

**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** NEW (N) OR X AMENDED (A)
 CITY STATE ZIP CODE

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)
 X 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) (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S)
 Election on in the State of

5. Covering Period 11 26 2002 through 12 31 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 02 11 2003

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: ^{Month} 11 ^{Day} 26 ^{Year} 2002 To: ^{Month} 12 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	36439.40	
(c) Total Receipts (from Line 19)	12157.50	145492.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48596.90	213132.50
7. Total Disbursements (from Line 30)	76.98	164612.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48519.92	48519.92
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: ^{MM}11 ^{DD}26 ^{YYYY}2002 To: ^{MM}12 ^{DD}31 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6620.00	
(ii) Unitemized	5037.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11657.50	142492.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	11657.50	142492.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	500.00	3000.00
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)	12157.50	145492.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	12157.50	145492.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	76.98	33066.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	76.98	33066.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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.....	0.00	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))..... ▶	0.00	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)..... ▶	76.98	164612.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	76.98	164612.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11657.50	142492.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	40.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11657.50	142452.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	76.98	33066.58
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	76.98	33066.58

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

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

FOR LINE NUMBER: PAGE 5 / 62

(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

Full Name (Last, First, Middle Initial)

A. William Anderson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 1 / 2 0 / 2 0 0 2

498 Palm Springs Drive

Suite 210

City

State

Zip Code

Altamonte Springs

FL

32701-7805

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

20.00

Name of Employer
Benefit Plan

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

320.00

Transaction ID: SA11A1.15008

Full Name (Last, First, Middle Initial)

B. William Anderson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 0 2 / 2 0 0 2

498 Palm Springs Drive

Suite 210

City

State

Zip Code

Altamonte Springs

FL

32701-7805

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

20.00

Name of Employer
Benefit Plan

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

340.00

Transaction ID: SA11A1.14840

Full Name (Last, First, Middle Initial)

C. William Anderson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

498 Palm Springs Drive

Suite 210

City

State

Zip Code

Altamonte Springs

FL

32701-7805

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

20.00

Name of Employer
Benefit Plan

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

360.00

Transaction ID: SA11A1.15009

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 6 / 62

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. Elizabeth Ashmore

Full Name (Last, First, Middle Initial)

Mailing Address
7608 University Avenue #B

City State Zip Code
Lubbock TX 79423-2128

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Ashmore Agency

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14841

B. Ann Bell

Full Name (Last, First, Middle Initial)

Mailing Address
1861 Shoreline Drive Suite 100

City State Zip Code
Boise ID 83702-6746

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer
Higgins & Rutledge Insurance, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14847

C. Kris Blazek

Full Name (Last, First, Middle Initial)

Mailing Address
6075 Poplar Avenue Suite 221

City State Zip Code
Memphis TN 38119-0113

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Humana

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14848

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 62	
	<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. Shawn Brashears

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Wye/Oak Insurance

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Transaction ID: SA11A1.15031

Full Name (Last, First, Middle Initial)
B. Shawn Brashears

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Wye/Oak Insurance

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Transaction ID: SA11A1.15032

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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
SS & G and Associates, Inc.

Occupation
President/Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: SA11A1.15035

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 8 / 62

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. Thomas Bryon Date of Receipt

Mailing Address N M / D E / Y Y Y Y
8780 Mastin Street Suite F 12 / 31 / 2002

City State Zip Code
Overland Park KS 66212-4789 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

Transaction ID: SA11A1.15036

B. Donna J. Buessing Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1465 Enea Circle 12 / 31 / 2002

City State Zip Code
Concord CA 94520-7914 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation
Diversified Capital Health Insurance Agent

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

Transaction ID: SA11A1.15040

C. Jennifer Bundy-Cobb Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1600 A Street Suite 901 12 / 02 / 2002

City State Zip Code
Anchorage AK 99501-5148 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Occupation
The Wilson Agency, LLC Health Insurance Agent

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

Transaction ID: SA11A1.14852

SUBTOTAL of Receipts This Page (optional) **90.00**

TOTAL This Period (last page this line number only) **90.00**

**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 / 62	
	<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)
Thomas S. Byrd

Mailing Address
P.O. Box 100043

City State Zip Code
Duluth GA 30096-0043

Date of Receipt
M / D / Y
12 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Group Resources Incorporated Health Insurance Agent

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

Transaction ID: SA11A1.15371

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

Mailing Address
3113 W. Belbine Highway

City State Zip Code
Madison WI 53713

Date of Receipt
M / D / Y
12 / 02 / 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) ▼ 300.00

Transaction ID: SA11A1.14853

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

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Date of Receipt
M / D / Y
12 / 02 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14855

SUBTOTAL of Receipts This Page (optional) ▶ **315.00**

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 / 62	
	<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)
Jon Cameron

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Mailing Address
P.O. Box 695

City State Zip Code
Collierville TN 38027-0695

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.15041

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
P.O. Box 695

City State Zip Code
Collierville TN 38027-0695

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.15042

C. Full Name (Last, First, Middle Initial)
Sarah Canez

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Mailing Address
7700 Broadway Street Suite 201

City State Zip Code
San Antonio TX 78209-3220

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Canez Gunter Insurance & Benefits President

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

Transaction ID: SA11A1.15045

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 11 / 62	
	<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. Sarah Canez

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
7700 Broadway Street Suite 201
City State Zip Code
San Antonio TX 78209-3220

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Canez Gunter Insurance & Benefits President

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

Transaction ID: SA11A1.15046

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
3010 Fenwood Triangle
City State Zip Code
Roswell GA 30075-4199

Amount of Each Receipt this Period
20.00

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) ▼ 260.00

Transaction ID: SA11A1.14862

Full Name (Last, First, Middle Initial)
C. Dorothy Coelu

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Mailing Address
P.O. Box 6677
City State Zip Code
Fullerton CA 92834-6677

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) ▼ 350.00

Transaction ID: SA11A1.15053

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 12 / 62	
	<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

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. Dorothy Cociu

Mailing Address
 P.O. Box 6677
 City: Fullerton State: CA Zip Code: 92834-6677

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 25.00

FEC ID number of contributing federal political committee.

Name of Employer: Advanced Benefit Consulting Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.15054

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

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

Date of Receipt
 N M / D E / Y Y Y Y
 11 / 29 / 2002

Amount of Each Receipt this Period
 20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15055

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

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

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15056

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 13 / 62	
	<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)
Don Crook

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15061

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15062

C. Full Name (Last, First, Middle Initial)
Teresa DeBruh

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 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) ▼ 250.00

Transaction ID: SA11A1.15141

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 62

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. Teresa DeBruin Date of Receipt
Mailing Address
400 Interstate N. Parkway #1700
City State Zip Code
Atlanta GA 30339-5047
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00
Name of Employer Strategic Employee Services Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 270.00
Transaction ID: SA11A1.15142

B. Lisa DaRycke Date of Receipt
Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 10.00
Name of Employer Benefit Designs of Oklahoma Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 280.00
Transaction ID: SA11A1.15143

C. Lisa DaRycke Date of Receipt
Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 10.00
Name of Employer Benefit Designs of Oklahoma Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 290.00
Transaction ID: SA11A1.15144

SUBTOTAL of Receipts This Page (optional) ▶ 40.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 62	
	<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)
Rush David Dixon

Mailing Address
11821 Parklawn Drive, Suite 210

City State Zip Code
Rockville MD 20852-2539

Date of Receipt
N M / D E / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefitplan Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15145

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

Mailing Address
11821 Parklawn Drive, Suite 210

City State Zip Code
Rockville MD 20852-2539

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefitplan Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15146

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

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
N M / D E / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14871

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 62

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)
Thomas M. Evans

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.14875

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Amount of Each Receipt this Period
65.00

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) ▼ 600.00

Transaction ID: SA11A1.14877

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

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) ▼ 260.00

Transaction ID: SA11A1.14880

SUBTOTAL of Receipts This Page (optional) ▶ **115.00**

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 / 62	
	<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. Charles Garten

Mailing Address
1D10 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 / 20 / 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) ▼ 390.00

Transaction ID: SA11A1.15163

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

Mailing Address
1D10 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
12 / 31 / 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) ▼ 410.00

Transaction ID: SA11A1.15164

Full Name (Last, First, Middle Initial)
C. Patti Goldfarb

Mailing Address
301 Madison Avenue
City State Zip Code
New York NY 10016

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 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) ▼ 690.00

Transaction ID: SA11A1.14864

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 62	
	<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)
Carolyn L. Goodwin

Mailing Address
4055 Valley View Lane Suite 360
City State Zip Code
Dallas TX 75244-5083

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer
CBIZ Benefits & Insurance Services

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Transaction ID: SA11A1.15171

B. Full Name (Last, First, Middle Initial)
Carolyn L. Goodwin

Mailing Address
4055 Valley View Lane Suite 360
City State Zip Code
Dallas TX 75244-5083

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer
CBIZ Benefits & Insurance Services

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Transaction ID: SA11A1.15172

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

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Midlands Financial Benefits

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.00

Transaction ID: SA11A1.14885

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 62

(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

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

Mailing Address
802 N. Carancahua Suite 170D
City State Zip Code
Corpus Christi TX 78470-0182

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Humana Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.14886

Full Name (Last, First, Middle Initial)
B. Jeffrey Grossnickle

Mailing Address
1405 North College Avenue
City State Zip Code
Bloomington IN 47404-2417

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15175

Full Name (Last, First, Middle Initial)
C. Jeffrey Grossnickle

Mailing Address
1405 North College Avenue
City State Zip Code
Bloomington IN 47404-2417

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15176

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 20 / 62	
	<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. Robert Grundman

Mailing Address
7412 Karl Drive

City State Zip Code
Lincoln NE 68516-4368

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14887

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

Mailing Address
313 Railroad Avenue, #201

City State Zip Code
Nevada City CA 95959

Date of Receipt
M M / D D / Y Y Y Y
11 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Halby Insurance Agency Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15177

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

Mailing Address
313 Railroad Avenue, #201

City State Zip Code
Nevada City CA 95959

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Halby Insurance Agency Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15178

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 21 / 62

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. Water Hale Date of Receipt
Mailing Address
211 East Church Street
City State Zip Code
Morrilton AR 72110-3419
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00
Name of Employer Occupation
Hawkins Insurance Agency Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00
Transaction ID: SA11A1.15179

B. Water Hale Date of Receipt
Mailing Address
211 East Church Street
City State Zip Code
Morrilton AR 72110-3419
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00
Name of Employer Occupation
Hawkins Insurance Agency Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00
Transaction ID: SA11A1.15180

C. William J. Hartman Date of Receipt
Mailing Address
P.O. Box 8270
City State Zip Code
Fort Wayne IN 46896-8270
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Occupation
American Republic Insurance Company Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00
Transaction ID: SA11A1.15186

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

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

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

FOR LINE NUMBER: PAGE 22 / 62

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		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 J. Hartman

Mailing Address
P.O. Box 8270

City State Zip Code
Fort Wayne IN 46898-8270

Date of Receipt
M / D / Y
12 / 31 / 2002

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) ▼ 400.00

Transaction ID: SA11A1.15187

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

Mailing Address
8720 Bunsen Parkway

City State Zip Code
Louisville KY 40299-1802

Date of Receipt
M / D / Y
12 / 02 / 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) ▼ 290.00

Transaction ID: SA11A1.14888

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

Mailing Address
6140 S. 104th East Avenue Suite 200

City State Zip Code
Tulsa OK 74133-1588

Date of Receipt
M / D / Y
12 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heidebrand & Associates Health Insurance Agent

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

Transaction ID: SA11A1.14891

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 62

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)
Lisa Mary Hellman

Mailing Address
3480 Presbon Ridge Road Suite 100

City State Zip Code
Alpharetta GA 30005-2054

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

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) ▼

Amount of Each Receipt this Period
240.00

Transaction ID: SA11A1.14892

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

Mailing Address
4200 East Skally Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

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) ▼

Amount of Each Receipt this Period
600.00

Transaction ID: SA11A1.14894

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

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30076

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

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) ▼

Amount of Each Receipt this Period
973.00

Transaction ID: SA11A1.14898

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 62

(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)
Richard Hill

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M / D / Y
12 / 02 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNICO Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.14890

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

Mailing Address
2D19 Industrial Drive

City State Zip Code
Bethlehem PA 18017

Date of Receipt
M / D / Y
12 / 02 / 2002

Amount of Each Receipt this Period
60.00

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) ▼ 650.00

Transaction ID: SA11A1.14820

C. Full Name (Last, First, Middle Initial)
Sheri Holden

Mailing Address
3930 Dundee Road Suite C-3

City State Zip Code
Northbrook IL 60062-2328

Date of Receipt
M / D / Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hokin Stenberg Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.15203

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 62	
	<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. Lisa Jacobs

Mailing Address
12315 Huston Street

City State Zip Code
Valley Village CA 91607-3618

Date of Receipt
N M / D E / Y Y Y Y
12 / 02 / 2002

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) ▼ 240.00

Transaction ID: SA11A1.14909

Full Name (Last, First, Middle Initial)
B. David S. Johnson

Mailing Address
3346 Gwinnett Plantation Way

City State Zip Code
Duluth GA 30096-4647

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lloyd-Bennett & Company Insurance Account Executive

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

Transaction ID: SA11A1.1621D

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

Mailing Address
6235 Morrison Boulevard Suite 302

City State Zip Code
Charlotte NC 28211-3508

Date of Receipt
N M / D E / Y Y Y Y
11 / 29 / 2002

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) ▼ 290.00

Transaction ID: SA11A1.16211

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 62

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)
Suzy Johnson

Mailing Address
6235 Morrison Boulevard Suite 302

City State Zip Code
Charlotte NC 28211-3508

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15212

B. Full Name (Last, First, Middle Initial)
Karan D. Jones

Mailing Address
5225 South Loop 289 Suite 111

City State Zip Code
Lubbock TX 79424-1319

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.14912

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

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1884

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Kaczmarek Insurance Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14914

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 62	
	<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. 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
12 / 02 / 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) ▼ 850.00

Transaction ID: SA11A1.14915

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 965.00

Transaction ID: SA11A1.15223

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 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) ▼ 1070.00

Transaction ID: SA11A1.15224

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 62

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)
Mark D. Kennedy

Mailing Address
1173 Brittmoores Road

City State Zip Code
Houston TX 77043-5003

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 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) ▼ 420.00

Transaction ID: SA11A1.15227

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

Mailing Address
1173 Brittmoores Road

City State Zip Code
Houston TX 77043-5003

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 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) ▼ 500.00

Transaction ID: SA11A1.15228

C. Full Name (Last, First, Middle Initial)
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
12 / 02 / 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) ▼ 380.00

Transaction ID: SA11A1.14919

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 29 / 62	
	<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. Kirk Lavalée Date of Receipt

Mailing Address N M / D E / Y Y Y Y
317 RR 620 South Suite 301 12 / 31 / 2002

City State Zip Code
Austin TX 78734-4700

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

Name of Employer Delta Dental Insurance Company	Occupation Health Insurance Agent
--	--------------------------------------

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

Transaction ID: SA11A1.15231

B. Robert Lay Date of Receipt

Mailing Address N M / D E / Y Y Y Y
3112 Forest Avenue 12 / 31 / 2002

City State Zip Code
Fort Worth TX 76112-7002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent
---	--------------------------------------

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

Transaction ID: SA11A1.15233

C. Lance Ledbetter Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5881 Glenridge Drive, NE Suite 250 11 / 29 / 2002

City State Zip Code
Atlanta GA 30328-6169

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

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

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

Transaction ID: SA11A1.15236

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 30 / 62	
	<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. Lance Ledbetter

Mailing Address
5851 Glenridge Drive, NE Suite 250
City Atlanta State GA Zip Code 30328-6169

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Allstate Financial Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15237

Full Name (Last, First, Middle Initial)
B. Gene (Eugene D.) Lee, Jr.

Mailing Address
1210 Cole Mill Road
City Durham State NC Zip Code 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15238

Full Name (Last, First, Middle Initial)
C. Gene (Eugene D.) Lee, Jr.

Mailing Address
1210 Cole Mill Road
City Durham State NC Zip Code 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15239

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 31 / 62	
	<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

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)
Ronald Levine

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 896.00

Transaction ID: SA11A1.15240

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 976.00

Transaction ID: SA11A1.15241

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46503-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
KL Benefits

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1060.00

Transaction ID: SA11A1.14920

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 62

(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

Full Name (Last, First, Middle Initial)
A. Dale Maloney

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Mailing Address
1434 West Fairbanks Avenue

City State Zip Code
Winter Park FL 32789-4806

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
80.00

Name of Employer Occupation
Resource Group of Winter Park, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15248

Full Name (Last, First, Middle Initial)
B. Dale Maloney

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
1434 West Fairbanks Avenue

City State Zip Code
Winter Park FL 32789-4806

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
80.00

Name of Employer Occupation
Resource Group of Winter Park, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15248

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
180 Charlotte Highway

City State Zip Code
Asheville NC 28805

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

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

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

Transaction ID: SA11A1.14924

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: PAGE 33 / 62

(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

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

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
N M / D E / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
MediFlex Benefits Center, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15252

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

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
MediFlex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1485.00

Transaction ID: SA11A1.15253

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

Mailing Address
575 South Charles Street Suite 900
City Baltimore State MD Zip Code 21201-2428

Date of Receipt
N M / D E / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Strategic Employee Benefit Services

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15258

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 62

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. Mark McWright Date of Receipt

Mailing Address N M / D E / Y Y Y Y

575 South Charles Street Suite 300 1 2 / 3 1 / 2 0 0 2

City State Zip Code

Baltimore MD 21201-2428 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) ▼ 700.00

Transaction ID: SA11A1.15250

B. James Mihay Date of Receipt

Mailing Address N M / D E / Y Y Y Y

21914 Harper Ave. 1 1 / 2 9 / 2 0 0 2

City State Zip Code

Saint Clair Shores MI 48080-2218 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) ▼ 420.00

Transaction ID: SA11A1.15262

C. James Mihay Date of Receipt

Mailing Address N M / D E / Y Y Y Y

21914 Harper Ave. 1 2 / 3 1 / 2 0 0 2

City State Zip Code

Saint Clair Shores MI 48080-2218 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) ▼ 440.00

Transaction ID: SA11A1.15263

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

TOTAL This Period (last page this line number only) **140.00**

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 62

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)
Julia Moore

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.15264

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

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.15265

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

Mailing Address
P.O. Box 604

City State Zip Code
Darlington SC 29540-0604

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14929

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 62

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		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)
Jim Mozingo

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

Date of Receipt
N M / D E / Y Y Y Y
11 / 20 / 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) ▼ 1560.00

Transaction ID: SA11A1.15267

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

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

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 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) ▼ 1760.00

Transaction ID: SA11A1.15268

C. Full Name (Last, First, Middle Initial)
Josh Nasa

Mailing Address
936 North 34th Street Suite 206
City State Zip Code
Seattle WA 98105-8869

Date of Receipt
N M / D E / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14932

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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 37 / 62

(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. Wes Needham Date of Receipt
Mailing Address
P.O. Box 4000
City State Zip Code
Clinton TN 37717-4000
FEC ID number of contributing federal political committee. 10.00
Name of Employer Occupation
Insurance Service Group Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00
Transaction ID: SA11A1.14935

B. Patricia Norlet Date of Receipt
Mailing Address
P.O. Box 220748
City State Zip Code
Charlotte NC 28222-0748
FEC ID number of contributing federal political committee. 20.00
Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 270.00
Transaction ID: SA11A1.15277

C. Patricia Norlet Date of Receipt
Mailing Address
P.O. Box 220748
City State Zip Code
Charlotte NC 28222-0748
FEC ID number of contributing federal political committee. 20.00
Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 290.00
Transaction ID: SA11A1.15278

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 38 / 62

(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

Full Name (Last, First, Middle Initial)

A. Ken Ostermeier

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 0 2 / 2 0 0 2

245 South 84th Street Suite W100

City State Zip Code

Lincoln NE 68510-2697

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Occupation
AFLAC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.14938

Full Name (Last, First, Middle Initial)

B. John Parker

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 1 / 2 8 / 2 0 0 2

47 Laurel Hill Drive

City State Zip Code

Niantic CT 06357

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 25.00

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 305.00

Transaction ID: SA11A1.15346

Full Name (Last, First, Middle Initial)

C. John Parker

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

47 Laurel Hill Drive

City State Zip Code

Niantic CT 06357

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 25.00

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 330.00

Transaction ID: SA11A1.15347

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 / 62	
	<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)
John Peteruti

Mailing Address
15 East 4th Street

City State Zip Code
Dayton OH 45401-1814

Date of Receipt
N M / D E / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Baldwin & Whitney Insurance Agency Health Insurance Agency

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

Transaction ID: SA11A1.15341

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

Mailing Address
15 East 4th Street

City State Zip Code
Dayton OH 45401-1814

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Baldwin & Whitney Insurance Agency Health Insurance Agency

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

Transaction ID: SA11A1.15342

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

Mailing Address
P.O. Box 43350

City State Zip Code
Birmingham AL 35243-0350

Date of Receipt
N M / D E / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14943

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 62

(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

Full Name (Last, First, Middle Initial)

A. Robert W. Pitman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 0 2 / 2 0 0 2

6D17 E. McKellips Road, #104-46

City State Zip Code

Mesa AZ 85215-2800

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.14946

Full Name (Last, First, Middle Initial)

B. Diana Popson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 1 / 2 8 / 2 0 0 2

305 Douglas Avenue

City State Zip Code

Altamonte Springs FL 32714-3332

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 270.00

Transaction ID: SA11A1.1533B

Full Name (Last, First, Middle Initial)

C. Diana Popson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

305 Douglas Avenue

City State Zip Code

Altamonte Springs FL 32714-3332

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 290.00

Transaction ID: SA11A1.1534D

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 41 / 62

(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

Full Name (Last, First, Middle Initial)
A. David B. Prewitt

Mailing Address
428 Harwood Road

City State Zip Code
Bedford TX 76021-4150

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15336

Full Name (Last, First, Middle Initial)
B. Susan Rash

Mailing Address
8D14 Midlothian Turnpike, #200

City State Zip Code
Richmond VA 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15331

Full Name (Last, First, Middle Initial)
C. Susan Rash

Mailing Address
8D14 Midlothian Turnpike, #200

City State Zip Code
Richmond VA 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 800.00

Transaction ID: SA11A1.15332

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 42 / 62	
	<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)
Dennis J. Recker

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2002

Mailing Address
971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14950

B. Full Name (Last, First, Middle Initial)
Pamela A. Reidy

Date of Receipt
M M / D D / Y Y Y Y
11 / 29 / 2002

Mailing Address
P.O. Box 2260

City State Zip Code
Manomet MA 02345-2260

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15321

C. Full Name (Last, First, Middle Initial)
Pamela A. Reidy

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
P.O. Box 2260

City State Zip Code
Manomet MA 02345-2260

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15322

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 62	
	<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. Glen Riensche Date of Receipt
 Mailing Address: 415 5th. Street P.O. Box 664
 City: Fairbury State: NE Zip Code: 68352-2501
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: _____
 Name of Employer: Advanced Financial Services, Inc. Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
 Transaction ID: SA11A1.14953

B. Joseph K. Roberts Date of Receipt
 Mailing Address: 7431 'O' Street
 City: Lincoln State: NE Zip Code: 68510
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: _____
 Name of Employer: Midlands Financial Benefits Occupation: Registered Representative
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
 Transaction ID: SA11A1.14955

C. William T. Robinson Date of Receipt
 Mailing Address: 100 South Sunrise Way PMB 964
 City: Palm Springs State: CA Zip Code: 92262-6737
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: _____
 Name of Employer: Palm Canyon Insurance Agency Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
 Transaction ID: SA11A1.14956

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 44 / 62

(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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

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) ▼ 430.00

Transaction ID: SA11A1.15313

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

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) ▼ 460.00

Transaction ID: SA11A1.15314

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 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) ▼ 230.00

Transaction ID: SA11A1.15303

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 45 / 62	
	<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. Sharon Ross Date of Receipt

Mailing Address N M / D E / Y Y Y Y
6230 Fairview Road Suite 315 12 / 31 / 2002

City State Zip Code
Charlotte NC 28210-3253 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer United HealthCare	Occupation Health Insurance Agent
---------------------------------------	--------------------------------------

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

Transaction ID: SA11A1.15304

B. Eugene Rowe Date of Receipt

Mailing Address N M / D E / Y Y Y Y
18000 Venutra Blvd, #1103 12 / 02 / 2002

City State Zip Code
Encino CA 91436-2767 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 30.00

Name of Employer The Rowe Group	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

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

Transaction ID: SA11A1.1495B

C. Stephen Salomon Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 4252 12 / 02 / 2002

City State Zip Code
Timonium MD 21094-4252 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 10.00

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2460.00

Transaction ID: SA11A1.1496D

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 46 / 62	
	<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. Raymer Sale

Full Name (Last, First, Middle Initial) _____
 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
 11 / 20 / 2002 _____

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) ▼ _____ 380.00 _____

Amount of Each Receipt this Period _____
 30.00 _____

Transaction ID: SA11A1.15293

B. Raymer Sale

Full Name (Last, First, Middle Initial) _____
 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
 12 / 31 / 2002 _____

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) ▼ _____ 410.00 _____

Amount of Each Receipt this Period _____
 30.00 _____

Transaction ID: SA11A1.15294

C. Mark Gehleng

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 810 Tara Plaza _____
 City _____ State _____ Zip Code _____
 Papillion _____ NE _____ 68046 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 12 / 02 / 2002 _____

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) ▼ _____ 430.00 _____

Amount of Each Receipt this Period _____
 30.00 _____

Transaction ID: SA11A1.14962

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 62

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)
Mel Schlesinger

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, PUs Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 388.00

Transaction ID: SA11A1.15285

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

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, PUs Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 428.00

Transaction ID: SA11A1.15286

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
M M / D D / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
10.00

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) ▼ 240.00

Transaction ID: SA11A1.14963

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 62

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. Judy Scott Date of Receipt

Mailing Address N M / D E / Y Y Y Y

816 Congress Avenue Suite 300 1 2 / 3 1 / 2 0 0 2

City State Zip Code

Austin TX 78701-2442 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 15.00

Name of Employer Occupation

Nieman Hanks Puryear Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼ 215.00

Transaction ID: SA11A1.15284

B. Kevin Seeker Date of Receipt

Mailing Address N M / D E / Y Y Y Y

4843 East Thomas Road Suite 2 1 1 / 2 8 / 2 0 0 2

City State Zip Code

Phoenix AZ 85018-7740 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Occupation

Summit Benefit Services President

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼ 280.00

Transaction ID: SA11A1.15281

C. Kevin Seeker Date of Receipt

Mailing Address N M / D E / Y Y Y Y

4843 East Thomas Road Suite 2 1 2 / 3 1 / 2 0 0 2

City State Zip Code

Phoenix AZ 85018-7740 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Occupation

Summit Benefit Services President

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼ 360.00

Transaction ID: SA11A1.15282

SUBTOTAL of Receipts This Page (optional) ▶ **175.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 49 / 62
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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. Greg Seifer

Mailing Address
916 Main St

City State Zip Code
Vancouver WA 98666-0189

Date of Receipt
N M / D E / Y Y Y Y
11 / 20 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Biggs Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.15130

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

Mailing Address
916 Main St

City State Zip Code
Vancouver WA 98666-0189

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Biggs Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.15140

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

Mailing Address
P.O. Box 355

City State Zip Code
Apollo PA 15015-0355

Date of Receipt
N M / D E / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2240.00

Transaction ID: SA11A1.14965

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 / 62	
	<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. Stuart Shapiro Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 587 12 / 02 / 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 390.00
Other (specify) ▼

Transaction ID: SA11A1.14966

B. Bob G. Shupe Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 2344 11 / 28 / 2002

City State Zip Code
Brentwood TN 37024-2344

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

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

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

Transaction ID: SA11A1.15137

C. Bob G. Shupe Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 2344 12 / 31 / 2002

City State Zip Code
Brentwood TN 37024-2344

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

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

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

Transaction ID: SA11A1.15138

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 51 / 62

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. Roger Skinner Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5548 Shorewood Drive 12 / 02 / 2002

City State Zip Code
Indianapolis IN 46220 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 25.00

Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼	
Primary General	400.00
Other (specify) ▼	

Transaction ID: SA11A1.14967

B. Patricia Smith Date of Receipt

Mailing Address N M / D E / Y Y Y Y
523 Kirkland Way 12 / 02 / 2002

City State Zip Code
Kirkland WA 98033-6219 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Smith Meacham Insurance	Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼	
Primary General	240.00
Other (specify) ▼	

Transaction ID: SA11A1.14971

C. Jackie Spragins Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 2073 12 / 02 / 2002

City State Zip Code
Wichita Falls TX 76307-2037 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer Spragins Insurance Agency	Occupation Owner/Agent
Receipt For: Aggregate Year-to-Date ▼	
Primary General	310.00
Other (specify) ▼	

Transaction ID: SA11A1.14973

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 52 / 62

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) Juliana Stevenson Date of Receipt
Mailing Address P.O. Box 1476 N M / D E / Y Y Y Y
Fallon State NV Zip Code 89407-1476 11 / 20 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00

Name of Employer Western Nevada Insurance Services, Inc Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 840.00

Transaction ID: SA11A1.15110

B. Full Name (Last, First, Middle Initial) Juliana Stevenson Date of Receipt
Mailing Address P.O. Box 1476 N M / D E / Y Y Y Y
Fallon State NV Zip Code 89407-1476 12 / 31 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00

Name of Employer Western Nevada Insurance Services, Inc Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 720.00

Transaction ID: SA11A1.15120

C. Full Name (Last, First, Middle Initial) Ryan Thom Date of Receipt
Mailing Address 10342 South Springcrest Lane N M / D E / Y Y Y Y
South Jordan State UT Zip Code 84095-4538 12 / 02 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00

Name of Employer Ryan P. Thom Insurance Planning, Inc. Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 645.00

Transaction ID: SA11A1.14978

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 53 / 62	
	<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

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. Robert Tretter

Mailing Address
18612 East 75th Street Suite 200
City State Zip Code
Indianapolis IN 46250

Date of Receipt
M / D / Y
11 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15108

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

Mailing Address
18612 East 75th Street Suite 200
City State Zip Code
Indianapolis IN 46250

Date of Receipt
M / D / Y
12 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15108

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

Mailing Address
9480 Deereco Road
City State Zip Code
Timonium MD 21093

Date of Receipt
M / D / Y
11 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Corporate Coverage, LLC Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 920.00

Transaction ID: SA11A1.15098

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: PAGE 54 / 62

(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

Full Name (Last, First, Middle Initial)

A. Peter Vinton

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 3 1 / 2 0 0 2

9480 Daereco Road

City State Zip Code

Timonium MD 21093

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

80.00

Name of Employer Corporate Coverage, LLC

Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.15090

Full Name (Last, First, Middle Initial)

B. Michael Wardip

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 0 2 / 2 0 0 2

P.O. Box 838

City State Zip Code

Lilburn GA 30047-0838

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

20.00

Name of Employer Family Protection Agency

Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 340.00

Transaction ID: SA11A1.14987

Full Name (Last, First, Middle Initial)

C. Charles Westmoreland

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 2 / 0 2 / 2 0 0 2

P.O. Box 925

City State Zip Code

Jackson MS 39205-0925

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

50.00

Name of Employer American Public Life Insurance Co.

Occupation Director of Agency Development

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 800.00

Transaction ID: SA11A1.14988

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 / 62	
	<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. Jenni Whitaker

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
N M / D E / Y Y Y Y
11 / 20 / 2002

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) ▼ 270.00

Transaction ID: SA11A1.15078

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

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) ▼ 280.00

Transaction ID: SA11A1.15078

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

Mailing Address
3555 NW 58th Street, Suite 310

City State Zip Code
Oklahoma City OK 73112

Date of Receipt
N M / D E / Y Y Y Y
12 / 02 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14993

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 62

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)
Barbara Wong

Mailing Address
411 W. 4th Avenue, #200

City State Zip Code
Anchorage AK 99501

Date of Receipt
M / D / Y
12 / 02 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Capital Management Benefits Health Insurance Agent

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

Transaction ID: SA11A1.14998

B. Full Name (Last, First, Middle Initial)
Greg A. Yoder

Mailing Address
1055 Minnesota Avenue

City State Zip Code
San Jose CA 95125-2451

Date of Receipt
M / D / Y
11 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ray Silva Insurance Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15071

C. Full Name (Last, First, Middle Initial)
Greg A. Yoder

Mailing Address
1055 Minnesota Avenue

City State Zip Code
San Jose CA 95125-2451

Date of Receipt
M / D / Y
12 / 31 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ray Silva Insurance Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15072

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 / 62	
	<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. Constance Zarkowski

Mailing Address
2277 Townsgate Road Suite 212
City State Zip Code
Westlake Village CA 91361-2421

Date of Receipt
N M / D E / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
Easy Insurance Marketing, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.15069

Full Name (Last, First, Middle Initial)
B. Constance Zarkowski

Mailing Address
2277 Townsgate Road Suite 212
City State Zip Code
Westlake Village CA 91361-2421

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
Easy Insurance Marketing, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 595.00

Transaction ID: SA11A1.15070

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

Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
N M / D E / Y Y Y Y
11 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Avarill Insurance & Financial Serv, Inc

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 950.00

Transaction ID: SA11A1.15063

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 58 / 62
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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. Robert Ziff

Mailing Address
17 North Delmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period
80.00

1030.00

Transaction ID: SA11A1.15064

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	6620.00

**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 59 / 62
	<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

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. MICHAEL N CASTLE

Mailing Address
2001 KENTMERE PLACE

City State Zip Code
WILMINGTON DE 19806

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Check returned to HUPAC

Amount of Each Receipt this Period
500.00

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Transaction ID: SA16.15361

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 62

<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

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. AMEX		Date of Disbursement 12 / 23 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 28.91	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.15364	
State: District:			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 12 / 03 / 2002	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 18.25	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.15363	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	47.16
TOTAL This Period (last page this line number only)	47.16

**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 61 / 62

<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

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. PHILIP ENGLISH		Date of Disbursement 12 / 13 / 2002		
Mailing Address 530 W 6TH ST City State Zip Code ERIE PA 16507		Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Political Contribution		[MEMO ITEM]		
Candidate Name PEOPLE FOR ENGLISH				Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
		Transaction ID: SB23.15360		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	0.00

