



**National
Association of Health
Underwriters**

NAHU is an association of health and disability insurance professionals serving
the needs of over 119 million Americans.

RECEIVED
FEDERAL ELECTION
COMMISSION
APR 21 11 26 AM '95

April 19, 1995

Debbie Manzano
Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Dear Ms. Manzano:

I will terminate my employment with the NAHU as of April 21, 1995. Consequently, I will no longer serve as Assistant Treasurer of HUPAC as of the same date.

My understanding is that my successor will be nominated and an amendment to HUPAC's State of Organization submitted in the near future. In the meantime, this position will remain vacant. I may be reached in the future care of the U.S. Chamber of Commerce here in Washington if you should have any questions pertaining to my role with HUPAC.

Thank you again for your assistance.

Sincerely,

E. Neil Trautwein
Assistant Treasurer, HUPAC

9 4 J 3 9 / 4 4 2 3 7

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Apr 21 11 25 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PAC	2. FEC IDENTIFICATION NUMBER C00283135
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, NW, Suite 810	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20036	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

0 1 2 3 4 5 6 7 8 9

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/1/94</u> through <u>12/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 58
(b) Cash on Hand at Beginning of Reporting Period	\$ 2109	
(c) Total Receipts (from Line 18)	\$ 3500	\$ 10,767
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5609	\$ 10,825
7. Total Disbursements (from Line 30)	\$ 9	\$ 4965
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5600	\$ 5860
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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 E. Neil Trautwein (Assistant Treasurer)	Date
Signature of Treasurer 	4/19/95

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

FEC FORM 3X

(revised 9/90)

FEC44N101

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE National Association of Health Underwriters PAC		REPORT COVERING PERIOD	
		FROM 11/1/94	TO: 12/31/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees		3500	8465
i. Itemized (use Schedule A)		0	2142
ii. Unitemized			
ii. Total	(add i and ii) >	3500	10607
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c) >	3500	10607
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0	167
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3500	10767
20. Total Federal Receipts	(subtract line 18 from line 19) >	3500	10767
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		9	125
b. Other Federal Operating Expenditures		9	125
c. Total Operating Expenditures	(add a i, a ii, and b) >	9	125
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		0	4750
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		0	90
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >	0	90
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9	4965
31. Total Federal Disbursements	(subtract line 21 a i from line 30) >	9	4965
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3500	10607
33. Total Contribution Refunds (from line 28d)		0	90
34. Net Contributions (other than loans)(subtract line 33 from 32)		3500	10577
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	9	125
36. Offsets to Operating Expenditures (from line 15)		0	160
37. Net Operating Expenditures	(subtract line 36 from 35) >	9	(35)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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 PAC

9 5 0 3 9 7 4 4 2 0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Lee Pugh 6660 Riverside Dr., Ste 100 Metairie, LA 70003	The Pugh Group		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sole Proprietor	12/19/94	1000
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce J. Glazier 700 Corporate Park Dr., Ste 300 Clayton, MO 63105	The Moneta Group		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	12/19/94	1250
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur C. Jetter, Jr. 13624 Parker Cir. Omaha, NE 68154	Art Jetter & Company	12/23/94	1250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 3500

TOTAL This Period (last page this line number only) 3500

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
---	-----------------

<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>4/20/95</i>
--	------------------------------

<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
--	------------

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
---	-----------------

<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
--	-----------------

<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

<i>E.S.</i>	<i>4/21/95</i>
-------------	----------------

PREPARER	DATE PREPARED
----------	---------------

1 2 3 4 5 6 7 8 9 0