

**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 - Health Underwriters PAC

ADDRESS (number and street)

2000 N. 14th St., Ste. 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

X

Special (12G)

Election on

08

02

2005

in the State of

OH

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

07

13

2005

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

Type or Print Name of Treasurer

Kevin Corcoran

Signature of Treasurer

Electronically Filed by Kevin Corcoran

Date

07

21

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>07 <sup>D</sup>13 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period .....	31016.61	
(c) Total Receipts (from Line 19) .....	12381.34	139048.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43397.95	170065.13
<hr/>		
7. Total Disbursements (from Line 31) .....	9581.04	156062.30
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33816.91	14002.83
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: <sup>M</sup>07 <sup>-</sup> <sup>D</sup>01 <sup>-</sup> <sup>Y</sup>2005 <sup>Y</sup> To: <sup>M</sup>07 <sup>-</sup> <sup>D</sup>13 <sup>-</sup> <sup>Y</sup>2005 <sup>Y</sup>

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) .....	6765.00	73221.00
(ii) Unitemized .....	5616.34	65827.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	12381.34	139048.52
(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 33, page 5) .....	12381.34	139048.52
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 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12381.34	139048.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12381.34	139048.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1081.04	15812.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1081.04	15812.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	140250.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9581.04	158062.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	9581.04	158062.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12381.34	139048.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12381.34	139048.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1081.04	15812.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1081.04	15812.30

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

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

FOR LINE NUMBER: PAGE 6 / 37

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Stephen Andersen</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 7431 O Street		Transaction ID: 50720.C4088
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. William Chester Anderson, JR</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 498 Palm Springs Drive, Suite 21D		Transaction ID: 50720.C4088
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 50720.C4088
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 37  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Ann Bell</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 1661 Shoreline Drive, Suite 100		Transaction ID: 50708.C9651
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 210.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. MS. Ann Bell</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 1661 Shoreline Drive, Suite 100		Transaction ID: 50720.C4086
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 225.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. MR. David Benson</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 6733 South Sepulveda Blvd, Suite 2		Transaction ID: 50720.C4314
City Los Angeles	State CA	Zip Code 90045-1562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer DCB Insurance Services Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 500.00	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>535.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)  
 11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. David A Berman</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 50720.C4097
City Indianapolis	State IN	Zip Code 46220-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Neece Lukens Holding Company, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 320.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. MRS. Tracy Quick Bradford</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 886 Ridgeway Loop Road, Suite 200		Transaction ID: 50720.C4105
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 610.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. Tom Brudate</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 2000 14th St N Ste. 400		Transaction ID: 50708.C3677
City Arlington	State VA	Zip Code 22201-2518
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer NAHU Receipt For: Primary General Other (specify) ▼	Occupation VP of Congressional Affairs Aggregate Year-to-Date ▼ 20.00	Receipt

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 37

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Ronald Buffum</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50708.C9687
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Ronald Buffum</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50720.C4108
City Round Rock	State TX	Zip Code 78664-4463
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. D. Bailey Calm</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 101422		Transaction ID: 50720.C4112
City Anchorage	State AK	Zip Code 99510-1422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
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 10 / 37

(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	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Michael Carnean</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address PD Box 7387		Transaction ID: 50708.C3702
City Columbus	State GA	Zip Code 31808-7367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Pearce & Company Insurance Bro	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Russell B Childers, JR.</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 1547		Transaction ID: 50720.C4119
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ B. Childers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Susan Cook</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 50708.C3686
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Sharon Lynn Dicorato</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005
Mailing Address 801 Pine Street, Suite 4G1		Transaction ID: 50720.C4129
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Steve Dodder</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005
Mailing Address PO Box 2069		Transaction ID: 50708.C9701
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Time Insurance/Assurant Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Cynthia Doucet</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005
Mailing Address P. O. Box 91180		Transaction ID: 50720.C4132
City Lafayette	State LA	Zip Code 70509-1180
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Global Financial Resources, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Eugene Ebersole</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 50720.C4135
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Thomas M Evans</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50720.C4140
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midia	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. MR. David Faar</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50720.C4142
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>175.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Catherine Ficari</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 28989 Central Park Blvd. Suite 225		Transaction ID: 50720.C4143
City Southfield	State MI	Zip Code 48076-4174
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Austin Financial Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFF Fishback</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 736 Johnson Ferry Road Building C, Suite 200		Transaction ID: 50708.C3714
City Marietta	State GA	Zip Code 30068-5618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Purchasing Alliance Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) <b>C. Eva Jean Fornalont</b>		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 2500 Louisiana Blvd NE Ste. 300		Transaction ID: 50720.C4322
City Albuquerque	State NM	Zip Code 87110-4372
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.00
Name of Employer Delta Dental Plans of NM	Occupation Manager of Sales & Retention	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>640.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 37  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Linda Friedrich</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 30275		Transaction ID: 50720.C4145
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Bruce Gardner</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50720.C4148
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Charles Gartin</b>		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address PD Box 1268		Transaction ID: 50720.C4327
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 37  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Bruce Glazier</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2005
Mailing Address 16091 Swingley Ridge Road, Suite 2		Transaction ID: 50708.C9676
City Chesterfield	State MO	Zip Code 63017-2056
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefits Just for Groups, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Bruce Glazier</b>		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005
Mailing Address 16091 Swingley Ridge Road, Suite 2		Transaction ID: 50720.C4323
City Chesterfield	State MO	Zip Code 63017-2056
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Benefits Just for Groups, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Patrice Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50720.C4151
City New York	State NY	Zip Code 10017-6103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Michael Goss</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50720.C4153
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Michael Gray</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50720.C4156
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Christopher Harrison</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50708.C3672
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 17 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Sheila H Hartman</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 21300 Victory Blvd, Suite 215 Warner Corporate Center		Transaction ID: 50708.C3641
City State Zip Code Woodland Hills CA 91367-7721	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Financial Independence Co- mpany Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 200.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. MS. Lisa Helman</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50708.C3683
City State Zip Code Alpharetta GA 30022-3094	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 280.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. MS. Lisa Helman</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50720.C4187
City State Zip Code Alpharetta GA 30022-3094	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 280.00	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Timothy Hendricks</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005
Mailing Address 4200 East Skelly Drive, Suite 251		Transaction ID: 50720.C4168
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. MS. Donna Hill</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005
Mailing Address PO Box 724		Transaction ID: 50720.C4173
City Snelville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Richard L Hill</b>		Date of Receipt M / D / Y Y Y Y 07 / 05 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 50720.C4174
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. David S Johnson</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50708.C9650
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. MS. Suzanne Johnson</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 8235 Morrison Boulevard, Suite 302		Transaction ID: 50720.C4188
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employees Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Larry Kaczmarek</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50720.C4184
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>180.00</b>
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 20 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. T. Darlene Kaczmarek</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2005
Mailing Address 2833 State Route 58, Suite B		Transaction ID: 50708.C9662
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. MS. T. Darlene Kaczmarek</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2005
Mailing Address 2833 State Route 58, Suite B		Transaction ID: 50720.C4183
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Michael Kellan</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2005
Mailing Address PO Box 45279		Transaction ID: 50720.C4197
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Mary Kramer</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 50720.C4198
City	State	Zip Code
Omaha	NE	68130-1769
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. MS. Sue Larsen</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2005
Mailing Address 4995 Torero Road		Transaction ID: 50708.C3645
City	State	Zip Code
Santa Barbara	CA	93111-1925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Larsen Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Sue Larsen</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2005
Mailing Address 4995 Torero Road		Transaction ID: 50708.C3691
City	State	Zip Code
Santa Barbara	CA	93111-1925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Larsen Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 37  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Brian Liechty</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50720.C4201
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. MS. Carol Metznick</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 35905		Transaction ID: 50720.C4210
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Sharon L McDermott</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50720.C4211
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
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 23 / 37

(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	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. David Moore</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 1006		Transaction ID: 50720.C4219
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Associa	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Wesley Moore, III</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address P O Box 604		Transaction ID: 50720.C4218
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Joshua Nace</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 936 North 34th Street, Suite 20B		Transaction ID: 50720.C4221
City Seattle	State WA	Zip Code 98103-8889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>190.00</b>
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 / 37

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50708.C3659
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50720.C4233
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MS. Kathy Ratwater		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 50708.C3635
City Tyler	State TX	Zip Code 75701-9455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Threlkeld & Company Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>610.00</b>
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 25 / 37

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Kathy Rainwater</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 515 West Southwest Loop 323		Transaction ID: 50708.C3696
City	State	Zip Code
Tyler	TX	75701-9455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Threlkeld & Company Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Jan C Rausser</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50720.C4313
City	State	Zip Code
Milwaukee	WI	53202-4499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer The Rausser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Shan Ricketta</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 736 Johnson Ferry Road Building C, Suite 200		Transaction ID: 50708.C3694
City	State	Zip Code
Marietta	GA	30068-5618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Purchasing Alliance Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Glen E Riensche</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 415 5th Street P. O. Box 664		Transaction ID: 50720.C4247
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Insurance Services, I	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Joseph Roberts</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 7431 O Street		Transaction ID: 50720.C4252
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) <b>C. MR. William Robinson</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 100 South Sunrise Way, PMB 364		Transaction ID: 50720.C4253
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>150.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:        PAGE 27 / 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Eugene Rowe</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 18000 Ventura Blvd, Suite 1103		Transaction ID: 50720.C4257
City	State	Zip Code
Encino	CA	91436-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer R & R Insurance and Retirement	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Francis Ruggiero</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 288 South Street		Transaction ID: 50708.C3678
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Stephan Salomon</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 4252		Transaction ID: 50720.C4280
City	State	Zip Code
Timonium	MD	21064-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Kenneth Schmidt</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2005
Mailing Address 871D Manchester Road		Transaction ID: 50708.C3632
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Kenneth Schmidt</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2005
Mailing Address 871D Manchester Road		Transaction ID: 50708.C3633
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Kenneth Schmidt</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2005
Mailing Address 871D Manchester Road		Transaction ID: 50708.C3681
City Saint Louis	State MO	Zip Code 63144-2724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Corporate Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 37

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Steven Seinsky</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 285B8 Northwestern Highway, Suite		Transaction ID: 50708.C3648
City Southfield	State MI	Zip Code 48034-8335
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer PPOM	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Scott A. Shalek</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address PO Box 67 8817 Barnard Mill Rd.		Transaction ID: 50708.C3661
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

Full Name (Last, First, Middle Initial) <b>C. MS. Anne Sperting</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address PO Box 4550		Transaction ID: 50708.C3643
City Santa Fe	State NM	Zip Code 87502-4550
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>420.00</b>
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 30 / 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MS. Anne Spering</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address PD Box 4550		Transaction ID: 50708.C3673
City Santa Fe	State NM	Zip Code 87502-4550
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Michael Stephens</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 7712 South Yale Avenue, Suite 200		Transaction ID: 50708.C3638
City Tulsa	State OK	Zip Code 74136-8226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer American Medical Security	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Daniel Tompkins, III</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PD Box 1810		Transaction ID: 50720.C4285
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Janet Trautwein</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2005
Mailing Address 2000 14th St N Ste. 450		Transaction ID: 50720.C4287
City Arlington	State VA	Zip Code 22204-2506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation VP of Government Affairs	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. MS. Marilyn Van Sant</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2005
Mailing Address 271 Route 46 West Suite G208		Transaction ID: 50720.C4288
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Charles Wagner</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2005
Mailing Address PO Box 9		Transaction ID: 50720.C4291
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Age	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>170.00</b>
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 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. M. Hughes Warren, JR.</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address P.O. Box 7881		Transaction ID: 50708.C9668
City Wilmington	State NC	Zip Code 28406-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ebanconcepts, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Charles L Westmoreland</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 925		Transaction ID: 50720.C4294
City Jackson	State MS	Zip Code 39205-0925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MR. Charles L Westmoreland</b>		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address PO Box 925		Transaction ID: 50720.C4312
City Jackson	State MS	Zip Code 39205-0925
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 33 / 37  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. MR. Richard Wheeler</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 817 Highway 71, Building 2-B		Transaction ID: 50708.C3642
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Richard E. Wheeler Insurance S	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. MR. Robert A Ziff</b>		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50708.C3674
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Avarli Benefits Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	120.00
TOTAL This Period (last page this line number only) .....	▶	6765.00

**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 34 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Tracy Bradford</b>		Transaction ID: 50720.E162 Date of Disbursement 07 / 05 / 2005	
Mailing Address 866 Ridgeway Loop Road, Suite 200		Amount of Each Disbursement this Period 217.41	
City Memphis State TN Zip Code 38120-4000	Purpose of Disbursement REIMBURSEMENT FOR PURCHASE OF RAFFL	Category/ Type REIMBURSEMENT FOR PURCHASE OF RAFFL	
Candidate Name Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Scott Condos</b>		Transaction ID: 50720.E161 Date of Disbursement 07 / 05 / 2005	
Mailing Address PO Box 96235		Amount of Each Disbursement this Period 536.44	
City Las Vegas State NV Zip Code 89103-6235	Purpose of Disbursement REIMBURSEMENT FOR PURCHASE OF RAFFL	Category/ Type REIMBURSEMENT FOR PURCHASE OF RAFFL	
Candidate Name Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Merchant Services</b>		Transaction ID: 50720.E178 Date of Disbursement 07 / 05 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 314.72	
City Knoxville State TN Zip Code 37920-8612	Purpose of Disbursement CREDIT CARD SETTLEMENT FEE	Category/ Type CREDIT CARD SETTLEMENT FEE	
Candidate Name Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1068.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1068.57</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Bass Victory Committee</b>		Transaction ID: 50720.E186 Date of Disbursement 07 / 06 / 2005	
Mailing Address 104 Hume Ave. c/o Epiphany Production, Inc.		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22301-	Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name CHARLESF. BASS		Category/ Type POLITICAL CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District: D2			

Full Name (Last, First, Middle Initial) <b>B. Doyle for Congress</b>		Transaction ID: 50720.E178 Date of Disbursement 07 / 06 / 2005	
Mailing Address 205 Hawthorne Court 2227 Hampton Street		Amount of Each Disbursement this Period 500.00	
City Pittsburgh State PA Zip Code 15221-	Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name MIKE DOYLE		Category/ Type POLITICAL CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 14			

Full Name (Last, First, Middle Initial) <b>C. Johnson for Congress</b>		Transaction ID: 50720.E183 Date of Disbursement 07 / 06 / 2005	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06050-	Purpose of Disbursement POLITICAL CONTRIBUTION		
Candidate Name NANCYL. JOHNSON		Category/ Type POLITICAL CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 05			

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Lucas for Congress Committee

Mailing Address P.O. Box 1726

City Oklahoma City State OK Zip Code 73101-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
FRANKD LUCAS

Office Sought:  House  
Senate  
President  
State: OK District: D3

Disbursement For: 2005  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50720.E165  
Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. McCrery for Congress Committee

Mailing Address P.O. Box 52956

City Shreveport State LA Zip Code 71135-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JAMESOTISIII MCCRERY

Office Sought:  House  
Senate  
President  
State: LA District: D4

Disbursement For: 2005  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50720.E167  
Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290-8545

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
DEVINGERALD NUNES

Office Sought:  House  
Senate  
President  
State: CA District: 21

Disbursement For: 2005  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50720.E168  
Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Schmidt for Congress</b>		Transaction ID: 50720.E169 Date of Disbursement 07 / 07 / 2005	
Mailing Address P.O. Box 867		Amount of Each Disbursement this Period 1000.00	
City Milford	State OH	Zip Code 45150-	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JEANNETTEH SCHMIDT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: D0	Disbursement For:      2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Mike Sodrel</b>		Transaction ID: 50720.E164 Date of Disbursement 07 / 06 / 2005	
Mailing Address PO Box 1505		Amount of Each Disbursement this Period 1000.00	
City Jeffersonville	State IN	Zip Code 47131-1505	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name MICHAELE SODREL			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN      District: D8	Disbursement For:      2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	8500.00