

**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 North 14th Street Suite 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)

X 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

11

29

2004

through

12

31

2004

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

01

28

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: ^M 1 ^D 23 ^Y 2004 To: ^M 12 ^D 31 ^Y 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		44208.52
(b) Cash on Hand at Beginning of Reporting Period	12281.52	
(c) Total Receipts (from Line 19)	22885.34	211557.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35166.86	255765.90
<hr/>		
7. Total Disbursements (from Line 31)	4150.25	224749.29
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31016.61	31016.61
<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: ^M11 ^D23 ^Y2004 To: ^M12 ^D31 ^Y2004

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)	15272.00	
(ii) Unitemized	7613.34	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	22885.34	208557.38
(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)	22885.34	208557.38
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	3000.00
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))	22885.34	211557.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22885.34	211557.38

DETAILED SUMMARY PAGE

of Disbursements

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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.....	650.25	22699.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	650.25	22699.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	197000.00
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	50.00
(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	50.00
29. Other Disbursements.....	0.00	5000.00
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))..	4150.25	224749.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	4150.25	224749.29

DETAILED SUMMARY PAGE
of Disbursements

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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)	22885.34	208557.38
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22885.34	208507.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	650.25	22699.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	650.25	22699.29

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

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

FOR LINE NUMBER: PAGE 6 / 127

(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. Teri Adams		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 1290		Transaction ID: 50125.C19520
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Teri Adams		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 1290		Transaction ID: 50125.C20100
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Kerry Aldridge		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 50125.C20259
City Lexington	State KY	Zip Code 40517-4008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional)	160.00
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 7 / 127
(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. Terry Alard		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1600 A St		Transaction ID: 50125.C19682
City	State	Zip Code
Anchorage	AK	99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 185.00	

Full Name (Last, First, Middle Initial) B. Terry Alard		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1600 A St		Transaction ID: 50125.C20280
City	State	Zip Code
Anchorage	AK	99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) C. Dulinea Almszen		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 5090 N 40th St Suite 200		Transaction ID: 50125.C19676
City	State	Zip Code
Phoenix	AZ	85018-9184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Lovitt & Touche, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 127

(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. Dukinea Almazan		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 5090 N 40th St Suite 200		Transaction ID: 50125.C20225
City Phoenix	State AZ	Zip Code 85018-9184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Lovitt & Touche, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Stephen Andersen		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 50125.C19730
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. William Anderson		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 498 Palm Springs Dr Suite 210		Transaction ID: 50125.C19732
City Altamonte Springs	State FL	Zip Code 32701-7829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 127
(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. Elizabeth Ashmore		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 7808 University Ave		Transaction ID: 50125.C19734
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	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. David Ayre		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8340 S 3000 E #500		Transaction ID: 50125.C19386
City Salt Lake City	State UT	Zip Code 84121-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Ben.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. David Ayre		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 8340 S 3000 E #500		Transaction ID: 50125.C20001
City Salt Lake City	State UT	Zip Code 84121-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Ben.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 127

(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. Rick Bailey		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 4390 Earney Rd Suite 240		Transaction ID: 50125.C19431
City Woodstock	State GA	Zip Code 30188-5687
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Rick Bailey & Company Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. Rick Bailey		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 4390 Earney Rd Suite 240		Transaction ID: 50125.C20023
City Woodstock	State GA	Zip Code 30188-5687
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Rick Bailey & Company Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Beth Beem		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 551 B Lonas Dr		Transaction ID: 50125.C19946
City Knoxville	State TN	Zip Code 37509-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Strategic Employee Benefit Ser	Occupation Employee Benefits Consultant	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 127

(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. Kelly Becerra		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 2921 Gold St		Transaction ID: 50125.C19739
City Omaha	State NE	Zip Code 68105-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kelly Becerra	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Thomas Belding		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 700 NE 122nd St		Transaction ID: 50125.C19579
City Oklahoma City	State OK	Zip Code 73114-8150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Mktg.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. Thomas Belding		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 700 NE 122nd St		Transaction ID: 50125.C20153
City Oklahoma City	State OK	Zip Code 73114-8150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Mktg.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 127
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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. Ann Bell		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1881 Shoreline Dr Suite 100		Transaction ID: 50125.C19740
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 300.00	Receipt

Full Name (Last, First, Middle Initial) B. Robin Bennett		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 50125.C19655
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Senior Account Executive Aggregate Year-to-Date ▼ 320.00	Receipt

Full Name (Last, First, Middle Initial) C. Robin Bennett		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 50125.C20288
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Senior Account Executive Aggregate Year-to-Date ▼ 340.00	Receipt

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 127

(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. Bruce Benton		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 21300 Victory Blvd Suite 215		Transaction ID: 50125.C19675
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Smith-Benton Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Bruce Benton		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 21300 Victory Blvd Suite 215		Transaction ID: 50125.C20224
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Smith-Benton Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Lynda Berryhill		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 211 North Robinson Avenue One Leadership Square, Suite 450		Transaction ID: 50125.C19741
City Oklahoma City	State OK	Zip Code 73102-7109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Berryhill Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 127
(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. Andrew Bierst		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 41 Notre Dame Ln		Transaction ID: 50125.C19477
City	State	Zip Code
Utica	NY	13502-4817
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	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. Andrew Bierst		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 41 Notre Dame Ln		Transaction ID: 50125.C20063
City	State	Zip Code
Utica	NY	13502-4817
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	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Robert Bishop		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 2785 E Desert Inn Rd		Transaction ID: 50125.C19428
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 Kia Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional)	244.00
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 / 127

(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. Robert Bishop		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 2785 E Desert Inn Rd		Transaction ID: 50125.C20024
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 754.00	

Full Name (Last, First, Middle Initial) B. Kris Bizjak		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 8075 Poplar Ave Suite 221		Transaction ID: 50125.C19742
City Memphis	State TN	Zip Code 38119-4708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Deborah Boop		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 2080 East 9th Street		Transaction ID: 50125.C19550
City Cleveland	State OH	Zip Code 44115-1355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Medical Mutual	Occupation Broker Programs Specialist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	114.00
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 / 127

(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. Deborah Boop		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 208D East 9th Street		Transaction ID: 50125.C20139
City Cleveland	State OH	Zip Code 44115-1355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Medical Mutual	Occupation Broker Programs Specialist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Tracy Bradford		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 886 Ridgeway Loop Rd Suite 200		Transaction ID: 50125.C19409
City Memphis	State TN	Zip Code 38120-4033
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Tracy Bradford		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 886 Ridgeway Loop Rd Suite 200		Transaction ID: 50125.C19747
City Memphis	State TN	Zip Code 38120-4033
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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

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

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

FOR LINE NUMBER: PAGE 17 / 127
(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. Tracy Bradford		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004
Mailing Address 888 Ridgeway Loop Rd Suite 200		Transaction ID: 50125.C19989
City Memphis	State TN	Zip Code 38120-4033
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. William Brannon		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 7 Terrace Way Ste. C		Transaction ID: 50125.C19982
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. William Brannon		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004
Mailing Address 7 Terrace Way Ste. C		Transaction ID: 50125.C19981
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

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

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

FOR LINE NUMBER: PAGE 18 / 127
(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. D. Richard Broadbent		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 40 W Cache Valley Blvd Suite 3-a		Transaction ID: 50125.C19521
City Logan	State UT	Zip Code 84341-8452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Broadbent Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. D. Richard Broadbent		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 40 W Cache Valley Blvd Suite 3-a		Transaction ID: 50125.C20111
City Logan	State UT	Zip Code 84341-8452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Broadbent Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Leroy Bryant		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 36210		Transaction ID: 50125.C19697
City Richmond	State VA	Zip Code 23235-8004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bryant Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 127
(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. Leroy Bryant		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 36210		Transaction ID: 50125.C19573
City Richmond	State VA	Zip Code 23235-8004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bryant Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Leroy Bryant		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 36210		Transaction ID: 50125.C20254
City Richmond	State VA	Zip Code 23235-8004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bryant Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Leroy Bryant		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 36210		Transaction ID: 50125.C20166
City Richmond	State VA	Zip Code 23235-8004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bryant Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.00
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 / 127

(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. Thomas Bryon		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 878D Mastin Ave Suite F		Transaction ID: 50125.C19546
City Overland Park	State KS	Zip Code 66212-4770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ss & G And Associates, In- c.	Occupation President/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Thomas Bryon		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 878D Mastin Ave Suite F		Transaction ID: 50125.C20137
City Overland Park	State KS	Zip Code 66212-4770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ss & G And Associates, In- c.	Occupation President/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jennifer Bundy-Cobb		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1800 A St Suite 3D1		Transaction ID: 50125.C19751
City Anchorage	State AK	Zip Code 99501-5145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 127

(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. Tim Byrne		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2004
Mailing Address 3113 W Beltline Hwy		Transaction ID: 50125.C19752
City	State	Zip Code
Madison	WI	53713-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Metdrum	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 50125.C19754
City	State	Zip Code
Anchorage	AK	99501-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Sarah Canez		Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2004
Mailing Address 7700 Broadway St Suite 2D1		Transaction ID: 50125.C19540
City	State	Zip Code
San Antonio	TX	78209-5280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefit	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 127
(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. Sarah Canez		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004
Mailing Address 7700 Broadway St Suite 201		Transaction ID: 50125.C20128
City San Antonio	State TX	Zip Code 78209-3260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benef	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Pam Dealay		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 110 E Crockett St		Transaction ID: 50125.C19758
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Edv&v	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Jimmy Chandler		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 10 Oriole Glen		Transaction ID: 50125.C19715
City Swannanoa	State NC	Zip Code 28778-9118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Health & Disability Specialist	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 23 / 127

(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. Jimmy Chandler		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 10 Oriole Glen		Transaction ID: 50125.C20267
City Swannanoa	State NC	Zip Code 28778-9118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Health & Disability Specialist	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Jeff Chioets		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 3838 N Causeway Blvd Suite 2100		Transaction ID: 50125.C19644
City Metairie	State LA	Zip Code 70002-1767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jeff Chioets		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 3838 N Causeway Blvd Suite 2100		Transaction ID: 50125.C20227
City Metairie	State LA	Zip Code 70002-1767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 24 / 127

(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. Russ Childers		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address PD Box 1547		Transaction ID: 50125.C19760
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. Steve Clement		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 301D Fenwood Triangle		Transaction ID: 50125.C19762
City Roswell	State GA	Zip Code 30075-4199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer S.m.c. Consultants, Inc.	Occupation President/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. David Gimley		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 1850 44th St SE		Transaction ID: 50125.C19763
City Grand Rapids	State MI	Zip Code 49508-5008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Preferred Choices PPO	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 127
(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. Richard Coburn		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 19 Minor Court		Transaction ID: 50125.C19553
City	State	Zip Code
San Rafael	CA	94903-3716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Word & Brown Insurance Adminis	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Richard Coburn		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 19 Minor Court		Transaction ID: 50125.C20125
City	State	Zip Code
San Rafael	CA	94903-3716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Word & Brown Insurance Adminis	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Dorothy Coelu		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 6677		Transaction ID: 50125.C19448
City	State	Zip Code
Fullerton	CA	92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 26 / 127
(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. Dorothy Cociu		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 8677		Transaction ID: 50125.C19980
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) B. Edward Colebeck		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 352D 7th Ave S		Transaction ID: 50125.C19987
City Birmingham	State AL	Zip Code 35222-3211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Consultants Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Edward Colebeck		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 352D 7th Ave S		Transaction ID: 50125.C20013
City Birmingham	State AL	Zip Code 35222-3211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Consultants Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 27 / 127
(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. Susan Cook		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 50125.C19653
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Susan Cook		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 50125.C20303
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Carol Cutler		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address One National City Ctr Suite 700-e		Transaction ID: 50125.C19665
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NCIG	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 127

(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. Carol Cutter		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address One National City Ctr Suite 700-e		Transaction ID: 50125.C20194
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NCIG	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Teresa DeBruin		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 5441 Edgerton Dr		Transaction ID: 50125.C19560
City Norcross	State GA	Zip Code 30062-2185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DeBruin Benefit Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Teresa DeBruin		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 5441 Edgerton Dr		Transaction ID: 50125.C20145
City Norcross	State GA	Zip Code 30062-2185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DeBruin Benefit Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 127

(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. Rosemary Deinger		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8703 Fox Glen Dr		Transaction ID: 50125.C19483
City Arlington	State TX	Zip Code 76001-8427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Waldman Brothers	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. Rosemary Deinger		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 8703 Fox Glen Dr		Transaction ID: 50125.C20071
City Arlington	State TX	Zip Code 76001-8427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Waldman Brothers	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Christopher Deloray		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 154 Wells Ave		Transaction ID: 50125.C19842
City Newton Center	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

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

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

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

FOR LINE NUMBER: PAGE 30 / 127
(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

<p>A. Full Name (Last, First, Middle Initial) Christopher Delorey</p> <p>Mailing Address 154 Wells Ave</p> <hr/> <p>City State Zip Code Newton Center MA 02459-3302</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004</p> <p>Transaction ID: 50125.C20291</p> <hr/> <p>Amount of Each Receipt this Period 80.00</p>
<p>Name of Employer Telamon Insurance Network</p> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ 860.00</p>	<p>Receipt</p>
<p>Receipt For: Primary General Other (specify) ▼</p>	

<p>B. Full Name (Last, First, Middle Initial) Stephanie Danz</p> <p>Mailing Address 9000 Cypress Green Dr Ste. 108</p> <hr/> <p>City State Zip Code Jacksonville FL 32256-5509</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004</p> <p>Transaction ID: 50125.C19385</p> <hr/> <p>Amount of Each Receipt this Period 25.00</p>
<p>Name of Employer Benefitport Southeast</p> <p>Occupation Field Sales Representative</p> <p>Aggregate Year-to-Date ▼ 295.00</p>	<p>Receipt</p>
<p>Receipt For: Primary General Other (specify) ▼</p>	

<p>C. Full Name (Last, First, Middle Initial) Stephanie Danz</p> <p>Mailing Address 9000 Cypress Green Dr Ste. 108</p> <hr/> <p>City State Zip Code Jacksonville FL 32256-5509</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004</p> <p>Transaction ID: 50125.C19991</p> <hr/> <p>Amount of Each Receipt this Period 25.00</p>
<p>Name of Employer Benefitport Southeast</p> <p>Occupation Field Sales Representative</p> <p>Aggregate Year-to-Date ▼ 320.00</p>	<p>Receipt</p>
<p>Receipt For: Primary General Other (specify) ▼</p>	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 127

(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. Sharon Diorato		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 50125.C19584
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Sharon Diorato		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 50125.C19772
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Sharon Diorato		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 50125.C20199
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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

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

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

FOR LINE NUMBER: PAGE 32 / 127

(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. Rush David Dixon		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 50125.C19674
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of Employee Benefits	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Rush David Dixon		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 50125.C20220
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of Employee Benefits	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Steven Dodder		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address P.O. Box 2089		Transaction ID: 50125.C19607
City Monument	State CO	Zip Code 80132-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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 33 / 127
(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. Steven Dodder		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address P.O. Box 2069		Transaction ID: 50125.C20055
City Monument	State CO	Zip Code 80132-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	Receipt

Full Name (Last, First, Middle Initial) B. Claudia Dodge		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 17370		Transaction ID: 50125.C19458
City Richmond	State VA	Zip Code 23226-7370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bb&t Benefit Consultants Of VA Receipt For: Primary General Other (specify) ▼	Occupation Sales Consultant Aggregate Year-to-Date ▼ 210.00	Receipt

Full Name (Last, First, Middle Initial) C. Claudia Dodge		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PO Box 17370		Transaction ID: 50125.C20041
City Richmond	State VA	Zip Code 23226-7370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bb&t Benefit Consultants Of VA Receipt For: Primary General Other (specify) ▼	Occupation Sales Consultant Aggregate Year-to-Date ▼ 220.00	Receipt

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 34 / 127

(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. Mike Dolins		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 844D Avondale Dr		Transaction ID: 50125.C19773
City Nichols Hills	State OK	Zip Code 73116-6416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Dolins & Company, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Cynthia Doucet		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 106 Oil Center Dr Suite 103		Transaction ID: 50125.C19774
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Insurance Resource Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 50125.C19777
City Gretna	State LA	Zip Code 70053-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

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

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

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

FOR LINE NUMBER: PAGE 35 / 127
(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. Michael Embry		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 20700 Civic Center Dr. #250		Transaction ID: 50125.C19582
City Southfield	State MI	Zip Code 48076-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Michael Embry		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 20700 Civic Center Dr. #250		Transaction ID: 50125.C20150
City Southfield	State MI	Zip Code 48076-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Thomas Evans		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 50125.C19781
City Omaha	State NE	Zip Code 68164-9688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

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

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

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

FOR LINE NUMBER: PAGE 36 / 127
(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. David Fear		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 50125.C19783
City	State	Zip Code
Rancho Cordova	CA	95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Ser- v.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) B. Catharine Ficora		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 26999 Central Park Blvd Suite 225		Transaction ID: 50125.C19784
City	State	Zip Code
Southfield	MI	48076-4139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Austin Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Wesley Foster		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1024 Village Pkwy		Transaction ID: 50125.C19896
City	State	Zip Code
Coppell	TX	75019-6352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitMal, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 37 / 127
(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. Wesley Foster		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1024 Village Pkwy		Transaction ID: 50125.C20239
City Coppell	State TX	Zip Code 75019-6352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitMgt. Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Linda Friedrich		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 50125.C19786
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Joan Gallata		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 3342 Kori Rd		Transaction ID: 50125.C19383
City Jacksonville	State FL	Zip Code 32257-5454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer JP Pery Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 127
(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. Joan Galletta		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 3342 Kori Rd		Transaction ID: 50125.C19992
City Jacksonville	State FL	Zip Code 32257-5454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer JP Peary Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Bruce Gardner		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1502 West Ave		Transaction ID: 50125.C19789
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 & Inv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Mark Garrett		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address P.O. Box 70817		Transaction ID: 50125.C19689
City Reno	State NV	Zip Code 89570-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Garrett Corporation	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

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 38 / 127
(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. Mark Garrett		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address P.O. Box 70817		Transaction ID: 50125.C20281
City	State	Zip Code
Reno	NV	89570-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Garrett Corporation	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Charles Garten		Date of Receipt M / D / Y 11 / 28 / 2004
Mailing Address 101D Commons Way P.O. Box 1268		Transaction ID: 50125.C20306
City	State	Zip Code
Toms River	NJ	08755-6429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 340.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 101D Commons Way P.O. Box 1268		Transaction ID: 50125.C19802
City	State	Zip Code
Toms River	NJ	08755-6429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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 40 / 127

(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. Charles Gartin		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 50125.C20174
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Gannero		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 10315		Transaction ID: 50125.C19630
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Gannero		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PO Box 10315		Transaction ID: 50125.C20245
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

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

FOR LINE NUMBER: PAGE 41 / 127

(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. Gerard Gershanowitz		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 405 Tarrytown Rd		Transaction ID: 50125.C19646
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Richard Girdler, JR		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 113 Seaboard Lane Suite C-17D		Transaction ID: 50125.C19452
City Franklin	State TN	Zip Code 37067-6281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cowan Benefit Services Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Richard Girdler, JR		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 113 Seaboard Lane Suite C-17D		Transaction ID: 50125.C19664
City Franklin	State TN	Zip Code 37067-6281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cowan Benefit Services Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts TN's Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 127
(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. Patti Goldfarb		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 50125.C19469
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 50125.C19792
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 895.00	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 50125.C20057
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 127
(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. Carolyn Goodwin		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 50125.C19514
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cbiz Benefits & Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Carolyn Goodwin		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 50125.C20112
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Cbiz Benefits & Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Michael Goss		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 50125.C19793
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 President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 127

(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. Michael Gray		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 50125.C19795
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2585.90	

Full Name (Last, First, Middle Initial) B. Katherine Greene		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 802 N Carancahua St Suite 1700		Transaction ID: 50125.C19796
City Corpus Christi	State TX	Zip Code 78470-0002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Robert Grundman		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 7412 Karl Dr		Transaction ID: 50125.C19797
City Lincoln	State NE	Zip Code 68510-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 45 / 127
(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. Cynthia Gudy		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 155		Transaction ID: 50125.C19999
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Cynthia Gudy		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 155		Transaction ID: 50125.C20016
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. David Gwin		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 200 Arbor Dr Mail Code AE-205		Transaction ID: 50125.C19403
City Columbia	State SC	Zip Code 29208-5067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Companion HealthCare Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 46 / 127

(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. David Gvin		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 200 Arbor Dr Mail Code AE-205		Transaction ID: 50125.C19997
City Columbia	State SC	Zip Code 29206-5067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Companion HealthCare Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Anthony Halby		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 313 Railroad Ave		Transaction ID: 50125.C19541
City Nevada City	State CA	Zip Code 95959-2851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 313 Railroad Ave		Transaction ID: 50125.C20140
City Nevada City	State CA	Zip Code 95959-2851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 47 / 127
(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. Water Hale		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 211 E Church St		Transaction ID: 50125.C19453
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Water Hale		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 211 E Church St		Transaction ID: 50125.C19863
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 50125.C19841
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

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

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

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

FOR LINE NUMBER: PAGE 48 / 127
(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. Chris Harrison		Date of Receipt M / D / Y 12 / 14 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 50125.C20331
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 12 / 28 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 50125.C20321
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 50125.C20290
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

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

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

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

FOR LINE NUMBER: PAGE 48 / 127

(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. Thomas Harte		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8 Mary E Clark Dr		Transaction ID: 50125.C19615
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 8 Mary E Clark Dr		Transaction ID: 50125.C20242
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Gerald Hartman		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 5718		Transaction ID: 50125.C19674
City Boise	State ID	Zip Code 83705-0718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 127

(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. Gerald Hartman		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 5716		Transaction ID: 50125.C20152
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) B. Tamela Harrell		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 4109 Duncan Dr		Transaction ID: 50125.C19656
City Annandale	State VA	Zip Code 22003-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Leesa Hayes		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 9720 Bunsen Pkwy		Transaction ID: 50125.C19803
City Louisville	State KY	Zip Code 40259-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 127
(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. Lori Headley		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 14725		Transaction ID: 50125.C19721
City Portland	State OR	Zip Code 97233-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) B. Lori Headley		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 14725		Transaction ID: 50125.C20257
City Portland	State OR	Zip Code 97233-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) C. James Heldebrand		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 6140 S 104th East Ave Suite 200		Transaction ID: 50125.C19804
City Tulsa	State OK	Zip Code 74133-1588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Heldebrand & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 52 / 127
(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. Lisa Mary Hellman		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 50125.C19805
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) B. Timothy Hendricks		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 420D E Skelly Dr		Transaction ID: 50125.C19806
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Hugh Hendrickson		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 820 A St Suite 220		Transaction ID: 50125.C19827
City Tacoma	State WA	Zip Code 98402-5202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

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

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

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

FOR LINE NUMBER: PAGE 53 / 127

(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. Hugh Hendrickson		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 820 A St Suite 220		Transaction ID: 50125.C19807
City Tacoma	State WA	Zip Code 98402-5202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Strategic Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Hugh Hendrickson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 820 A St Suite 220		Transaction ID: 50125.C20246
City Tacoma	State WA	Zip Code 98402-5202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. W. Richard Herd		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 309B Highland Dr Suite 423		Transaction ID: 50125.C19864
City Salt Lake City	State UT	Zip Code 84108-5085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Mcdermott Company & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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

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

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

FOR LINE NUMBER: PAGE 54 / 127

(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. W. Richard Herd		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 309B Highland Dr Suite 423		Transaction ID: 50125.C20232
City Salt Lake City	State UT	Zip Code 84106-3085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Jaime Hernandez		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 804 S Bel Aire Dr		Transaction ID: 50125.C19430
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardez Financial and Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Jaime Hernandez		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 804 S Bel Aire Dr		Transaction ID: 50125.C20022
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardez Financial and Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 55 / 127

(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. Caroline Hesseline		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 7272 Wurzbach Rd Suite 204		Transaction ID: 50125.C19808
City San Antonio	State TX	Zip Code 78240-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Associated Benefit Consultants	Occupation Employee Benefits Consultant	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Porter Hicks		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 2480		Transaction ID: 50125.C19871
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Porter Hicks		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PO Box 2480		Transaction ID: 50125.C19880
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 66 / 127

(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. Donna Hill		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PD Box 724		Transaction ID: 50125.C19811
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 D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Richard Hill		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 50125.C19812
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. Sheri Holden		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 3330 Dundee Rd Suite C-3		Transaction ID: 50125.C19454
City Northbrook	State IL	Zip Code 60062-2318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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 57 / 127

(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. Sheri Hokin		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 333D Dundee Rd Suite C-3		Transaction ID: 50125.C19995
City Northbrook	State IL	Zip Code 60062-2318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Lisa Hokin		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 50125.C19640
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nas Financial Services	Occupation Regional Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Lisa Hokin		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 50125.C20258
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nas Financial Services	Occupation Regional Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 127

(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. Gloria Denise Hopper		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8400 Fairview Rd		Transaction ID: 50125.C19551
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Gloria Denise Hopper		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 8400 Fairview Rd		Transaction ID: 50125.C20105
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Mary Lou Hudman		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 5330 Bent Tree Forest Dr. Ste. 326		Transaction ID: 50125.C19684
City Dallas	State TX	Zip Code 75248-3471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer A Benefit Source	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 58 / 127

(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. Mary Lou Hudman		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 533D Bent Tree Forest Dr. Ste. 326		Transaction ID: 50125.C20273
City Dallas	State TX	Zip Code 75248-3471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer A Benefit Source	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Robert Huffaker		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 6217		Transaction ID: 50125.C19699
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, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

Full Name (Last, First, Middle Initial) C. Robert Huffaker		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PO Box 6217		Transaction ID: 50125.C20272
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, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts TN's 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 60 / 127

(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. S. David Jackson		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 50125.C19524
City Orem	State UT	Zip Code 84058-6876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 50125.C20117
City Orem	State UT	Zip Code 84058-6876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Lisa Jacobs		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 12315 Huston St		Transaction ID: 50125.C19822
City Valley Village	State CA	Zip Code 91607-3618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The United States Life Insur.	Occupation Senior Sales Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 61 / 127

(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. David Johnson		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: 50125.C19981
City Duluth	State GA	Zip Code 30096-4656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Lloyd-Bennett & Co. Insurance	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. David Johnson		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: 50125.C19980
City Duluth	State GA	Zip Code 30096-4656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Lloyd-Bennett & Co. Insurance	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Sandra Johnson		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 12500 Network Suite 403		Transaction ID: 50125.C19886
City San Antonio	State TX	Zip Code 78249-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hirston, Johnson, & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

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 62 / 127

(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. Sandra Johnson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 12500 Network Suite 403		Transaction ID: 50125.C20281
City San Antonio	State TX	Zip Code 78249-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Hairston, Johnson, & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Suzanne Johnson		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 8235 Morrison Blvd Suite 302		Transaction ID: 50125.C19824
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employees Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Karen Jones		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 5225 S Loop 289 Suite 111		Transaction ID: 50125.C19826
City Lubbock	State TX	Zip Code 79424-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield Of	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 63 / 127

(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. Randy Joppie		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 5075 Cascade Rd SE		Transaction ID: 50125.C19552
City Grand Rapids	State MI	Zip Code 49546-3751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins And Associations Corpo	Occupation Director Of Employee Benefits	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Randy Joppie		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 5075 Cascade Rd SE		Transaction ID: 50125.C20136
City Grand Rapids	State MI	Zip Code 49546-3751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins And Associations Corpo	Occupation Director Of Employee Benefits	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 2833 State Route 59		Transaction ID: 50125.C19829
City Ravenna	State OH	Zip Code 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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1410.90	

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 127
(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. Thelma Kaczmarek		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: 50125.C19830
City Ravenna	State OH	Zip Code 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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) B. Mark Kennedy		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1173 Brittnoare Rd		Transaction ID: 50125.C19419
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Mark Kennedy		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1173 Brittnoare Rd		Transaction ID: 50125.C19866
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

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 65 / 127
(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. Roy Kern		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1722 S Glenstone Ave P.O. Box 10806 GS		Transaction ID: 50125.C19626
City Springfield	State MO	Zip Code 65804-1519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Roy W Kern & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. Roy Kern		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1722 S Glenstone Ave P.O. Box 10808 GS		Transaction ID: 50125.C20195
City Springfield	State MO	Zip Code 65804-1519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Roy W Kern & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Michael Klejan		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 45279		Transaction ID: 50125.C19832
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 Harry Koch Insurance Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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

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

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

FOR LINE NUMBER: PAGE 66 / 127

(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. Ross Kraft		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 41 Notre Dame Ln		Transaction ID: 50125.C19444
City	State	Zip Code
Utica	NY	13502-4817
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	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. Ross Kraft		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 41 Notre Dame Ln		Transaction ID: 50125.C20005
City	State	Zip Code
Utica	NY	13502-4817
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	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mary Kramer		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 11508 Miracle Hills Dr		Transaction ID: 50125.C19834
City	State	Zip Code
Omaha	NE	68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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 67 / 127

(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. Kirk Lavallee		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 317 Ranch Road 620 S Suite 301		Transaction ID: 50125.C19441
City Lakeway	State TX	Zip Code 78734-4764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Insurance Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Kirk Lavallee		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 317 Ranch Road 620 S Suite 301		Transaction ID: 50125.C20000
City Lakeway	State TX	Zip Code 78734-4764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Insurance Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Robert Lay		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 3112 Forest Ave		Transaction ID: 50125.C19529
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 127

(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. Robert Lay		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 3112 Forest Ave		Transaction ID: 50125.C20104
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Servi	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Lance Ledbetter		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 5881 Glenridge Dr NE Suite 250		Transaction ID: 50125.C19614
City Atlanta	State GA	Zip Code 30328-5301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Allstate Financial	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Lance Ledbetter		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 5881 Glenridge Dr NE Suite 250		Transaction ID: 50125.C20181
City Atlanta	State GA	Zip Code 30328-5301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Allstate Financial	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 127

(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. Ronald Levine		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 248D Peachtree Rd NW Suite 1514		Transaction ID: 50125.C19706
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Complink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 248D Peachtree Rd NW Suite 1514		Transaction ID: 50125.C20298
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Complink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Brian Lechly		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 120 E Washington St		Transaction ID: 50125.C19837
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 KJ Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 70 / 127

(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. Clark Loeve		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 12200 Northwest Fwy Suite 662		Transaction ID: 50125.C19839
City Houston	State TX	Zip Code 77062-4830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dale Maloney		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 50125.C19876
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

Full Name (Last, First, Middle Initial) C. Dale Maloney		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 50125.C19853
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

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 71 / 127
(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. Jennifer Mancer		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 3700 Colonnade Pkwy		Transaction ID: 50125.C19842
City Birmingham	State AL	Zip Code 35243-3216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 180 Charlotte Hwy		Transaction ID: 50125.C19843
City Asheville	State NC	Zip Code 28803-9673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Kenny Mason		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1224 S River Rd Suite A-203		Transaction ID: 50125.C19895
City Saint George	State UT	Zip Code 84750-8318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Southern Utah Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 72 / 127

(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. Kenny Mason		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1224 S River Rd Suite A-203		Transaction ID: 50125.C20154
City Saint George	State UT	Zip Code 84790-8318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Southern Utah Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Carol Malznick		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 35905		Transaction ID: 50125.C19845
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. Donna McCright		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 380		Transaction ID: 50125.C19724
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

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

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

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

FOR LINE NUMBER: PAGE 73 / 127

(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. Donna McCright		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 50125.C20266
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Ryan McDermott		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 309B South Highland Dr. Ste. 423		Transaction ID: 50125.C19465
City Salt Lake City	State UT	Zip Code 84108-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Assoc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Ryan McDermott		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 309B South Highland Dr. Ste. 423		Transaction ID: 50125.C20054
City Salt Lake City	State UT	Zip Code 84108-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Assoc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 74 / 127

(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. Sharon McDermott		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 11919 P St		Transaction ID: 50125.C19846
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Leslie Megerr		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 6125 Havelock Ave		Transaction ID: 50125.C19870
City Lincoln	State NE	Zip Code 68507-1234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Les McGarr and Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Leslie Megerr		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 6125 Havelock Ave		Transaction ID: 50125.C20237
City Lincoln	State NE	Zip Code 68507-1234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Les McGarr and Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 127

(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. Jeffrey Miles		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 50125.C19479
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Miles		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 50125.C20075
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. David Moore		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 1008		Transaction ID: 50125.C19851
City Burlington	State NC	Zip Code 27210-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, Clu & Ass-oclat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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 76 / 127
(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. Wesley Moore		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PD Box 804		Transaction ID: 50125.C19850
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, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

Full Name (Last, First, Middle Initial) B. Josh Nace		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 936 N 34th St Suite 208		Transaction ID: 50125.C19853
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Thomas Nelson		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PD Box 1272		Transaction ID: 50125.C19859
City Billings	State MT	Zip Code 59103-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of MT	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 127
(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. <u>Linda New</u>		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address <u>PO Box 82326</u>		Transaction ID: <u>50125.C19506</u>
City <u>Austin</u>	State <u>TX</u>	Zip Code <u>78708-2326</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer <u>Capital Financial Resources</u>	Occupation <u>Health Insurance Agent</u>	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. <u>Linda New</u>		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address <u>PO Box 82326</u>		Transaction ID: <u>50125.C20238</u>
City <u>Austin</u>	State <u>TX</u>	Zip Code <u>78708-2326</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer <u>Capital Financial Resources</u>	Occupation <u>Health Insurance Agent</u>	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. <u>Ron Neatz</u>		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address <u>PO Box 82307</u>		Transaction ID: <u>50125.C19530</u>
City <u>Lafayette</u>	State <u>LA</u>	Zip Code <u>70568-2307</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer <u>Global Financial Resources, Inc</u>	Occupation <u>Health Insurance Agent</u>	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 127

(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. Ron Nestor		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 62307		Transaction ID: 50125.C20138
City Lafayette	State LA	Zip Code 70506-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Global Financial Resource- s, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Kirby Nielsen		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 2041 Willow Glen Ln		Transaction ID: 50125.C19634
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Kirby Nielsen		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 2041 Willow Glen Ln		Transaction ID: 50125.C20241
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 127
(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

<p>A. Full Name (Last, First, Middle Initial) Patricia Norlet</p> <p>Mailing Address PD Box 22074B</p> <hr/> <p>City State Zip Code Charlotte NC 28222-0748</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004</p> <p>Transaction ID: 50125.C19449</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
<p>Name of Employer Cameron M. Harris & Co.</p> <p>Occupation Health Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p>	<p>Receipt</p>

<p>B. Full Name (Last, First, Middle Initial) Patricia Norlet</p> <p>Mailing Address PD Box 22074B</p> <hr/> <p>City State Zip Code Charlotte NC 28222-0748</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004</p> <p>Transaction ID: 50125.C20026</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
<p>Name of Employer Cameron M. Harris & Co.</p> <p>Occupation Health Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>	<p>Receipt</p>

<p>C. Full Name (Last, First, Middle Initial) Michael Norris</p> <p>Mailing Address 295 E Palmer St</p> <hr/> <p>City State Zip Code Franklin NC 28734-5049</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004</p> <p>Transaction ID: 50125.C19862</p> <hr/> <p>Amount of Each Receipt this Period 25.00</p>
<p>Name of Employer Wayah Insurance Agency</p> <p>Occupation Health Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 395.00</p>	<p>Receipt</p>

<p>SUBTOTAL of Receipts This Page (optional) ▶</p>	<p>65.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER: PAGE 80 / 127

(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. Peggy Olson		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 14725		Transaction ID: 50125.C19709
City Salem	State OR	Zip Code 97309-5018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) B. Peggy Olson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 14725		Transaction ID: 50125.C20252
City Salem	State OR	Zip Code 97309-5018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) C. Ken Datameier		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 245 S 84th St Suite W100		Transaction ID: 50125.C19863
City Lincoln	State NE	Zip Code 68510-2680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Aflac	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 81 / 127
(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. John Parker		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 50125.C19600
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 Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 010.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 50125.C19665
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 Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 060.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 50125.C20172
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 Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 82 / 127
(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. Jesse Patton		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 2175 NW 86th St		Transaction ID: 50125.C19685
City	State	Zip Code
Clive	IA	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	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) B. Jesse Patton		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 2175 NW 86th St		Transaction ID: 50125.C20277
City	State	Zip Code
Clive	IA	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	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2025.00	

Full Name (Last, First, Middle Initial) C. William herb Pennington		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 4840 Woodbridge Dr		Transaction ID: 50125.C19609
City	State	Zip Code
Kernersville	NC	27284-6850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Pennington Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	460.00
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 / 127
(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. William herb Pennington		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 464D Woodbridge Dr		Transaction ID: 50125.C20183
City Kernersville	State NC	Zip Code 27284-8850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Pennington Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Robert Pol		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8101 Executive Blvd. Ste. 120		Transaction ID: 50125.C19401
City Rockville	State MD	Zip Code 20852-3907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Marketing Center	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Robert Pol		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 8101 Executive Blvd. Ste. 120		Transaction ID: 50125.C20004
City Rockville	State MD	Zip Code 20852-3907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Marketing Center	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 84 / 127
(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. David Prewitt		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 428 Harwood Rd		Transaction ID: 50125.C19532
City Bedford	State TX	Zip Code 76021-4150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David B. Prewitt	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. David Prewitt		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 428 Harwood Rd		Transaction ID: 50125.C20107
City Bedford	State TX	Zip Code 76021-4150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David B. Prewitt	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Tert Pittchard		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 203 Beaver Creek Rd		Transaction ID: 50125.C19443
City Lexington	State NC	Zip Code 27255-8857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer 3rd Party Marketers of America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 85 / 127

(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. Terri Pritchard		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 203 Beaver Creek Rd		Transaction ID: 50125.C20014
City Lexington	State NC	Zip Code 27295-8657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer 3rd Party Marketers of America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Kathy Rainwater		Date of Receipt M / D / Y 12 / 27 / 2004
Mailing Address 515 W Southwest Loop 323		Transaction ID: 50125.C20312
City Tyler	State TX	Zip Code 75701-9455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thraekold & Company Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Susan Rash		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 50125.C19378
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 86 / 127
(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. Susan Rash		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 50125.C19986
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Jon Rauser		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 50125.C19982
City Milwaukee	State WI	Zip Code 53202-4103
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Jon Rauser		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 50125.C19952
City Milwaukee	State WI	Zip Code 53202-4103
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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 87 / 127

(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. Kenneth Ray		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 14207		Transaction ID: 50125.C19879
City Jackson	State MS	Zip Code 39236-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bancorp South Insurance Servic	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Kenneth Ray		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 14207		Transaction ID: 50125.C19854
City Jackson	State MS	Zip Code 39236-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Bancorp South Insurance Servic	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Danna Recker		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 971 N Perry St		Transaction ID: 50125.C19874
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Asso	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 88 / 127

(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. Stan Ricketts		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 50125.C19687
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solutions, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 610.00	Receipt

Full Name (Last, First, Middle Initial) B. Stan Ricketts		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 50125.C20260
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solutions, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 690.00	Receipt

Full Name (Last, First, Middle Initial) C. Glen Rienscha		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 415 5th St P.O. Box 664		Transaction ID: 50125.C19879
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Financial Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 300.00	Receipt

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 88 / 127
(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. Mark Riley		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address PD Box 290305		Transaction ID: 50125.C19972
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Mark Riley		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004
Mailing Address PD Box 290305		Transaction ID: 50125.C19977
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Joseph Roberts		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 50125.C19883
City	State	Zip Code
Lincoln	NE	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 Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

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

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

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

FOR LINE NUMBER: PAGE 00 / 127

(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. William Robinson		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 50125.C19884
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Edward Roing		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 343 E Six Forks Rd		Transaction ID: 50125.C19451
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental Plan Of NC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.90	

Full Name (Last, First, Middle Initial) C. Edward Roing		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 343 E Six Forks Rd		Transaction ID: 50125.C19888
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental Plan Of NC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.90	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 01 / 127

(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. Sharon Ross		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 823D Fairview Rd Suite 315		Transaction ID: 50125.C19591
City	State	Zip Code
Charlotte	NC	28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) B. Sharon Ross		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 823D Fairview Rd Suite 315		Transaction ID: 50125.C20164
City	State	Zip Code
Charlotte	NC	28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Eugene Rowe		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 18000 Ventura Blvd		Transaction ID: 50125.C19888
City	State	Zip Code
Encino	CA	91438-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

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

FOR LINE NUMBER: PAGE 02 / 127

(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. Francis Ruggiero		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 50125.C19538
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Francis Ruggiero		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 50125.C20097
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Stephen Salomon		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 4252		Transaction ID: 50125.C19890
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

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

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

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

FOR LINE NUMBER: PAGE 03 / 127

(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. Raymer Sale		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 510 Briscoe Blvd		Transaction ID: 50125.C19435
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. Raymer Sale		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 510 Briscoe Blvd		Transaction ID: 50125.C20015
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. Tom Schilling		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1205 Sherwood Forest St		Transaction ID: 50125.C19892
City Houston	State TX	Zip Code 77043-4635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Core Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 04 / 127

(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. Mel Schlesinger		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 30100		Transaction ID: 50125.C19610
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. PUs	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.90	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 30100		Transaction ID: 50125.C20185
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. PUs	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.90	

Full Name (Last, First, Middle Initial) C. James Scholl		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 672B South Niagara Ct.		Transaction ID: 50125.C19893
City Englewood	State CO	Zip Code 80112-1011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Scholl & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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 05 / 127
(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. James Schulz		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 7431 O St		Transaction ID: 50125.C19576
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. James Schulz		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 7431 O St		Transaction ID: 50125.C20165
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. Robert Schumacher		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1804 N Shoreline Blvd		Transaction ID: 50125.C19895
City Mountain View	State CA	Zip Code 94043-1350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Schumacher Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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 06 / 127
(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. Greg Seifer		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 916 Main St		Transaction ID: 50125.C19702
City Vancouver	State WA	Zip Code 98660-3136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) B. Greg Seifer		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 916 Main St		Transaction ID: 50125.C20275
City Vancouver	State WA	Zip Code 98660-3136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) C. Mark Chaffer		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 355		Transaction ID: 50125.C19896
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	704.00
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 07 / 127

(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. Scott Shalek		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 67		Transaction ID: 50125.C19496
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Scott Shalek		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 67		Transaction ID: 50125.C20080
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

Full Name (Last, First, Middle Initial) C. Stuart Shapiro		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PD Box 587		Transaction ID: 50125.C19897
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.90	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 08 / 127

(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. Bob Shupe		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 2344		Transaction ID: 50125.C19438
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Bob Shupe		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 2344		Transaction ID: 50125.C20006
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dawyne Simpson		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 11503 Rocky Valley Dr		Transaction ID: 50125.C19438
City Little Rock	State AR	Zip Code 72212-5035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Aflac	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 08 / 127

(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. Dewayne Simpson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 11503 Rocky Valley Dr		Transaction ID: 50125.C20011
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Aflac	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Jon Stevens		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 7920 Miramar Rd		Transaction ID: 50125.C19707
City San Diego	State CA	Zip Code 92126-4206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Dental Option Insurance Service	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. Jon Stevens		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 7920 Miramar Rd		Transaction ID: 50125.C20297
City San Diego	State CA	Zip Code 92126-4206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Dental Option Insurance Service	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 100 / 127
(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. Roger Skinner		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 5548 Shorewood Dr		Transaction ID: 50125.C19899
City Indianapolis	State IN	Zip Code 46220-3650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Slater		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 309B Highland Dr Suite 363		Transaction ID: 50125.C19701
City Salt Lake City	State UT	Zip Code 84106-3085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Utah Benefits Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Slater		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 309B Highland Dr Suite 363		Transaction ID: 50125.C20212
City Salt Lake City	State UT	Zip Code 84106-3085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Utah Benefits Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 101 / 127

(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

A. Full Name (Last, First, Middle Initial) Kenneth Smith Mailing Address P.O. Box 13250 City State Zip Code Arlington TX 76004-0250 FEC ID number of contributing federal political committee. C Name of Employer Capital Insurance Agency Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004 Transaction ID: 50125.C20084 Amount of Each Receipt this Period 80.00 Receipt
B. Full Name (Last, First, Middle Initial) Kenneth Smith Mailing Address P.O. Box 13250 City State Zip Code Arlington TX 76004-0250 FEC ID number of contributing federal political committee. C Name of Employer Capital Insurance Agency Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2004 Transaction ID: 50125.C20084 Amount of Each Receipt this Period 20.00 Receipt
C. Full Name (Last, First, Middle Initial) Patricia Smith Mailing Address 523 Kirkland Way City State Zip Code Kirkland WA 98033-6219 FEC ID number of contributing federal political committee. C Name of Employer Smith Meacham Insurance Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004 Transaction ID: 50125.C19902 Amount of Each Receipt this Period 20.00 Receipt

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 102 / 127
(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. Gary Sobotta		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 101 North Main St Ste. 200		Transaction ID: 50125.C19502
City Ann Arbor	State MI	Zip Code 48104-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer Comerica Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 187.50	

Full Name (Last, First, Middle Initial) B. Gary Sobotta		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 101 North Main St Ste. 200		Transaction ID: 50125.C20146
City Ann Arbor	State MI	Zip Code 48104-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer Comerica Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Jackie Spragins		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 2073		Transaction ID: 50125.C19905
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 103 / 127
(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. Carol Steele		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 583B Fairland Rd		Transaction ID: 50125.C19464
City Clinton	State OH	Zip Code 44216-9723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Carol Steele		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 583B Fairland Rd		Transaction ID: 50125.C20065
City Clinton	State OH	Zip Code 44216-9723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. James Stanger		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 50125.C19594
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

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 104 / 127
(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. James Stenger		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 50125.C20182
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

Full Name (Last, First, Middle Initial) B. Mike Stephens		Date of Receipt M / D / Y 12 / 10 / 2004
Mailing Address 7712 S Yale Ave		Transaction ID: 50125.C20328
City	State	Zip Code
Tulsa	OK	74136-8226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer American Medical Security	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Juliana Stevenson		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 1478		Transaction ID: 50125.C19450
City	State	Zip Code
Fallon	NV	89407-1478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Western Nevada Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional)	480.00
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 105 / 127

(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. Juliana Stevenson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 1476		Transaction ID: 50125.C19989
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Western Nevada Insurance Servi	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Scott Stobaugh		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 2300 130th Ave NE #A-101		Transaction ID: 50125.C19988
City Bellevue	State WA	Zip Code 98005-1755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. Scott Stobaugh		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 2300 130th Ave NE #A-101		Transaction ID: 50125.C19988
City Bellevue	State WA	Zip Code 98005-1755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 106 / 127

(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. Burley Strader		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 78030		Transaction ID: 50125.C19673
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Burley Strader		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 78030		Transaction ID: 50125.C20229
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Anita Strauss		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8330 Allison Pointe Trail		Transaction ID: 50125.C19678
City Indianapolis	State IN	Zip Code 46250-1682
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Indiana Health Network	Occupation Business Development Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 107 / 127
(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. Arita Strauss		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 833D Allison Pointe Trail		Transaction ID: 50125.C20217
City Indianapolis	State IN	Zip Code 46250-1682
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Indiana Health Network	Occupation Business Development Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. James Summers		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 50125.C19492
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

Full Name (Last, First, Middle Initial) C. James Summers		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 50125.C20076
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

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 108 / 127

(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. Cynthia Tapia		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 2501 Buena Vista Dr SE		Transaction ID: 50125.C19909
City	State	Zip Code
Albuquerque	NM	87106-4261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Presbyterian Health Plan	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Paul Taylor		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 2037 Electric Road		Transaction ID: 50125.C19488
City	State	Zip Code
Roanoke	VA	24018-1937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Taylor Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Paul Taylor		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 2037 Electric Road		Transaction ID: 50125.C20081
City	State	Zip Code
Roanoke	VA	24018-1937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Taylor Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 100 / 127
(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. Dan Thompson		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 9720 Bunsen Pkwy		Transaction ID: 50125.C19418
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Dan Thompson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 9720 Bunsen Pkwy		Transaction ID: 50125.C19862
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 10342 Springcrest Ln		Transaction ID: 50125.C19912
City South Jordan	State UT	Zip Code 84065-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.90	

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 110/127

(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. Danny Tompkins		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 50125.C19433
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Danny Tompkins		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 50125.C20017
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Daniel Tompkins, III		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 50125.C19434
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 111 / 127

(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. Daniel Tompkins, III		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PD Box 1810		Transaction ID: 50125.C19914
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Daniel Tompkins, III		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 50125.C20012
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. Jennifer Toups		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PD Box 113113		Transaction ID: 50125.C19915
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER: PAGE 112 / 127

(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. Janet Trautwein		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 2000 N. 14th St. Ste. 450		Transaction ID: 50125.C19916
City Arlington	State VA	Zip Code 22201-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Nahu	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt M / D / Y Y Y Y 12 / 08 / 2004
Mailing Address 2000 N. 14th St. Ste. 450		Transaction ID: 50125.C19944
City Arlington	State VA	Zip Code 22201-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Nahu	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) C. Chuck Trogdon		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address 7910 North Ingram Ave. Ste. 201		Transaction ID: 50125.C19497
City Fresno	State CA	Zip Code 93711-5828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Johnsey Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	185.00
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 113 / 127
(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. Chuck Tragdon		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 791D North Ingram Ave. Ste. 201		Transaction ID: 50125.C20072
City Fresno	State CA	Zip Code 93711-5828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Johnsay Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Dabra Ulmer		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 8182 Maryland Ave Suite 200		Transaction ID: 50125.C19508
City Saint Louis	State MO	Zip Code 63105-3786
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AON Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Matlyn Van Sant		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 271 US Highway 48 Ste. 8206		Transaction ID: 50125.C19918
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

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

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

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

FOR LINE NUMBER: PAGE 114 / 127

(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. Peter Vinton		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 948D Deereco Rd		Transaction ID: 50125.C19446
City Lutherville Timoni	State MD	Zip Code 21088-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. Peter Vinton		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 948D Deereco Rd		Transaction ID: 50125.C19467
City Lutherville Timoni	State MD	Zip Code 21088-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Janet Vlaser		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address P.O. Box 13269		Transaction ID: 50125.C19481
City Greensboro	State NC	Zip Code 27415-5269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Colonial Supplemental Ins.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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 115 / 127
(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. Janet Visser		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address P.O. Box 13269		Transaction ID: 50125.C20073
City Greensboro	State NC	Zip Code 27415-3269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Colonial Supplemental Ins.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Charles Wagner		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 9		Transaction ID: 50125.C19920
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Timothy Walsh		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 417		Transaction ID: 50125.C19922
City Hampstead	State NC	Zip Code 28443-0417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Advanced Insurance Systems	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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

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

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

FOR LINE NUMBER: PAGE 116 / 127
(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. M. Hughes Warren, JR		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 321 N Front St		Transaction ID: 50125.C19691
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	

Full Name (Last, First, Middle Initial) B. M. Hughes Warren, JR		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 321 N Front St		Transaction ID: 50125.C20218
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 414.00	

Full Name (Last, First, Middle Initial) C. John Warwick		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PO Box 272		Transaction ID: 50125.C19710
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 117 / 127

(check only one)

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

Full Name (Last, First, Middle Initial) A. John Warwick		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 272		Transaction ID: 50125.C20901
City Chicago	State CA	Zip Code 95027-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 085.00	

Full Name (Last, First, Middle Initial) B. Amy Webb		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 810 S Saratoga Dr		Transaction ID: 50125.C19368
City Moorestown	State NJ	Zip Code 08057-3831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Amy Webb		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 810 S Saratoga Dr		Transaction ID: 50125.C19957
City Moorestown	State NJ	Zip Code 08057-3831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

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 118 / 127
(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. Jessica Wanner		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 7408 Christie Chapel Rd		Transaction ID: 50125.C19533
City Dublin	State OH	Zip Code 43017-2415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (bsi) Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	Receipt

Full Name (Last, First, Middle Initial) B. Jessica Wanner		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 7408 Christie Chapel Rd		Transaction ID: 50125.C20108
City Dublin	State OH	Zip Code 43017-2415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (bsi) Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	Receipt

Full Name (Last, First, Middle Initial) C. Charles Westmoreland		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address PO Box 925		Transaction ID: 50125.C19923
City Jackson	State MS	Zip Code 39205-0525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (bsi) American Public Life Insurance Receipt For: Primary General Other (specify) ▼	Occupation Director Of Agency Development Aggregate Year-to-Date ▼ 660.90	Receipt

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 118/127
(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. Richard Wheeler		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 817 Union Ave Building 2-6		Transaction ID: 50125.C19474
City Brielle	State NJ	Zip Code 08730-1841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Richard Wheeler		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 817 Union Ave Building 2-6		Transaction ID: 50125.C20060
City Brielle	State NJ	Zip Code 08730-1841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. David Wills		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 902 Brynwood Dr		Transaction ID: 50125.C19369
City Chattanooga	State TN	Zip Code 37415-5308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D.b. Wills & Co.	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts TN's 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 120 / 127
(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. David Wills		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 902 Brynwood Dr		Transaction ID: 50125.C19976
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer D.b. Wills & Co.	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Steven Wilson		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 50125.C19498
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketi- ng	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) C. Steven Wilson		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 50125.C20094
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketi- ng	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

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)
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FOR LINE NUMBER: PAGE 121 / 127
(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. Sue Wilson		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 3555 NW 58th St		Transaction ID: 50125.C19927
City	State	Zip Code
Oklahoma City	OK	73112-4724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Harry Wilson		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 115D Glenwood Court		Transaction ID: 50125.C19930
City	State	Zip Code
Vineland	NJ	03861-8510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Medical Benefit Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Barbara Wong		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004
Mailing Address 411 W 4th Ave		Transaction ID: 50125.C19931
City	State	Zip Code
Anchorage	AK	99501-2343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 122 / 127

(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. Stephen Woolston		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address PD Box 30093		Transaction ID: 50125.C19413
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Stephen Woolston		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PD Box 30093		Transaction ID: 50125.C20020
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Dennis Wright		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 50125.C19476
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 President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.90	

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

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

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

FOR LINE NUMBER: PAGE 123 / 127
(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. Dennis Wright		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 50125.C20070
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 President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.90	

Full Name (Last, First, Middle Initial) B. Greg Yoder		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1055 Minnesota Ave		Transaction ID: 50125.C19660
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Greg Yoder		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1055 Minnesota Ave		Transaction ID: 50125.C20228
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 Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 124 / 127

(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. Robert Ziff		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 17 N Delmorr Ave		Transaction ID: 50125.C19586
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 Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Robert Ziff		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 17 N Delmorr Ave		Transaction ID: 50125.C20142
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 Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	15272.00

**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. Amex			Transaction ID: 50125.E1185 Date of Disbursement 12 / 21 / 2004		
Mailing Address PO Box 53852			Amount of Each Disbursement this Period 68.01		
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE		Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE		
Candidate Name		Disbursement For: Primary General Other (specify) ▼			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 312.24		
Full Name (Last, First, Middle Initial) B. Nova Information System			Transaction ID: 50125.E1184 Date of Disbursement 12 / 02 / 2004		
Mailing Address 4020 University Dr			Amount of Each Disbursement this Period 312.24		
City Fairfax State VA Zip Code 22030-6802	Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE		Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE		
Candidate Name		Disbursement For: Primary General Other (specify) ▼			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		Amount of Each Disbursement this Period 312.24		

SUBTOTAL of Disbursements This Page (optional)	▶	380.25
TOTAL This Period (last page this line number only)	▶	380.25

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 127

<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. Charlie Dent for Congress		Transaction ID: 50125.E1177 Date of Disbursement 11 / 23 / 2004	
Mailing Address PO Box 442		Amount of Each Disbursement this Period 500.00	
City Allentown State PA Zip Code 18105-0442	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 500.00
Candidate Name CHARLESWIEDER DENT	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15			

Full Name (Last, First, Middle Initial) B. Stephanie Herseith for Congress		Transaction ID: 50125.E1182 Date of Disbursement 11 / 30 / 2004	
Mailing Address 1511 8th St S		Amount of Each Disbursement this Period 1000.00	
City Brookings State SD Zip Code 57006-3474	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name STEPHANIEM HERSEITH	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00			

Full Name (Last, First, Middle Initial) C. Ken Salazar for Senate		Transaction ID: 50125.E1178 Date of Disbursement 11 / 23 / 2004	
Mailing Address PO Box 600		Amount of Each Disbursement this Period 1000.00	
City Denver State CO Zip Code 80201-0600	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name KEN SALAZAR	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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. Friends of Mike Sodrel

Mailing Address PO Box 1505

City Jeffersonville State IN Zip Code 47131-1505

Purpose of Disbursement
DEBT RETIREMENT

Candidate Name
MICHAELE SODREL

Office Sought: House
Senate
President
State: IN District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50125.E1181
Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

1000.00

DEBT RETIREMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

3500.00