

**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)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

03

31

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

04

15

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: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period	31016.61	
(c) Total Receipts (from Line 19)	82652.59	82652.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113669.20	113669.20
<hr/>		
7. Total Disbursements (from Line 31)	69104.36	69104.36
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44564.84	44564.84
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

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)	44264.00	44264.00
(ii) Unitemized	38388.59	38388.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))	82652.59	82652.59
(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)	82652.59	82652.59
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))	82652.59	82652.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82652.59	82652.59

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10354.36	10354.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10354.36	10354.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58750.00	58750.00
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))..	69104.36	69104.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	69104.36	69104.36

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)	82652.50	82652.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82652.50	82652.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10354.36	10354.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10354.36	10354.36

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

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

FOR LINE NUMBER: PAGE 6 / 100

(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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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) A. MS. Patricia Adams		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 133B Foothill Drive, Suite 336		Transaction ID: 50412.C164
City Salt Lake City	State UT	Zip Code 84108-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Patricia M. Adams Employee Ben	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. MS. Patricia Adams		Date of Receipt M / D / Y 03 / 15 / 2005
Mailing Address 133B Foothill Drive, Suite 336		Transaction ID: 50412.C1728
City Salt Lake City	State UT	Zip Code 84108-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Patricia M. Adams Employee Ben	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kerry Aldridge		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50412.CB27
City Lexington	State KY	Zip Code 40505-5200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

SUBTOTAL of Receipts This Page (optional)	▶	680.00
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 7/100
(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) A. Keny Aldridge		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50412.C108
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CKBS Insurance Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) B. Keny Aldridge		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50412.C1682
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. Keny Aldridge		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50412.C2107
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8/100
(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) A. Robert Archie		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 355 S Ronald Reagan Blvd		Transaction ID: 50412.C36
City Longwood	State FL	Zip Code 32750-5404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Archie & Associates	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 7806 University Avenue, Suite B		Transaction ID: 50412.C306
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 7806 University Avenue, Suite B		Transaction ID: 50412.CB99
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL 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 9 / 100

(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) A. MS. Elizabeth Ashmore		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 50412.C900	
City Lubbock	State TX	Zip Code 79423-2128	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Ashmore Agency Inc	Occupation Information Requested Aggregate Year-to-Date ▼		
Receipt For: Primary General Other (specify) ▼	300.00		
Full Name (Last, First, Middle Initial) B. MR. David Ayre		Date of Receipt M / D / Y Y Y Y 01 / 31 / 2005	
Mailing Address 6340 South 3000 East, # 500		Transaction ID: 50412.C516	
City Salt Lake City	State UT	Zip Code 84121-	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Intermountain Financial Benefit	Occupation Information Requested Aggregate Year-to-Date ▼		
Receipt For: Primary General Other (specify) ▼	80.00		
Full Name (Last, First, Middle Initial) C. MR. David Ayre		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005	
Mailing Address 6340 South 3000 East, # 500		Transaction ID: 50412.C1678	
City Salt Lake City	State UT	Zip Code 84121-	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Intermountain Financial Benefit	Occupation Information Requested Aggregate Year-to-Date ▼		
Receipt For: Primary General Other (specify) ▼	180.00		

SUBTOTAL of Receipts This Page (optional) ► **280.00**

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 10 / 109

(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. MR. David Ayré		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 50412.C1824
City Salt Lake City	State UT	Zip Code 84121-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefi	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MR. Andrew Biemat		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50412.C650
City Utica	State NY	Zip Code 13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New Yor- k, In	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) C. MR. Andrew Biemat		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50412.C1684
City Utica	State NY	Zip Code 13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New Yor- k, In	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

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 11 / 109

(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. MR. Andrew Biemst		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50412.C1950
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, In	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Robert J Bishop		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50412.C518
City	State	Zip Code
Las Vegas	NV	89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 84.00	

Full Name (Last, First, Middle Initial) C. MR. Robert J Bishop		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50412.C1686
City	State	Zip Code
Las Vegas	NV	89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KJA Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 168.00	

SUBTOTAL of Receipts This Page (optional)	▶	248.00
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 12 / 109
(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) A. MR. Robert J Bishop		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50412.C1883
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KIA Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	252.00	

Full Name (Last, First, Middle Initial) B. Bradford Blain		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 343 Waller Ave		Transaction ID: 50412.C19
City Lexington	State KY	Zip Code 40504-2912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AI Torstrick Insurance Agency	Occupation Health Insurance Agent Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. MRS. Tracy Duke Bradford		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C319
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	40.00	

SUBTOTAL of Receipts This Page (optional)	374.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 108

(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) A. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C555
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C626
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	120.00	

Full Name (Last, First, Middle Initial) C. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C197
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

SUBTOTAL of Receipts TN's 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 14 / 108
(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) A. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 02 / 22 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C1718
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	210.00	

Full Name (Last, First, Middle Initial) B. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C1654
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.CB27
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	290.00	

SUBTOTAL of Receipts TN's 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 15 / 109
(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) A. MRS. Tracy Quirk Bradford		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50412.C1840
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	330.00	

Full Name (Last, First, Middle Initial) B. MR. Ronald Buffum		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50412.C822
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	10.00	

Full Name (Last, First, Middle Initial) C. MR. Ronald Buffum		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50412.C832
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	20.00	

SUBTOTAL of Receipts TN's 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 16 / 108
(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) A. MR. Ronald Buffum		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50412.C1715
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Buffum Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	270.00	

Full Name (Last, First, Middle Initial) B. MR. Ronald Buffum		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50412.C633
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Gansan		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address PO Box 7367		Transaction ID: 50412.C37
City	State	Zip Code
Columbus	GA	31508-7367
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Peace & Company Insurance Bro	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	350.00	

SUBTOTAL of Receipts This Page (optional)	610.00
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 17 / 109
(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) A. MS. Dorothy Cociu		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address PD Box 1941		Transaction ID: 50412.C590
City	State	Zip Code
Big Bear Lake	CA	92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 80.00	Receipt

Full Name (Last, First, Middle Initial) B. MS. Dorothy Cociu		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 1941		Transaction ID: 50412.C1683
City	State	Zip Code
Big Bear Lake	CA	92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 180.00	Receipt

Full Name (Last, First, Middle Initial) C. MS. Dorothy Cociu		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PD Box 1941		Transaction ID: 50412.C1908
City	State	Zip Code
Big Bear Lake	CA	92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 240.00	Receipt

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 18 / 108

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Edward DeRose		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 48 East Meadowbrook Circle		Transaction ID: 50412.C16
City State Zip Code Sicklerville NJ 08081-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Edward C. DeRose & Associates	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) B. MR. Rush David Dixon		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50412.C770
City State Zip Code Rockville MD 20850-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) C. MR. Rush David Dixon		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50412.C1694
City State Zip Code Rockville MD 20850-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 100
(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) A. MR. Rush David Dixon		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50412.C2053
City	State	Zip Code
Rockville	MD	20850-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Dysart		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2815 Camino Del Rio South, Suite 2		Transaction ID: 50412.C253
City	State	Zip Code
San Diego	CA	92108-3816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Healthcare Solutions	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Dysart		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 2815 Camino Del Rio South, Suite 2		Transaction ID: 50412.C26
City	State	Zip Code
San Diego	CA	92108-3816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Healthcare Solutions	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 20 / 109

(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. MR. Thomas M Evans		Date of Receipt M / D / Y Y Y Y 01 / 03 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50412.C353
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mide	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas M Evans		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50412.C666
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mide	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas M Evans		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50412.C264
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mide	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

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 21 / 109

(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. MR. Thomas M Evans		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50412.C997
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Midia	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	320.00	

Full Name (Last, First, Middle Initial) B. MR. David Faar		Date of Receipt M / D / Y Y Y Y 01 / 03 / 2005
Mailing Address 11160 Sun Center Drive, Suite A		Transaction ID: 50412.C955
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	55.00	

Full Name (Last, First, Middle Initial) C. MR. David Faar		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address 11160 Sun Center Drive, Suite A		Transaction ID: 50412.C1000
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	110.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
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 / 109

(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. MR. David Fear		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50412.C47
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CIMS Strategic Distributi- on Di	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	210.00	

Full Name (Last, First, Middle Initial) B. MR. David Fear		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50412.C1001
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on Di	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	285.00	

Full Name (Last, First, Middle Initial) C. MR. JEFF R. Fishbeck		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 736 Johnson Ferry Road Building C, Suite 200		Transaction ID: 50412.C283
City Marietta	State GA	Zip Code 30068-5618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 980.00
Name of Employer Purchasing Alliance Solu- tions.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	980.00	

SUBTOTAL of Receipts This Page (optional)	1115.00
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 23 / 109
(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) A. Eva Jean Fornalant		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 2500 Louisiana Blvd NE Ste. 300		Transaction ID: 50412.C167
City	State	Zip Code
Albuquerque	NM	87110-4372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Plans of NM	Occupation Manager of Sales & Retention	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

Full Name (Last, First, Middle Initial) B. Eva Jean Fornalant		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 2500 Louisiana Blvd NE Ste. 300		Transaction ID: 50412.C18
City	State	Zip Code
Albuquerque	NM	87110-4372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Delta Dental Plans of NM	Occupation Manager of Sales & Retention	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Bernard G Frye		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 941 East 88th Street, Suite 20B		Transaction ID: 50412.C21
City	State	Zip Code
Indianapolis	IN	46240-1853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Frye Brokerage Company	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	520.00
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 / 108

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Bruce Gardner		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50412.C961
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MR. Bruce Gardner		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50412.C1012
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. MR. Bruce Gardner		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50412.C1013
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

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 25 / 109

(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. MR. Richard Gilchrist		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 1336		Transaction ID: 50412.C190
City Island Heights	State NJ	Zip Code 08732-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Martin Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) B. MR. Richard Gilchrist		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 1336		Transaction ID: 50412.C238
City Island Heights	State NJ	Zip Code 08732-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Martin Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) C. MR. Richard Gilchrist		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 1338		Transaction ID: 50412.C177
City Island Heights	State NJ	Zip Code 08732-1338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Martin Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	450.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 26 / 109
(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) A. MS. Patrice Goldfarb		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C964
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	50.00	

Full Name (Last, First, Middle Initial) B. MS. Patrice Goldfarb		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C615
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	75.00	

Full Name (Last, First, Middle Initial) C. MS. Patrice Goldfarb		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C1018
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	125.00	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 109

(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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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) A. MS. Patrice Goldfarb		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C121
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Medical Link	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	145.00	

Full Name (Last, First, Middle Initial) B. MS. Patrice Goldfarb		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C1631
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	170.00	

Full Name (Last, First, Middle Initial) C. MS. Patrice Goldfarb		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C1019
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	220.00	

SUBTOTAL of Receipts This Page (optional)	▶	95.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 108
(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) A. MS. Patrice Goldfarb		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50412.C2000
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Ink	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	245.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Goss		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50412.C365
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Goss		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50412.C1022
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

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: PAGE 28 / 108

(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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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) A. MR. Michael Goss		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50412.C1023
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Gray		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 233 S 13th St Ste. 150D		Transaction ID: 50412.C367
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Gray		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 233 S 13th St Ste. 150D		Transaction ID: 50412.C1028
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	400.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
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 30 / 108
(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) A. MR. Michael Gray		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50412.C194
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Harry A. Koch Company Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	440.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Gray		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50412.C1029
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	640.00	

Full Name (Last, First, Middle Initial) C. MR. Christopher Harrison		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50412.C759
City Fayetteville	State NC	Zip Code 28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebenconcepts Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

SUBTOTAL of Receipts This Page (optional)	320.00
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 31 / 109
(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) A. MR. Christopher Harrison		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50412.C122
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ebanconcepts Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) B. MR. Christopher Harrison		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50412.C1677
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

Full Name (Last, First, Middle Initial) C. MR. Christopher Harrison		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50412.C2104
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebanconcepts Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	340.00	

SUBTOTAL of Receipts This Page (optional)	280.00
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 / 108
(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) A. MR. Thomas Harte		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50412.C848
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas Harte		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50412.C77
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Landmark Benefits, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas Harte		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50412.C1681
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

SUBTOTAL of Receipts TNs Page (optional)	280.00
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 / 109

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Thomas Harte		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50412.C2169
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	340.00	

Full Name (Last, First, Middle Initial) B. MS. Donna Hill		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address PO Box 724		Transaction ID: 50412.C383
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) C. MS. Donna Hill		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address PO Box 724		Transaction ID: 50412.C1080
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 34 / 108
(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) A. MS. Donna Hill		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PD Box 724		Transaction ID: 50412.C1061
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. MR. Robert Huffaker		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address PD Box 6217		Transaction ID: 50412.C721
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	90.00	

Full Name (Last, First, Middle Initial) C. MR. Robert Huffaker		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 6217		Transaction ID: 50412.C1690
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	290.00
TOTAL 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 35 / 109
(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) A. MR. Robert Huffaker		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PD Box 6217		Transaction ID: 50412.C2119
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Arthur Jetter		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 11305 Chicago Cir		Transaction ID: 50412.C1719
City Omaha	State NE	Zip Code 68154-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Art Jetter & Company	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. MR. David S Johnson		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50412.C532
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts TN's Page (optional)	5140.00
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 36 / 108

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. David S Johnson		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50412.C14
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer David S. Johnson Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	150.00	

Full Name (Last, First, Middle Initial) B. MR. David S Johnson		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50412.C1658
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) C. MR. David S Johnson		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50412.C1901
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	250.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 109
(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) A. MR. Donald M Jones		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 720 West Loop Drive		Transaction ID: 50412.C24
City Camarillo	State CA	Zip Code 93010-1262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Warner Pacific	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. MR. Randy Joppie		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 886B Blue Hummingbird Way		Transaction ID: 50412.C699
City Belding	State MI	Zip Code 48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orat	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) C. MR. Randy Joppie		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 886B Blue Hummingbird Way		Transaction ID: 50412.C83
City Belding	State MI	Zip Code 48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Collins & Associates Corp- orat	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	140.00	

SUBTOTAL of Receipts This Page (optional)	1140.00
TOTAL 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 38 / 108
(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) A. MR. Randy Joppie		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 50412.C1695
City	State	Zip Code
Belding	MI	48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orat	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MR. Randy Joppie		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 50412.C1697
City	State	Zip Code
Belding	MI	48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orat	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	340.00	

Full Name (Last, First, Middle Initial) C. MR. Lary Kaczmarek		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50412.C401
City	State	Zip Code
Ravenna	OH	44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces,	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
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(check only one)
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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MR. Lary Kaczmarek		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 2833 State Route 58, Suite B		Transaction ID: 50412.C1097
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 200.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Lary Kaczmarek		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2833 State Route 58, Suite B		Transaction ID: 50412.C180
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kaczmarek Insurance Services, Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 220.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. Lary Kaczmarek		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2833 State Route 58, Suite B		Transaction ID: 50412.C1098
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 320.00	Receipt

SUBTOTAL of Receipts This Page (optional)	220.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 108
(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) A. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 01 / 03 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50412.C402
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

Full Name (Last, First, Middle Initial) B. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50412.C1089
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) C. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50412.C278
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kaczmarek Insurance Services	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	360.00
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 / 109
(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) A. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 50412.C1100
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	460.00	

Full Name (Last, First, Middle Initial) B. MR. Mark Kennedy		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 50412.C524
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) C. MR. Mark Kennedy		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 50412.C1670
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	160.00	

SUBTOTAL of Receipts This Page (optional)	280.00
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 42 / 108
(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) A. MR. Mark Kennedy		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1173 Brittnoare Road		Transaction ID: 50412.C1907
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Kelian		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address PO Box 45279		Transaction ID: 50412.C404
City	State	Zip Code
Omaha	NE	68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Kelian		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 50412.C1104
City	State	Zip Code
Omaha	NE	68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

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
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FOR LINE NUMBER: PAGE 43 / 108

(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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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) A. MR. Michael Kielian		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PD Box 45279		Transaction ID: 50412.C1105
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MR. Ross Kraft		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50412.C525
City Utica	State NY	Zip Code 13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) C. MR. Ross Kraft		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50412.C1679
City Utica	State NY	Zip Code 13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

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
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Ross Kraft		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50412.C1855
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, In	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MR. Brian Leshy		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50412.C410
City	State	Zip Code
Plymouth	IN	46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) C. MR. Brian Leshy		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50412.C1114
City	State	Zip Code
Plymouth	IN	46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

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)
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(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Brian Liechty		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50412.C1115
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MS. Cheryl Lombardi		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50412.C591
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) C. MS. Cheryl Lombardi		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50412.C285
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Claremont Insurance Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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Use separate schedule(s)
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS. Cheryl Lombardi		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50412.C1668
City State Zip Code Walnut Creek CA 94596-4536	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) B. MS. Cheryl Lombardi		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50412.C1670
City State Zip Code Walnut Creek CA 94596-4536	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

Full Name (Last, First, Middle Initial) C. MS. Linda Mackey		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address PO Box 1001		Transaction ID: 50412.C1434
City State Zip Code Tyrone GA 30290-1001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	10.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 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) A. MS. Linda Mackey		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 1001		Transaction ID: 50412.C1720
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Linda Mackey Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	210.00	

Full Name (Last, First, Middle Initial) B. MS. Linda Mackey		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PD Box 1001		Transaction ID: 50412.C1978
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	220.00	

Full Name (Last, First, Middle Initial) C. MR. Dale Maloney		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50412.C531
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)	310.00
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 48 / 108
(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) A. MR. Dale Maloney		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50412.C55
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Benefits Division, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	160.00	

Full Name (Last, First, Middle Initial) B. MR. Dale Maloney		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50412.C1697
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

Full Name (Last, First, Middle Initial) C. MR. Dale Maloney		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50412.C1895
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	380.00	

SUBTOTAL of Receipts This Page (optional)	280.00
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 48 / 108
(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) A. MR. John May		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 50412.C44
City Columbus	State OH	Zip Code 43235-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer May Insurance Services, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. MR. John May		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 50412.C2168
City Columbus	State OH	Zip Code 43235-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	580.00	

Full Name (Last, First, Middle Initial) C. MS. Sharon L McDermott		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50412.C419
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)	680.00
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 50 / 109
(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) A. MS. Sharon L McDermott		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50412.C1134
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) B. MS. Sharon L McDermott		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50412.C1135
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. MR. Jamey Miles		Date of Receipt M / D / Y Y Y Y 01 / 31 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 50412.C618
City Marina del Rey	State CA	Zip Code 90252-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 51 / 109

(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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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) A. MR. Jeffrey Miles		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 50412.C1671
City Marina del Rey	State CA	Zip Code 90232-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	160.00	

Full Name (Last, First, Middle Initial) B. MR. Jeffrey Miles		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 50412.C1930
City Marina del Rey	State CA	Zip Code 90232-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) C. MR. Wesley Moore, III		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address P O Box 804		Transaction ID: 50412.C423
City Darlington	State SC	Zip Code 29540-0804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 52 / 108

(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. MR. Wesley Moore, III		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 50412.C1147
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) B. MR. Wesley Moore, III		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address P O Box 604		Transaction ID: 50412.C1105
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer W P Moore Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	220.00	

Full Name (Last, First, Middle Initial) C. MR. Wesley Moore, III		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 50412.C1148
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	320.00	

SUBTOTAL of Receipts This Page (optional)	220.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 53 / 108
(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) A. MR. Ray Musser		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 404 North Second Avenue, Suite B		Transaction ID: 50412.C57
City Upland	State CA	Zip Code 91786-4701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ray Int. Musser & Associates, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. MR. Robert Myers		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 2876 South Arlington Road		Transaction ID: 50412.C27
City Akron	State OH	Zip Code 44312-4716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Associated Underwriters Insura	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Mr. John Nelson, JR		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 32110 Agoura Rd		Transaction ID: 50412.C287
City Westlake Village	State CA	Zip Code 91361-4028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Warner Pacific Insurance Serv	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
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 / 108

(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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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) A. Mr. Herbert Oliver, JR		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 29368		Transaction ID: 50412.C173
City Greensboro	State NC	Zip Code 27429-0368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Roberts & Daniels Insurance Gro	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50412.C437
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Parker Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	50.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50412.C793
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	90.00	

SUBTOTAL of Receipts This Page (optional)	▶	330.00
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 55 / 109

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50412.C1175
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Parker Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	140.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50412.C73
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50412.C1176
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	270.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
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 66 / 108
(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) A. MR. Jesse Patton		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 50412.C703
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group. Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Jesse Patton		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 50412.C1701
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group. Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 450.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. Jesse Patton		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 50412.C2118
City Des Moines	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group. Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 675.00	Receipt

SUBTOTAL of Receipts This Page (optional)	675.00
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 57 / 108
(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) A. MR. Joe Phifer		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 50412.C259
City	State	Zip Code
Dallas	TX	75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SafeGuard Health Enterprises	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	20.00	

Full Name (Last, First, Middle Initial) B. MR. Joe Phifer		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 50412.C42
City	State	Zip Code
Dallas	TX	75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SafeGuard Health Enterprises	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1020.00	

Full Name (Last, First, Middle Initial) C. MS. Susan Pittman		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 32418 51st Avenue, SW		Transaction ID: 50412.C178
City	State	Zip Code
Federal Way	WA	98023-1538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Insure NW Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	500.00	

SUBTOTAL of Receipts This Page (optional)	1520.00
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 58 / 108

(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. MR. James Price, III		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 50412.C1691
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Ser	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) B. MR. James Price, III		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 50412.C1865
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Ser	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) C. MS. Susan Maley Rash		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 50412.C511
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	50.00	

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: PAGE 58 / 108
(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) A. MS. Susan Maley Rash		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 50412.C268
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	450.00	

Full Name (Last, First, Middle Initial) B. MS. Susan Maley Rash		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 50412.C1658
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. MS. Susan Maley Rash		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 50412.C1898
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	550.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 60 / 109
(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) A. MR. Jan C Rauser		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50412.C596
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MR. Jan C Rauser		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50412.C233
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Rauser Agency, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) C. MR. Jan C Rauser		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50412.C1675
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

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 61 / 109
(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) A. MR. Jan C Rauser		Date of Receipt M / D / Y 03 / 22 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50412.C1741
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Rauser Agency, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) B. MR. Jan C Rauser		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50412.C1890
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

Full Name (Last, First, Middle Initial) C. MR. Alexander Reynolds		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 50412.C554
City Birmingham	State AL	Zip Code 35216-1280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	10.00	

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: PAGE 62 / 108
(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) A. MR. Alexander Reynolds		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 50412.C7
City	State	Zip Code
Birmingham	AL	35216-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer AG Reynolds and Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	255.00	

Full Name (Last, First, Middle Initial) B. MR. Alexander Reynolds		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 50412.C1483
City	State	Zip Code
Birmingham	AL	35216-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	285.00	

Full Name (Last, First, Middle Initial) C. MR. Alexander Reynolds		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 50412.C1843
City	State	Zip Code
Birmingham	AL	35216-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	275.00	

SUBTOTAL of Receipts This Page (optional)	285.00
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 63 / 108

(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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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) A. MR. John Rice		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 300 North Dakota Avenue, Suite 218		Transaction ID: 50412.C15
City	State	Zip Code
Sioux Falls	SD	57104-6023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Rice Insurance Agency, In- c.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	2400.00	

Full Name (Last, First, Middle Initial) B. MS. Aina Roberts		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50412.C722
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	85.00	

Full Name (Last, First, Middle Initial) C. MS. Aina Roberts		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50412.C123
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Insurance Dimensions	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	185.00	

SUBTOTAL of Receipts This Page (optional)	▶	2585.00
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 64 / 108
(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) A. MS. Aline Roberts		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50412.C1689
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	270.00	

Full Name (Last, First, Middle Initial) B. MS. Aline Roberts		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50412.C2086
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	355.00	

Full Name (Last, First, Middle Initial) C. MR. Joseph Roberts		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C1710
City	State	Zip Code
Lincoln	NE	68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Midlands Financial Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	400.00	

SUBTOTAL of Receipts This Page (optional)	570.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Joseph Roberts		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C1213
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	440.00	

Full Name (Last, First, Middle Initial) B. MR. Joseph Roberts		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C273
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Midlands Financial Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	540.00	

Full Name (Last, First, Middle Initial) C. MR. Joseph Roberts		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C1214
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	580.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL 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 66 / 108
(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) A. MR. Stephen Salamon		Date of Receipt M / D / Y Y Y Y 01 / 03 / 2005
Mailing Address PD Box 4252		Transaction ID: 50412.C463
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	10.00	

Full Name (Last, First, Middle Initial) B. MR. Stephen Salamon		Date of Receipt M / D / Y Y Y Y 02 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 50412.C1229
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	20.00	

Full Name (Last, First, Middle Initial) C. MR. Stephen Salamon		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2005
Mailing Address PD Box 4252		Transaction ID: 50412.C290
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Heritage Financial Consultants	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1020.00	

SUBTOTAL of Receipts This Page (optional)	▶	1020.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 67 / 108
(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) A. MR. Stephen Salomon		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 50412.C1290
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1030.00	

Full Name (Last, First, Middle Initial) B. Mr. Raymer Sala, JR		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50412.C565
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer E2E Benefits Services, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	40.00	

Full Name (Last, First, Middle Initial) C. Mr. Raymer Sala, JR		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50412.C258
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer E2E Benefits Services, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

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: PAGE 68 / 108

(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. Mr. Raymer Sale, JR		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50412.C1696
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 160.00	Receipt

Full Name (Last, First, Middle Initial) B. Mr. Raymer Sale, JR		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50412.C1916
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EZE Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 280.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. James Schutz		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C730
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefi- ts Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 80.00	Receipt

SUBTOTAL of Receipts This Page (optional)	280.00
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 68 / 108

(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. MR. James Schulz		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C1674
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	160.00	

Full Name (Last, First, Middle Initial) B. MR. James Schulz		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 7431 O Street		Transaction ID: 50412.C2179
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) C. MR. Gregory Seifert		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address PO Box 189		Transaction ID: 50412.C782
City Vancouver	State WA	Zip Code 98668-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer Biggs Insurance Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	252.00	

SUBTOTAL of Receipts This Page (optional)	412.00
TOTAL 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 70 / 109
(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) A. MR. Steven Seinsky		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 28588 Northwestern Highway, Suite		Transaction ID: 50412.C179
City Southfield	State MI	Zip Code 48034-8335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer PPOM	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	150.00	

Full Name (Last, First, Middle Initial) B. MR. Steven Seinsky		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 28588 Northwestern Highway, Suite		Transaction ID: 50412.C61
City Southfield	State MI	Zip Code 48034-8335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PPOM	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. MR. Scott A Shalek		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address PO Box 67 6817 Barnard Mill Rd.		Transaction ID: 50412.C632
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 71 / 109

(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. MR. Scott A Shalek		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 67 6817 Barnard Mill Rd.		Transaction ID: 50412.C275
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Shalek Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. MR. Scott A Shalek		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 67 6817 Barnard Mill Rd.		Transaction ID: 50412.C1700
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. MR. Scott A Shalek		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PD Box 67 6817 Barnard Mill Rd.		Transaction ID: 50412.C1939
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	700.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 72 / 109
(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) A. Frances Sheehan		Date of Receipt MM / DD / YYYY 02 / 09 / 2005
Mailing Address 205 W. Fourth Street, # 1000		Transaction ID: 50412.C12
City State Zip Code Cincinnati OH 45202-2628	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Aetna	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) B. MR. Nathaniel Smith		Date of Receipt MM / DD / YYYY 01 / 07 / 2005
Mailing Address 5311 77 Center Drive, Suite 72		Transaction ID: 50412.C866
City State Zip Code Charlotte NC 28217-0751	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Rogers Benefit Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) C. MR. Paul Smith		Date of Receipt MM / DD / YYYY 02 / 08 / 2005
Mailing Address 100 Riverview Center Suite 272		Transaction ID: 50412.C267
City State Zip Code Middletown CT 06457-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 220.00
Name of Employer Ameriben Alliance, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	220.00	

SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 73 / 109
(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) A. MS. Carol Steele		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50412.C662
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	20.00	

Full Name (Last, First, Middle Initial) B. MS. Carol Steele		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50412.C46
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Benefit Designs, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	220.00	

Full Name (Last, First, Middle Initial) C. MS. Carol Steele		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50412.C1591
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

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 74 / 108
(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) A. MS. Carol Steele		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50412.C1954
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	260.00	

Full Name (Last, First, Middle Initial) B. MR. James R Stenger		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 50412.C607
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	200.00	

Full Name (Last, First, Middle Initial) C. MR. James R Stenger		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 288 South Street		Transaction ID: 50412.C258
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer NAS Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	260.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 75 / 109

(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) A. MR. James R Stenger		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 288 South Street		Transaction ID: 50412.C1699
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	460.00	

Full Name (Last, First, Middle Initial) B. MR. James R Stenger		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 50412.C2048
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	680.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Stephens		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 7712 South Yale Avenue, Suite 200		Transaction ID: 50412.C174
City	State	Zip Code
Tulsa	OK	74138-6228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Medical Security	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 76 / 109
(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) A. MR. James Summers		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50412.C619
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) B. MR. James Summers		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50412.C292
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Senior Market Sales, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	140.00	

Full Name (Last, First, Middle Initial) C. MR. James Summers		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50412.C1693
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

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 77 / 109

(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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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) A. MR. James Summers		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50412.C1944
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	340.00	

Full Name (Last, First, Middle Initial) B. MS. Julia A Tepis		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 397D Senby Crossing NE		Transaction ID: 50412.C154
City Marietta	State GA	Zip Code 30068-2562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Julie Tepis Agency	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. MR. Donald Thompson		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 972D Bunsen Parkway		Transaction ID: 50412.C539
City Louisville	State KY	Zip Code 40268-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	150.00	

SUBTOTAL of Receipts This Page (optional)	550.00
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 78 / 108

(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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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) A. MR. Donald Thompson		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 9720 Bunsen Parkway		Transaction ID: 50412.C1698
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. MR. Donald Thompson		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 9720 Bunsen Parkway		Transaction ID: 50412.C1698
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	450.00	

Full Name (Last, First, Middle Initial) C. MS. Marilyn Van Sant		Date of Receipt M / D / Y 01 / 03 / 2005
Mailing Address 271 Route 46 West Suite G208		Transaction ID: 50412.C490
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

SUBTOTAL of Receipts This Page (optional)	390.00
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 78 / 108
(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) A. MS. Marilyn Van Sant		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 50412.C1284
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	160.00	

Full Name (Last, First, Middle Initial) B. MS. Marilyn Van Sant		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 50412.C1285
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) C. MR. Mark Viehmann		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 6165 West Highway 14B Mail Code 759-85-01-00		Transaction ID: 50412.C23
City Crestwood	State KY	Zip Code 40014-9531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer BB&T Old Colony Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	240.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 80 / 108
(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

<p>A. Full Name (Last, First, Middle Initial) MR. Peter Vinton</p> <p>Mailing Address 948D Deereco Road</p> <hr/> <p>City State Zip Code Timonium MD 21083-2102</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> Name of Employer Corporate Coverage, LLC </td> <td style="width:65%;"> Occupation Information Requested Aggregate Year-to-Date ▼ </td> </tr> <tr> <td> Receipt For: Primary General Other (specify) ▼ </td> <td style="text-align: right; vertical-align: bottom;"> 80.00 </td> </tr> </table>	Name of Employer Corporate Coverage, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt For: Primary General Other (specify) ▼	80.00	<p>Date of Receipt M / D / Y Y Y Y 01 / 31 / 2005</p> <p>Transaction ID: 50412.C522</p> <hr/> <p>Amount of Each Receipt this Period 80.00</p> <p>Receipt</p>
Name of Employer Corporate Coverage, LLC	Occupation Information Requested Aggregate Year-to-Date ▼				
Receipt For: Primary General Other (specify) ▼	80.00				

<p>B. Full Name (Last, First, Middle Initial) MR. Peter Vinton</p> <p>Mailing Address 948D Deereco Road</p> <hr/> <p>City State Zip Code Timonium MD 21083-2102</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> Name of Employer Corporate Coverage, LLC </td> <td style="width:65%;"> Occupation Information Requested Aggregate Year-to-Date ▼ </td> </tr> <tr> <td> Receipt For: Primary General Other (specify) ▼ </td> <td style="text-align: right; vertical-align: bottom;"> 180.00 </td> </tr> </table>	Name of Employer Corporate Coverage, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt For: Primary General Other (specify) ▼	180.00	<p>Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005</p> <p>Transaction ID: 50412.C1673</p> <hr/> <p>Amount of Each Receipt this Period 80.00</p> <p>Receipt</p>
Name of Employer Corporate Coverage, LLC	Occupation Information Requested Aggregate Year-to-Date ▼				
Receipt For: Primary General Other (specify) ▼	180.00				

<p>C. Full Name (Last, First, Middle Initial) MR. Peter Vinton</p> <p>Mailing Address 948D Deereco Road</p> <hr/> <p>City State Zip Code Timonium MD 21083-2102</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> Name of Employer Corporate Coverage, LLC </td> <td style="width:65%;"> Occupation Information Requested Aggregate Year-to-Date ▼ </td> </tr> <tr> <td> Receipt For: Primary General Other (specify) ▼ </td> <td style="text-align: right; vertical-align: bottom;"> 240.00 </td> </tr> </table>	Name of Employer Corporate Coverage, LLC	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt For: Primary General Other (specify) ▼	240.00	<p>Date of Receipt M / D / Y Y Y Y 03 / 31 / 2005</p> <p>Transaction ID: 50412.C1893</p> <hr/> <p>Amount of Each Receipt this Period 80.00</p> <p>Receipt</p>
Name of Employer Corporate Coverage, LLC	Occupation Information Requested Aggregate Year-to-Date ▼				
Receipt For: Primary General Other (specify) ▼	240.00				

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 108
(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) A. MR. John Warwick		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address PD Box 272		Transaction ID: 50412.C812
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 85.00	

Full Name (Last, First, Middle Initial) B. MR. John Warwick		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address PD Box 272		Transaction ID: 50412.C293
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer John Warwick Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	

Full Name (Last, First, Middle Initial) C. MR. John Warwick		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address PD Box 272		Transaction ID: 50412.C1688
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Information Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	210.00
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 82 / 108

(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) A. MR. John Warwick		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address PD Box 272		Transaction ID: 50412.C2196
City Chicago	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	295.00	

Full Name (Last, First, Middle Initial) B. MR. Trei Wild		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 50412.C266
City Dallas	State TX	Zip Code 75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SafeGuard Health Plans	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

Full Name (Last, First, Middle Initial) C. MR. Trei Wild		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 5495 Belt Line Road, Suite 155		Transaction ID: 50412.C276
City Dallas	State TX	Zip Code 75254-7643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SafeGuard Health Plans	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1100.00	

SUBTOTAL of Receipts This Page (optional) ► **1185.00**

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 83 / 108
(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) A. MR. Dennis Wright		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50412.C634
City	State	Zip Code
Fort Wayne	IN	46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MR. Dennis Wright		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50412.C1672
City	State	Zip Code
Fort Wayne	IN	46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. MR. Dennis Wright		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50412.C1415
City	State	Zip Code
Fort Wayne	IN	46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	170.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 84 / 108
(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) A. MR. Dennis Wright		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50412.C1921
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) B. MR. Dennis Wright		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50412.C1929
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

Full Name (Last, First, Middle Initial) C. MR. Greg Yoder		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50412.C777
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)	190.00
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 85 / 108
(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) A. MR. Greg Yoder		Date of Receipt MM / DD / YYYY 02 / 08 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50412.C172
City State Zip Code San Jose CA 95125-2451	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Ray Silva Insurance Associates	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1100.00	

Full Name (Last, First, Middle Initial) B. MR. Greg Yoder		Date of Receipt MM / DD / YYYY 02 / 28 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50412.C1692
City State Zip Code San Jose CA 95125-2451	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1200.00	

Full Name (Last, First, Middle Initial) C. MR. Greg Yoder		Date of Receipt MM / DD / YYYY 03 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50412.C2032
City State Zip Code San Jose CA 95125-2451	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	1300.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
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 86 / 108
(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) A. MR. Robert A Ziff		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50412.C803
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avarli Benefits Corp	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	80.00	

Full Name (Last, First, Middle Initial) B. MR. Robert A Ziff		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50412.C189
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Avarli Benefits Corp	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	180.00	

Full Name (Last, First, Middle Initial) C. MR. Robert A Ziff		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50412.C1885
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avarli Benefits Corp	Occupation Information Requested Aggregate Year-to-Date ▼	Receipt
Receipt For: Primary General Other (specify) ▼	280.00	

SUBTOTAL of Receipts This Page (optional)	280.00
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 87 / 108

(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. MR. Robert A Ziff		Date of Receipt 03 / 31 / 2005	
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50412.C2157	
City Morrisville	State PA	Zip Code 19067-6278	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Avanll Benefits Corp	Occupation Information Requested Aggregate Year-to-Date ▼	340.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	44264.00

**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		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. Tom Bruderle			Transaction ID: 50412.E8 Date of Disbursement 02 / 11 / 2005		
Mailing Address 2000 14th St N Ste. 400			Amount of Each Disbursement this Period 367.88		
City Arlington	State VA	Zip Code 22201-2518	REFUND FOR FUNDRAISING PR- ODUCTS		
Purpose of Disbursement REFUND FOR FUNDRAISING PRODUCTS			Category/ Type		
Candidate Name			REFUND FOR FUNDRAISING PR- ODUCTS		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 367.88		
State: District					

Full Name (Last, First, Middle Initial) B. Tom Bruderle			Transaction ID: 50412.E56 Date of Disbursement 03 / 24 / 2005		
Mailing Address 2000 14th St N Ste. 400			Amount of Each Disbursement this Period 92.58		
City Arlington	State VA	Zip Code 22201-2518	MEAL REIMBURSEMENT		
Purpose of Disbursement MEAL REIMBURSEMENT			Category/ Type		
Candidate Name			MEAL REIMBURSEMENT		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 92.58		
State: District					

Full Name (Last, First, Middle Initial) C. Capitol Hill Club			Transaction ID: 50412.E9 Date of Disbursement 02 / 14 / 2005		
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 3286.80		
City Washington	State DC	Zip Code 20003-1801	LUNCHEON-CAPITOL CLUB REC- OGNITION		
Purpose of Disbursement LUNCHEON-CAPITOL CLUB RECOGNITION			Category/ Type		
Candidate Name			LUNCHEON-CAPITOL CLUB REC- OGNITION		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 3286.80		
State: District					

SUBTOTAL of Disbursements This Page (optional) ► **3747.24**

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 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) A. American Express		Transaction ID: 50412.E60 Date of Disbursement 01 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 68.32	
City Phoenix State AZ Zip Code 85072-3852	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) ▼			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50412.E61 Date of Disbursement 02 / 22 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 224.10	
City Phoenix State AZ Zip Code 85072-3852	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) ▼			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 50412.E62 Date of Disbursement 03 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 83.20	
City Phoenix State AZ Zip Code 85072-3852	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) ▼			

SUBTOTAL of Disbursements This Page (optional) ► **375.62**

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 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) A. White House Gear		Transaction ID: 50412.E7 Date of Disbursement 02 / 11 / 2005	
Mailing Address 6905 W Clifton St		Amount of Each Disbursement this Period 672.09	
City Tampa State FL Zip Code 33634-4919	Purpose of Disbursement FUNDRAISER ITEMS	Category/ Type FUNDRAISER ITEMS	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. White House Gear		Transaction ID: 50412.E8 Date of Disbursement 02 / 11 / 2005	
Mailing Address 6905 W Clifton St		Amount of Each Disbursement this Period 818.34	
City Tampa State FL Zip Code 33634-4910	Purpose of Disbursement INAUGURATION PEN SETS	Category/ Type INAUGURATION PEN SETS	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. White House Gear		Transaction ID: 50412.E57 Date of Disbursement 03 / 24 / 2005	
Mailing Address 6905 W Clifton St		Amount of Each Disbursement this Period 280.20	
City Tampa State FL Zip Code 33634-4910	Purpose of Disbursement INAUGURATION PEN SETS	Category/ Type INAUGURATION PEN SETS	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional)	1750.63
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		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. Larry Kaczmarek		Transaction ID: 50412.E1 Date of Disbursement 01 / 12 / 2005	
Mailing Address 2833 State Route 59, Suite B		Amount of Each Disbursement this Period 300.00	
City Ravenna	State OH	Zip Code 44286-1884	CONFERENCE REGISTRATION REFUND
Purpose of Disbursement CONFERENCE REGISTRATION REFUND			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			Category/ Type

Full Name (Last, First, Middle Initial) B. Fran OBriens		Transaction ID: 50412.E10 Date of Disbursement 02 / 14 / 2005	
Mailing Address 1001 16th St NW		Amount of Each Disbursement this Period 502.48	
City Washington	State DC	Zip Code 20036-5701	RECEPTION
Purpose of Disbursement RECEPTION			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			Category/ Type

Full Name (Last, First, Middle Initial) C. National Association Of Health Underwrite		Transaction ID: 50412.E5 Date of Disbursement 01 / 31 / 2005	
Mailing Address 2000 14th St N Ste. 450		Amount of Each Disbursement this Period 1591.84	
City Arlington	State VA	Zip Code 22201-2508	AIRFARE AND OPERATING EXPENSES
Purpose of Disbursement AIRFARE AND OPERATING EXPENSES			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶ **2394.12**

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 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) A. Merchant Services		Transaction ID: 50412.E63 Date of Disbursement 01 / 04 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 325.65	
City Knoxville State TN Zip Code 37920-6612	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) ▼			

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: 50412.E64 Date of Disbursement 02 / 02 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 297.32	
City Knoxville State TN Zip Code 37920-6612	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) ▼			

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: 50412.E65 Date of Disbursement 03 / 02 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 1285.68	
City Knoxville State TN Zip Code 37920-6612	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) ▼			

SUBTOTAL of Disbursements This Page (optional)	1908.65
TOTAL This Period (last page this line number only)	10176.26

**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) A. Friends of Max Baucus			Transaction ID: 50412.E30 Date of Disbursement 02 / 23 / 2005		
Mailing Address 818 Connecticut Ave NW Ste. 1100			Amount of Each Disbursement this Period 1000.00		
City Washington State DC Zip Code 20006-2702			Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name MAX BAUCUS					
Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼				
State: MT District: D0					

Full Name (Last, First, Middle Initial) B. Bean for Congress			Transaction ID: 50412.E48 Date of Disbursement 03 / 11 / 2005		
Mailing Address PO Box 3068			Amount of Each Disbursement this Period 1000.00		
City Barrington State IL Zip Code 60011-3068			Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name MELISSA BEAN					
Office Sought: X House Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼				
State: IL District: D8					

Full Name (Last, First, Middle Initial) C. Beauprez for Congress			Transaction ID: 50412.E29 Date of Disbursement 02 / 23 / 2005		
Mailing Address PO Box 501			Amount of Each Disbursement this Period 1000.00		
City Wheat Ridge State CO Zip Code 80034-0501			Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name ROBERTLOUIS BEAUPREZ					
Office Sought: X House Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼				
State: CO District: D7					

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

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(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. Rely On Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ROY BLUNT

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: MO District: 7

Transaction ID: 50412.E2
Date of Disbursement

01 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Rd

City West Chester State OH Zip Code 45068-6628

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHNA BOEHNER

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: OH District: 08

Transaction ID: 50412.E54
Date of Disbursement

03 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Ginny Brown-Waite for Congress

Mailing Address PO Box 17B

City Brooksville State FL Zip Code 34805-0178

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
VIRGINIA BROWN-WAITE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: FL District: 5

Transaction ID: 50412.E12
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 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. ERIC PAC		Transaction ID: 50412.E22 Date of Disbursement 02 / 14 / 2005	
Mailing Address PO Box 209		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20044-0209	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name ERIC CANTOR	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: D7			

Full Name (Last, First, Middle Initial) B. Cantor for Congress		Transaction ID: 50412.E26 Date of Disbursement 02 / 23 / 2005	
Mailing Address PO Box 17813		Amount of Each Disbursement this Period 1000.00	
City Richmond State VA Zip Code 23226-7813	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name ERIC CANTOR	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: D7			

Full Name (Last, First, Middle Initial) C. Carper for Senate		Transaction ID: 50412.E47 Date of Disbursement 03 / 11 / 2005	
Mailing Address 428 C St NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name THOMAS R CARPER	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: D0			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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) A. Chocola for Congress		Transaction ID: 50412.E11 Date of Disbursement 02 / 14 / 2005	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA	Zip Code 22202-0776	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JCHRISTOPHER CHOCOLA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN District: D2			

Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 50412.E40 Date of Disbursement 02 / 25 / 2005	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22302-8021	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name NATHAN DEAL			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 10			

Full Name (Last, First, Middle Initial) C. Mike Dewine for U.S. Senate		Transaction ID: 50412.E4 Date of Disbursement 01 / 18 / 2005	
Mailing Address 408 Virginia Ave		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22302-2908	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name RICHARDMICHAEL DEWINE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 00			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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) A. Drake for Congress		Transaction ID: 50412.E13 Date of Disbursement 02 / 14 / 2005	
Mailing Address PO Box 01480		Amount of Each Disbursement this Period 1000.00	
City Virginia Beach State VA Zip Code 23466-1480	Purpose of Disbursement DESIGNATED TO GENERAL 2004 DEBT	Category/ Type	DESIGNATED TO GENERAL 2004 DEBT
Candidate Name THELMA DRAKE	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District D2			

Full Name (Last, First, Middle Initial) B. Friends of Mike Ferguson		Transaction ID: 50412.E50 Date of Disbursement 03 / 11 / 2005	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington State VA Zip Code 22202-0776	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name MIKE FERGUSON	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 7			

Full Name (Last, First, Middle Initial) C. Fitzpatrick for Congress		Transaction ID: 50412.E27 Date of Disbursement 02 / 23 / 2005	
Mailing Address PO Box 1772		Amount of Each Disbursement this Period 1000.00	
City Doylestown State PA Zip Code 18901-0920	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name MICHAELG FITZPATRICK	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 08			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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) A. Virginia Foxx for Congress		Transaction ID: 50412.E38 Date of Disbursement 02 / 25 / 2005	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA	Zip Code 22202-0776	Category/ Type DESIGNATED TO 2004 PRIMARY DEBT
Purpose of Disbursement DESIGNATED TO 2004 PRIMARY DEBT			
Candidate Name VIRGINIA ANN FOXX			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: D5			

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress Committee		Transaction ID: 50412.E21 Date of Disbursement 02 / 14 / 2005	
Mailing Address 704 Haywood Dr		Amount of Each Disbursement this Period 1000.00	
City Exton	State PA	Zip Code 19341-1136	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JIM GERLACH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: D6			

Full Name (Last, First, Middle Initial) C. People With Hart		Transaction ID: 50412.E14 Date of Disbursement 02 / 14 / 2005	
Mailing Address 3000 K St NW Ste. 125		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20007-5109	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name MELISSA HART			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: D4			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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) A. Kompac		Transaction ID: 50412.E42 Date of Disbursement 02 / 25 / 2005	
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 2500.00	
City Alexandria State VA Zip Code 22320-1209	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name DENNISJ. HASTERT	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14			

Full Name (Last, First, Middle Initial) B. Kompac		Transaction ID: 50412.E58 Date of Disbursement 03 / 25 / 2005	
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 2500.00	
City Alexandria State VA Zip Code 22320-1209	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name DENNISJ. HASTERT	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14			

Full Name (Last, First, Middle Initial) C. Hatch Election Committee		Transaction ID: 50412.E59 Date of Disbursement 03 / 25 / 2005	
Mailing Address PO Box 1480		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20013-1480	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name ORRING HATCH	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00			

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

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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. Hoyer for Congress		Transaction ID: 50412.E15 Date of Disbursement 02 / 14 / 2005	
Mailing Address 7905 Malcolm Rd Ste. 102		Amount of Each Disbursement this Period 1000.00	
City Clinton State MD Zip Code 20735-1701	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name STENYHAMILTON HOYER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MD District: D5			

Full Name (Last, First, Middle Initial) B. LEE PAC		Transaction ID: 50412.E53 Date of Disbursement 03 / 11 / 2005	
Mailing Address 2875 Towerview Rd Ste. 1000		Amount of Each Disbursement this Period 5000.00	
City Homdon State VA Zip Code 20171-5403	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name NANCYL JOHNSON	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: CT District: D5			

Full Name (Last, First, Middle Initial) C. Jon Kyl for U.S. Senate		Transaction ID: 50412.E46 Date of Disbursement 03 / 11 / 2005	
Mailing Address 507 Capitol Ct NE #100		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-4937	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name JONL KYL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: AZ District: D0			

SUBTOTAL of Disbursements This Page (optional)	7000.00
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
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(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. Friends of Joe Lieberman		Transaction ID: 50412.E43 Date of Disbursement 03 / 02 / 2005	
Mailing Address PO Box 4322 State House Square City Hamden State CT Zip Code 06514-0322		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type POLITICAL CONTRIBUTION	
Candidate Name JOSEPH LIEBERMAN			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: D0			

Full Name (Last, First, Middle Initial) B. Matheson for Congress		Transaction ID: 50412.E49 Date of Disbursement 03 / 11 / 2005	
Mailing Address PO Box 636 City Annandale State VA Zip Code 22003-0636		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type POLITICAL CONTRIBUTION	
Candidate Name JIMMR. MATHESON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: UT District: D2			

Full Name (Last, First, Middle Initial) C. Moore for Congress		Transaction ID: 50412.E39 Date of Disbursement 02 / 25 / 2005	
Mailing Address PO Box 75214 City Washington State DC Zip Code 20013-0214		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type POLITICAL CONTRIBUTION	
Candidate Name DENNIS MOORE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KS District: D3			

SUBTOTAL of Disbursements This Page (optional)	3000.00
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) A. Ben Nelson for U.S. Senate Committee		Transaction ID: 50412.E18 Date of Disbursement 02 / 14 / 2005	
Mailing Address 420 C St NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name EBENJAMIN NELSON	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: NE District: D0		

Full Name (Last, First, Middle Initial) B. Ben Nelson for U.S. Senate Committee		Transaction ID: 50412.E24 Date of Disbursement 02 / 22 / 2005	
Mailing Address 420 C St NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name EBENJAMIN NELSON	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: NE District: D0		

Full Name (Last, First, Middle Initial) C. Neugebauer Congressional Committee		Transaction ID: 50412.E23 Date of Disbursement 02 / 22 / 2005	
Mailing Address PO Box 192741		Amount of Each Disbursement this Period 250.00	
City Dallas State TX Zip Code 75219-8527	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 250.00
Candidate Name RANDY NEUGEBAUER	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: TX District: 19		

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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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) A. National Republican Congressional Comm.		Transaction ID: 50412.E25 Date of Disbursement 02 / 23 / 2005	
Mailing Address c/o Epiphany Productions, Inc. 104 Hume Ave.		Amount of Each Disbursement this Period 2500.00	
City Alexandria State VA Zip Code 22301-	Category/ Type POLITICAL CONTRIBUTION	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name		Amount of Each Disbursement this Period 2500.00	
Office Sought: House Senate President State: District		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leadership PAC 2006		Transaction ID: 50412.E33 Date of Disbursement 02 / 25 / 2005	
Mailing Address 675 N Washington St Ste. 410		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22314-1030	Category/ Type POLITICAL CONTRIBUTION	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name MICHAELG OXLEY		Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District D4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of John Peterson		Transaction ID: 50412.E17 Date of Disbursement 02 / 14 / 2005	
Mailing Address PO Box 295		Amount of Each Disbursement this Period 1000.00	
City Pleasantville State PA Zip Code 18341-0295	Category/ Type POLITICAL CONTRIBUTION	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name JOHNE PETERSON		Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District D5		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
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) A. Pomeroy for Congress		Transaction ID: 50412.E37 Date of Disbursement 02 / 25 / 2005	
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20013-0214	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name EARLRALPH POMEROY	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: D0			

Full Name (Last, First, Middle Initial) B. Price for Congress		Transaction ID: 50412.E35 Date of Disbursement 02 / 25 / 2005	
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00	
City Roswell State GA Zip Code 30077-0425	Purpose of Disbursement DESIGNATED TO 2004 PRIMARY DEBT	Category/ Type	DESIGNATED TO 2004 PRIMARY DEBT
Candidate Name THOMASEDMUNDS PRICE	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: D6			

Full Name (Last, First, Middle Initial) C. The Pryce Project		Transaction ID: 50412.E41 Date of Disbursement 02 / 25 / 2005	
Mailing Address 1155 21st St NW Ste. 330		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20038-3308	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name DEBORAH D PRYCE	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15			

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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)
A. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Rd
Ste. 310B

City Hopkins State MN Zip Code 55305-1977

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JAMESM RAMSTAD

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
Other (specify) ▼

State: MN District: D3

Category/
Type

Transaction ID: 50412.E52

Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Friends of Dave Reichert

Mailing Address P.O. Box 533322

City Bellevue State WA Zip Code 98015-

Purpose of Disbursement
DESIGNATED TO GENERAL 2004 DEBT

Candidate Name
DAVIDCONGRESSMAN REICHERT

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
Other (specify) ▼

State: WA District: D8

Category/
Type

Transaction ID: 50412.E34

Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

DESIGNATED TO GENERAL 2004
DEBT

Full Name (Last, First, Middle Initial)

C. Reynolds for Congress

Mailing Address PO Box 15388

City Rochester State NY Zip Code 14615-0388

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
THOMASM REYNOLDS

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
Other (specify) ▼

State: NY District: 26

Category/
Type

Transaction ID: 50412.E32

Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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) A. Rogers for Congress		Transaction ID: 50412.E18 Date of Disbursement 02 / 14 / 2005	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA	Zip Code 22202-0776	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name MICHAELJ ROGERS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: D8			

Full Name (Last, First, Middle Initial) B. Santorum 2006		Transaction ID: 50412.E18 Date of Disbursement 02 / 14 / 2005	
Mailing Address 128 N Columbus St		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22314-3038	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name RICHARDJ SANTORUM			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: D0			

Full Name (Last, First, Middle Initial) C. John Shadeggs Friends		Transaction ID: 50412.E38 Date of Disbursement 02 / 25 / 2005	
Mailing Address 104 Hume Ave		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22301-1015	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JOHN B. SHADEGG			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AZ District: D0			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
A. Christopher Shays for Congress

Mailing Address 98 Avenue A
Rear Building

City Norwalk State CT Zip Code 06854-2822

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
CHRISTOPHER SHAYS

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: CT District: D4

Category/
Type

Transaction ID: 50412.E28

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Snowe for Senate

Mailing Address PO Box 2006

City Portland State ME Zip Code 04104-5014

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
OLYMPIA SNOWE

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: ME District: D0

Category/
Type

Transaction ID: 50412.E20

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Friends of Mike Sodrel

Mailing Address PO Box 1505

City Jeffersonville State IN Zip Code 47131-1505

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MICHAELE SODREL

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: IN District: D9

Category/
Type

Transaction ID: 50412.E3

Date of Disbursement

01 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 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. Ellen Tauscher for Congress

Mailing Address PO Box 1285

City Alamo State CA Zip Code 94507-7285

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ELLENO TAUSCHER

Office Sought: House
Senate
President

State: CA District: 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50412.E31
Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. The Congressional Majority Committee

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 09302-0746

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
WILLIAMM THOMAS

Office Sought: House
Senate
President

State: CA District: 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50412.E55
Date of Disbursement

03 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Stephanie Tubbs Jones for U.S. Congress

Mailing Address 611 Pennsylvania Ave SE
#353

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
STEPHANIE TUBBS JONES

Office Sought: House
Senate
President

State: OH District: 11

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50412.E45
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
A. Heather Wilson for Congress

Mailing Address PO Box 14070

City Albuquerque State NM Zip Code 87191-4070

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
HEATHERA. WILSON

Office Sought: House
Senate
President
State: NM District: D1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50412.E51
Date of Disbursement

03 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

58750.00