State Zip Code COLLINSVILLE IL 62234		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name VOLUNTEERS FOR SHIMKUS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District: 19	Transaction ID: SB23.14176		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER H SMITH</b>		Date of Disbursement 10 / 25 / 2002	
Mailing Address 58 SECOND AVENUE City State Zip Code ROEBLING NJ 08654		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name COMM. TO REELECT CONGR. CHRIS SMITH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ      District: 04	Transaction ID: SB23.14483		

Full Name (Last, First, Middle Initial) <b>C. MARK E SOUDER</b>		Date of Disbursement 10 / 25 / 2002	
Mailing Address 2427 WINDSONG COURT City State Zip Code FORT WAYNE IN 46804		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SOUDER FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IN      District: 03	Transaction ID: SB23.14433		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. JOHN S TANNER</b>		Date of Disbursement 10 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 1600 MEADOWLARK DRIVE City State Zip Code UNION CITY TN 38261		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOHN TANNER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TN      District: 06	Transaction ID: SB23.14459		

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

Full Name (Last, First, Middle Initial) <b>C. STANLEY J THOMPSON</b>		Date of Disbursement 10 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 5523 GRAND AVENUE City State Zip Code DES MOINES IA 50312		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name THOMPSON FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IA      District: 03	Transaction ID: SB23.14428		

<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**

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

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

Full Name (Last, First, Middle Initial) <b>A. ED WHITFIELD</b>		Date of Disbursement 10 / 23 / 2002	
Mailing Address 108 ALUMNI AVENUE City State Zip Code HOPKINSVILLE KY 42240		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name WHITFIELD FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY      District: 01	Transaction ID: SB23.14184		

Full Name (Last, First, Middle Initial) <b>B. ADDISON (JOE) GRAVES WILSON</b>		Date of Disbursement 10 / 31 / 2002	
Mailing Address PO BOX 5709 City State Zip Code WEST COLUMBIA SC 29171		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOE WILSON FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SC      District: 02	Transaction ID: SB23.14493		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>25000.00</b>