

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

ADDRESS (number and street)

2000 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

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

02

17

2004

in the State of

KY

5. Covering Period

01

01

2004

through

03

08

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, CAE

Signature of Treasurer

Electronically Filed by Kevin Corcoran, CAE

Date

04

15

2004

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 - HUPAC

Report Covering the Period: From: ^M01 ^D01 ^Y2004 To: ^M03 ^D08 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		44208.52
(b) Cash on Hand at Beginning of Reporting Period	44208.52	
(c) Total Receipts (from Line 19)	29812.00	29812.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74020.52	74020.52
<hr/>		
7. Total Disbursements (from Line 31)	42173.18	42173.18
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31847.34	31847.34
<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 - HUPAC

Report Covering the Period: From: ^M01 ⁻01 ⁻2004 To: ^M03 ⁻08 ⁻2004

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)	7295.00	
(ii) Unitemized	22517.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	29812.00	29812.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29812.00	29812.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29812.00	29812.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29812.00	29812.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	2173.18	2173.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2173.18	2173.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	40000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42173.18	42173.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	42173.18	42173.18

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29812.00	29812.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29812.00	29812.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2173.18	2173.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2173.18	2173.18

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.22683
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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William O. Daggert, Jr.		Date of Receipt M / D / Y 01 / 23 / 2004
Mailing Address 500 E Swadesford Road #301		Transaction ID: SA11A1.21972
City Wayne	State PA	Zip Code 19087-1686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Kistler-Tiffany Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.22808
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 215.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2855.00
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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Timothy Finnel		Date of Receipt M / D / Y 01 / 19 / 2004
Mailing Address 530 Oak Court Drive #180		Transaction ID: SA11A1.21970
City Memphis	State TN	Zip Code 38117-3722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Executive Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bruce Gardner		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.22824
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Gray		Date of Receipt M / D / Y 02 / 03 / 2004
Mailing Address 7431 O Street		Transaction ID: SA11A1.22838
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	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	780.00
TOTAL This Period (last page this line 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 8 / 28

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Gray		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 7431 O Street		Transaction ID: SA11A1.22837
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	600.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Donna Hill		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address PO Box 724		Transaction ID: SA11A1.22876
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.22970
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 Services	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Thelma Kaczmarek		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.22973
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 For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ronald (David) Knight		Date of Receipt M / D / Y 01 / 08 / 2004
Mailing Address PO Box 507		Transaction ID: SA11A1.21962
City Carrollton	State GA	Zip Code 30117-0507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer J. Smith Lanier & Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Brian Lechty		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.22988
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	1160.00
TOTAL This Period (last page this line 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 / 29

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dennis B. Mather		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2004
Mailing Address 10540 York Road, #H		Transaction ID: SA11A1.22054
City Cockeysville	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Mather Companies	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Christa McDonally		Date of Receipt M / D / Y Y Y Y 02 / 17 / 2004
Mailing Address 888 West Ventura Boulevard		Transaction ID: SA11A1.22002
City Camarillo	State CA	Zip Code 93010-8383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Golden West Dental and Vision	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Mark Chaffer		Date of Receipt M / D / Y Y Y Y 02 / 03 / 2004
Mailing Address P.O. Box 355		Transaction ID: SA11A1.23135
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 For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 29

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Steffer		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address P.O. Box 355		Transaction ID: SA11A1.23136
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 For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. James Stenger		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 288 South Street		Transaction ID: SA11A1.21984
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 Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. James Stenger		Date of Receipt M / D / Y 02 / 26 / 2004
Mailing Address 288 South Street		Transaction ID: SA11A1.22587
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 For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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 12 / 29
(check only one)

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

Full Name (Last, First, Middle Initial) A. Marilyn Van Sant		Date of Receipt M / D / Y 03 / 02 / 2004	
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.23191	
City Iselin	State NJ	Zip Code 08830-3009	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer AmeriHealth	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	7295.00

**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 - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.22058 Date of Disbursement 01 / 23 / 2004	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 567.14	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement Nov./Dec. 2003 Operating Expenses			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.22059 Date of Disbursement 02 / 23 / 2004	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 108.15	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement January 2004 Operating Expenses			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. NOVA Information System		Transaction ID: SB21B.24174 Date of Disbursement 01 / 05 / 2004	
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period 293.73	
City Fairfax	State VA	Zip Code 22030	Category/ Type
Purpose of Disbursement Monthly Credit Card Settlement Fee			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ▶ **969.02**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>Full Name (Last, First, Middle Initial) A. NOVA Information System</p> <p>Mailing Address 4020 University Avenue</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Monthly Credit Card Settlement Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.24175 Date of Disbursement 02 / 03 / 2004</p> <p>Amount of Each Disbursement this Period 188.08</p>
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<p>Full Name (Last, First, Middle Initial) B. NOVA Information System</p> <p>Mailing Address 4020 University Avenue</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Monthly Credit Card Settlement Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.24178 Date of Disbursement 03 / 02 / 2004</p> <p>Amount of Each Disbursement this Period 202.72</p>
--	--

<p>Full Name (Last, First, Middle Initial) C. The Convention Store</p> <p>Mailing Address 2981 Solomons Island Road</p> <p>City Edgewater State MD Zip Code 21037</p> <p>Purpose of Disbursement 2004 HUPAC Fundraiser - Bus Tour</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.22062 Date of Disbursement 01 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 556.85</p>
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SUBTOTAL of Disbursements This Page (optional)	947.65
TOTAL This Period (last page this line number only)	1916.67

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. ALICE FORGY KERR FOR CONGRESS

Mailing Address 811 CORPORATE DRIVE STE 303

City Lexington State KY Zip Code 40503

Purpose of Disbursement
Political Contribution

Candidate Name
ALICE FORGY HON. KERR

Office Sought: House
Senate
President

State: KY District D6

Disbursement For: 2004
Primary General
Other (specify) ▼
Special-General

Category/
Type

Transaction ID: SB23.22143

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. ANNE NORTHUP FOR CONGRESS

Mailing Address PO BOX 7313

City Louisville State KY Zip Code 40257

Purpose of Disbursement
Political Contribution

Candidate Name
ANNE MEAGHER NORTHUP

Office Sought: House
Senate
President

State: KY District D3

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.22105

Date of Disbursement

02 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. BILIRAKIS, MICHAEL

Mailing Address PO BOX 897

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
Political Contribution

Candidate Name
MIKE BILIRAKIS FOR CONGRESS

Office Sought: House
Senate
President

State: FL District D9

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.22106

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial)
A. BILIRAKIS, MICHAEL

Mailing Address PO BOX 697

City State Zip Code
TARPON SPRINGS FL 34688

Purpose of Disbursement
Stop payment issued-3/7/2003 Check.

Candidate Name
MIKE BILIRAKIS FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: FL District: D9

Transaction ID: SB23.22123

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)
B. BOB MATSUI FOR CONGRESS COMMITTEE

Mailing Address 8665 Wilshire Blvd. Suite 220

City State Zip Code
Beverly Hills CA 90211

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT MATSUI

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: CA District: D5

Transaction ID: SB23.22100

Date of Disbursement

02 / 19 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. BOB NEY FOR CONGRESS

Mailing Address PO BOX 490

City State Zip Code
ST CLAIRSVILLE OH 43050

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT W NEY

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: OH District: 18

Transaction ID: SB23.22121

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. CAMPAIGN FOR MARYLAND

Mailing Address 220 BROADWAY

City CENTREVILLE State MD Zip Code 21617

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.2214D
Date of Disbursement
02 / 20 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Political Contribution

Candidate Name
ERIC IVAN CANTOR

Office Sought: X House Senate President
State: VA District 07

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.2213D
Date of Disbursement
02 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. CARE POLITICAL ACTION COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 340

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.22151
Date of Disbursement
03 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. CAROLE GREEN FOR CONGRESS

Mailing Address 9131 COLLEGE PARKWAY 13-B #217

City State Zip Code
FORT MYERS FL 33919

Purpose of Disbursement
Political Contribution

Candidate Name
CAROLE GREEN

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: FL District: 14

Transaction ID: SB23.2210B

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER COX CONGRESSIONAL COMMITTEE

Mailing Address P.O. Box 8088 PMB-C

City State Zip Code
Newport Beach CA 92660

Purpose of Disbursement
Political Contribution

Candidate Name
CHRISTOPHER HON. COX

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.22101

Date of Disbursement

02 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. COMMITTEE TO ELECT ARTUR DAVIS TO CONGRESS

Mailing Address P.O. Box 1B45

City State Zip Code
Birmingham AL 35201

Purpose of Disbursement
Political Contribution

Candidate Name
ARTUR DAVIS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: AL District: 07

Transaction ID: SB23.22127

Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. CUBIN FOR CONGRESS INC

Mailing Address P.O. BOX 4657

City State Zip Code
CASPER WY 82604

Purpose of Disbursement
Political Contribution

Candidate Name
BARBARA L CUBIN

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: WY District: D1

Transaction ID: SB23.22104

Date of Disbursement

02 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. DAVID VITTER FOR U S SENATE

Mailing Address PO BOX 8175

City State Zip Code
METAIRIE LA 70011

Purpose of Disbursement
Political Contribution

Candidate Name
DAVID VITTER

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: LA District: D0

Transaction ID: SB23.22131

Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. DEMINT FOR SENATE COMMITTEE INC

Mailing Address POST OFFICE BOX 1D407

City State Zip Code
GREENVILLE SC 29603

Purpose of Disbursement
Political Contribution

Candidate Name
JAMES W DEMINT

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: SC District: D0

Transaction ID: SB23.22107

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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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 - HUPAC

Full Name (Last, First, Middle Initial)
A. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite A307

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Political Contribution

Candidate Name
C.A. DUTCH RUPPERSBERGER

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: MD District: D2

Transaction ID: SB23.2215D

Date of Disbursement

03 / 05 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. EVERY REPUBLICAN IS CRUCIAL (ERIC PAC)

Mailing Address 4914 FITZHUGH AVENUE SUITE 200

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: District

Transaction ID: SB23.22129

Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF BOBBY JINDAL INC

Mailing Address PO BOX 862B

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement
Political Contribution

Candidate Name
Bobby Jindal

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: LA District: D1

Transaction ID: SB23.22091

Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE PITTS		Transaction ID: SB23.22137 Date of Disbursement 02 / 26 / 2004	
Mailing Address PO BOX 775		Amount of Each Disbursement this Period 1000.00	
City Unionville State PA Zip Code 19375	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name JOSEPH R PITTS	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 16			

Full Name (Last, First, Middle Initial) B. GEOFF DAVIS FOR CONGRESS		Transaction ID: SB23.22147 Date of Disbursement 03 / 05 / 2004	
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 500.00	
City Erlanger State KY Zip Code 41018	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name GEOFFREY C DAVIS	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: KY District 04			

Full Name (Last, First, Middle Initial) C. GEORGIANS FOR ISAKSON		Transaction ID: SB23.22115 Date of Disbursement 02 / 20 / 2004	
Mailing Address 8000 LAKE FORREST DRIVE SUITE #102		Amount of Each Disbursement this Period 1000.00	
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name JOHN HARDY ISAKSON	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President State: GA 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 - HUPAC

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Political Contribution

Candidate Name
CHARLES E SENATOR GRASSLEY

Category/
Type

Office Sought: House Disbursement For: 2004
 Senate X Primary General
President Other (specify) ▼

State: IA District: D0

Transaction ID: SB23.22094

Date of Disbursement

02 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXA-S)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Political Contribution

Candidate Name
RALPH M HALL

Category/
Type

Office Sought: House Disbursement For: 2004
Senate X Primary General
President Other (specify) ▼

State: TX District: D4

Transaction ID: SB23.22090

Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXA-S)

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Political Contribution

Candidate Name
RALPH M HALL

Category/
Type

Office Sought: House Disbursement For: 2004
Senate X Primary General
President Other (specify) ▼

State: TX District: D4

Transaction ID: SB23.22139

Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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 - HUPAC

Full Name (Last, First, Middle Initial) A. HART, MELISSA A		Transaction ID: SB23.22117 Date of Disbursement 02 / 20 / 2004	
Mailing Address PO BOX 435 600 GRANT ST		Amount of Each Disbursement this Period 1000.00	
City WEXFORD State PA Zip Code 15090	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name PEOPLE WITH HART INC		Disbursement For: 2004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: PA District: D4	

Full Name (Last, First, Middle Initial) B. HEATHER WILSON FOR CONGRESS		Transaction ID: SB23.22079 Date of Disbursement 01 / 14 / 2004	
Mailing Address PO BOX 14070		Amount of Each Disbursement this Period 1000.00	
City ALBUQUERQUE State NM Zip Code 87101	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name HEATHER A WILSON		Disbursement For: 2004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: NM District: D1	

Full Name (Last, First, Middle Initial) C. JOE WILSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.22095 Date of Disbursement 02 / 19 / 2004	
Mailing Address 634 Sunset Blvd.		Amount of Each Disbursement this Period 500.00	
City West Columbia State SC Zip Code 29171	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name ADDISON (JOE) GRAVES WILSON		Disbursement For: 2004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: SC District: 02	

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)
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Detailed Summary Page

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(check only one)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. JOHN SULLIVAN FOR CONGRESS

Mailing Address 6130 South Maplewood Suite B

City Tulsa State OK Zip Code 74136

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN SULLIVAN

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: OK District: D1

Transaction ID: SB23.22126

Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. LISA MURKOWSKI - U S SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement
Political Contribution

Candidate Name
LISA MURKOWSKI

Category/
Type

Office Sought: House
 Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: AK District: D0

Transaction ID: SB23.22118

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. MARVIN PARKS FOR CONGRESS

Mailing Address P O BOX 2917

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Political Contribution

Candidate Name
MARVIN PARKS

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: AR District: D2

Transaction ID: SB23.22134

Date of Disbursement

02 / 26 / 2004

Amount of Each Disbursement this Period

500.00

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	<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. MOORE FOR CONGRESS

Mailing Address PO BOX 14631

City SHAWNEE MISSION State KS Zip Code 66285

Purpose of Disbursement
Political Contribution

Candidate Name
DENNIS MOORE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: KS District: D3

Transaction ID: SB23.22116

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. POMEROY, EARL RALPH

Mailing Address PO BOX 746

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Political Contribution

Candidate Name
EARL POMEROY FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: ND District: D0

Transaction ID: SB23.22085

Date of Disbursement

01 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. RE-ELECT NANCY JOHNSON TO CONG. COMM.

Mailing Address P.O. BOX 1986

City NEW BRITAIN State CT Zip Code 06050

Purpose of Disbursement
Political Contribution

Candidate Name
NANCY L JOHNSON

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: CT District: D6

Transaction ID: SB23.22114

Date of Disbursement

02 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. SESSIONS FOR CONGRESS

Mailing Address PO BOX 710

City ROANOKE State TX Zip Code 76262

Purpose of Disbursement
Political Contribution

Candidate Name
PETE SESSIONS

Office Sought: House
Senate
President

State: TX District: 26

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.22146

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. SESSIONS FOR CONGRESS

Mailing Address PO BOX 710

City ROANOKE State TX Zip Code 76262

Purpose of Disbursement
Political Contribution

Candidate Name
PETE SESSIONS

Office Sought: House
Senate
President

State: TX District: 26

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.22124

Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. THE RICHARD BURR COMMITTEE

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Political Contribution

Candidate Name
RICHARD BURR

Office Sought: House
Senate
President

State: NC District: 05

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.22087

Date of Disbursement

01 / 23 / 2004

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

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 - HUPAC

Full Name (Last, First, Middle Initial)
A. TOGETHER FOR OUR MAJORITY PAC (TOMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB23.22081

Date of Disbursement

01 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. WOHLGEMUTH FOR CONGRESS

Mailing Address P. O. Box 878

City Burleson State TX Zip Code 76007

Purpose of Disbursement
Political Contribution

Candidate Name
A ARLENE WOHLGEMUTH

Office Sought: x House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: TX District 17

Category/
Type

Transaction ID: SB23.22082

Date of Disbursement

01 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

40000.00

Form/Schedule: ~~5B21 B~~
Transaction ID: ~~5B21 B.24174~~

The monthly credit card settlement fee is the monthly charge imposed on HUPAC by the credit card issuer for processing monthly contributions on personal credit cards.

Form/Schedule: ~~5B21 B~~
Transaction ID: ~~5B21 B.24175~~

The monthly credit card settlement fee is the monthly charge imposed on HUPAC by the credit card issuer for processing monthly contributions on personal credit cards.

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