

**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 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:
 X 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 (M13)
 (c) 12-Day PRE Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on in the State of
 (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on in the State of

5. Covering Period 01 01 2002 through 03 31 2002

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 11 07 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^h 0 1 ^d 0 1 ^y 2 0 0 2 To: ^h 0 3 ^d 3 1 ^y 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 2		67640.00
(b) Cash on Hand at Beginning of Reporting Period	67640.00	
(c) Total Receipts (from Line 19)	46890.00	46890.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114530.00	114530.00
7. Total Disbursements (from Line 30)	33764.90	33764.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80765.10	80765.10
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}2002

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)	17152.00	
(ii) Unitemized	29738.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	46890.00	46890.00
(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 32, page 4)	46890.00	46890.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	46890.00	46890.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	46890.00	46890.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11764.90	11764.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11764.90	11764.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	22000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	33764.90	33764.90
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	33764.90	33764.90
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	46890.00	46890.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	46890.00	46890.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	11764.90	11764.90
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	11764.90	11764.90

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

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

FOR LINE NUMBER: PAGE 5 / 38

(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. Christine F. Burns

Mailing Address
4300 S. I-10 Service Road West #216
City State Zip Code
Metairie LA 70001

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer
Comprehensive Insurance Services, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.10878

Full Name (Last, First, Middle Initial)
B. Jo Anna Burns

Mailing Address
P.O. Box 251
City State Zip Code
Sheboygan WI 53082-0251

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
LMT Maritime Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00

Transaction ID: SA11A1.10398

Full Name (Last, First, Middle Initial)
C. Gary W. Clevers

Mailing Address
445 S. Madison Avenue Suite 102
City State Zip Code
Green Bay WI 54301-4128

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Financial Life Cycles, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10865

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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: (check only one)		PAGE 6 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Robert Desmond

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 1543

City State Zip Code
Houston TX 77251-1543

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
River Oaks Benefits & Insurance Svcs. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.10444

B. Full Name (Last, First, Middle Initial)
Robert Desmond

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 1543

City State Zip Code
Houston TX 77251-1543

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
River Oaks Benefits & Insurance Svcs. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00

Transaction ID: SA11A1.10445

C. Full Name (Last, First, Middle Initial)
Jeffrey Flehbaek

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

Mailing Address
796 Johnson Ferry Road Building C-200

City State Zip Code
Marietta GA 30066-5818

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Purchasing Alliance Solutions, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Transaction ID: SA11A1.10807

SUBTOTAL of Receipts This Page (optional) ▶ **1030.00**

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 7 / 38

(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

A. Full Name (Last, First, Middle Initial)
Eva Jean Fornalant

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 1200.00

Name of Employer Occupation
Delta Dental Plans of NM Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1200.00

Transaction ID: SA11A1.10328

B. Full Name (Last, First, Middle Initial)
Michael Gray

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2002

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 50.00

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00

Transaction ID: SA11A1.10268

C. Full Name (Last, First, Middle Initial)
Michael Gray

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 80.00

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 290.00

Transaction ID: SA11A1.10659

SUBTOTAL of Receipts This Page (optional) ► **1330.00**

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 / 38

(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

A. Thomas Harte Date of Receipt

Mailing Address N M / D E / Y Y Y Y

6 Mary E. Clark Drive, #3 02 06 2002

City State Zip Code

Hampstead NH 03841-2288 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent
---	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 440.00

Other (specify) ▼

Transaction ID: SA11A1.10460

B. Carol Hayes Date of Receipt

Mailing Address N M / D E / Y Y Y Y

736 Johnson Ferry Road, #C-200 02 05 2002

City State Zip Code

Marietta GA 30068 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Purchasing Alliance Solutions, In- c.	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 240.00

Other (specify) ▼

Transaction ID: SA11A1.10274

C. Donna HI Date of Receipt

Mailing Address N M / D E / Y Y Y Y

PO Box 724 02 06 2002

City State Zip Code

Snelville GA 30078 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer DDH Associates	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General 370.00

Other (specify) ▼

Transaction ID: SA11A1.1047D

SUBTOTAL of Receipts This Page (optional)	730.00
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: (check only one)		PAGE 9 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Donna Hill

Mailing Address
PO Box 724
City State Zip Code
Snellville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 430.00

Transaction ID: SA11A1.10660

Full Name (Last, First, Middle Initial)
B. Randy Joppie

Mailing Address
5075 Cascade Road SE
City State Zip Code
Grand Rapids MI 49546-3751

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Collins and Associates Corporation Director of Employee Benefits

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.10278

Full Name (Last, First, Middle Initial)
C. Lawrence Kaczmarek

Mailing Address
2633 State Route 59, Suite B
City State Zip Code
Ravenna OH 44266-1884

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 800.00

Transaction ID: SA11A1.10477

SUBTOTAL of Receipts This Page (optional) ▶ **910.00**

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: (check only one)		PAGE 10 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Lawrence Kaczmarek

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Kaczmarek Insurance Services Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 900.00

Transaction ID: SA11A1.10683

Full Name (Last, First, Middle Initial)
B. Thomas Kaufman

Mailing Address
1675 Willow Street
City: San Jose State: CA Zip Code: 95125

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer: BCI Insurance Services, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.9853

Full Name (Last, First, Middle Initial)
C. Thomas Kaufman

Mailing Address
1675 Willow Street
City: San Jose State: CA Zip Code: 95125

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer: BCI Insurance Services, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 305.00

Transaction ID: SA11A1.10797

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

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: (check only one)		PAGE 11 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Karen Kirkpatrick

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2002

Mailing Address
15 East Washington Street

City State Zip Code
Coldwater MI 49036

Amount of Each Receipt this Period
220.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COBRA Compliance Systems, Inc. Regional Sales Manager

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.10281

B. Full Name (Last, First, Middle Initial)
Ronald (David) Knight

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
PO Box 507

City State Zip Code
Carrollton GA 30117-0507

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Smith Lanier & Company Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.10341

C. Full Name (Last, First, Middle Initial)
Ronald Levine

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 226.00

Transaction ID: SA11A1.10690

SUBTOTAL of Receipts This Page (optional) ▶ **762.00**

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 / 38

(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. James M. Lewis

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 2 / 0 6 / 2 0 0 2

4538 N. Federal Hwy.

City

State

Zip Code

Fort Lauderdale

FL

33308-5204

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

240.00

Name of Employer
Benefitmall.com

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

240.00

Transaction ID: SA11A1.10496

Full Name (Last, First, Middle Initial)

B. Brian Liechty

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 3 / 0 4 / 2 0 0 2

120 E Washington Street

City

State

Zip Code

Plymouth

IN

46563-1744

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer
KL Benefits

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

240.00

Transaction ID: SA11A1.10692

Full Name (Last, First, Middle Initial)

C. Maurice Lyons

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 2 / 0 6 / 2 0 0 2

301 Madison Avenue

City

State

Zip Code

New York

NY

10107-6229

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
The Medical Link

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

560.00

Transaction ID: SA11A1.10504

SUBTOTAL of Receipts This Page (optional) ▶

820.00

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: (check only one)		PAGE 13 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Michael Meterick

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 270.00

Transaction ID: SA11A1.10511

B. Full Name (Last, First, Middle Initial)
Michael Meterick

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 470.00

Transaction ID: SA11A1.9872

C. Full Name (Last, First, Middle Initial)
Michael Meterick

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 670.00

Transaction ID: SA11A1.10808

SUBTOTAL of Receipts This Page (optional) ▶ 470.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 38

(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. Jim Mozingo

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 2 / 2 7 / 2 0 0 2

2D1 S. McPherson Church Road Suite 103

City State Zip Code

Fayetteville NC 28303

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer Occupation
Independent Insurance Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 260.00

Transaction ID: SA11A1.9885

Full Name (Last, First, Middle Initial)

B. Jim Mozingo

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 3 / 2 8 / 2 0 0 2

2D1 S. McPherson Church Road Suite 103

City State Zip Code

Fayetteville NC 28303

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer Occupation
Independent Insurance Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 340.00

Transaction ID: SA11A1.10813

Full Name (Last, First, Middle Initial)

C. John Nelson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 2 / 0 6 / 2 0 0 2

32110 Agoura Road

City State Zip Code

Westlake Village CA 91361-4028

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

2400.00

Name of Employer Occupation
Warner Pacific Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 2400.00

Transaction ID: SA11A1.10517

SUBTOTAL of Receipts This Page (optional) ▶ **2560.00**

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: (check only one)		PAGE 15 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Susan Rash

Mailing Address
8D14 Midlothian Turnpike, #20D

City Richmond State VA Zip Code 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Benefit Consultants of VA, Inc. Occupation Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Amount of Each Receipt this Period 500.00

Transaction ID: SA11A1.10612

B. Full Name (Last, First, Middle Initial)
Shan Ricketts

Mailing Address
736 Johnson Ferry Road Bldg. C#200

City Marietta State GA Zip Code 30068

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00

Amount of Each Receipt this Period 660.00

Transaction ID: SA11A1.10613

C. Full Name (Last, First, Middle Initial)
Shan Ricketts

Mailing Address
736 Johnson Ferry Road Bldg. C#200

City Marietta State GA Zip Code 30068

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Purchasing Alliance Solutions, Inc. Occupation Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Amount of Each Receipt this Period 20.00

Transaction ID: SA11A1.9910

SUBTOTAL of Receipts This Page (optional) ▶ **1180.00**

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 / 38

(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. Stan Ricketts

Mailing Address

736 Johnson Ferry Road

Bldg. C#200

City

State

Zip Code

Marietta

GA

30068

Date of Receipt

N M / D E / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
Purchasing Alliance Solutions, In-
c.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Transaction ID: SA11A1.10824

Full Name (Last, First, Middle Initial)

B. Aline Roberts

Mailing Address

508 Marin Street, #125

City

State

Zip Code

Thousand Oaks

CA

91360

Date of Receipt

N M / D E / Y Y Y Y
02 / 08 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Insurance Dimensions

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10540

Full Name (Last, First, Middle Initial)

C. Stephen Salomon

Mailing Address

P.O. Box 4252

City

State

Zip Code

Timonium

MD

21094-4252

Date of Receipt

N M / D E / Y Y Y Y
02 / 08 / 2002

Amount of Each Receipt this Period

2300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Heritage Financial Consultants,
LLC

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2320.00

Transaction ID: SA11A1.10547

SUBTOTAL of Receipts This Page (optional) ▶ **2820.00**

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: (check only one)		PAGE 17 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Stephen Salamon

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2330.00

Transaction ID: SA11A1.10726

B. Full Name (Last, First, Middle Initial)
David Salzman

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
7990 SW 117 Avenue

City State Zip Code
Miami FL 33183-3845

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Administrative Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10368

C. Full Name (Last, First, Middle Initial)
David Salzman

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
7990 SW 117 Avenue

City State Zip Code
Miami FL 33183-3845

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Administrative Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.10549

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Jackie Severson

Mailing Address
P.O. Box 1468
City: Janesville State: WI Zip Code: 53547-1468

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
220.00

FEC ID number of contributing federal political committee.

Name of Employer: Schwartz and Shea Insurance Agency Occupation: Marketing Representative

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Transaction ID: SA11A1.10371

Full Name (Last, First, Middle Initial)
B. Mark Sheffer

Mailing Address
P.O. Box 355
City: Apollo State: PA Zip Code: 15613-0355

Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Executive Benefit Plans, Inc. Occupation: Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Transaction ID: SA11A1.10214

Full Name (Last, First, Middle Initial)
C. Mark Sheffer

Mailing Address
P.O. Box 355
City: Apollo State: PA Zip Code: 15613-0355

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Executive Benefit Plans, Inc. Occupation: Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Transaction ID: SA11A1.10729

SUBTOTAL of Receipts This Page (optional) ▶ **620.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Scott Shalek

Mailing Address
P.O. Box 67

City State Zip Code
Ringwood IL 60072-0067

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Shalek Financial Services

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10562

B. Full Name (Last, First, Middle Initial)
James Stenger

Mailing Address
288 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
NAS Financial Services

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: SA11A1.10840

C. Full Name (Last, First, Middle Initial)
Henry Sullivan

Mailing Address
523 Camilla Avenue

City State Zip Code
Roanoke VA 24014-1802

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

Name of Employer
Sullivan and Associates

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Transaction ID: SA11A1.10576

SUBTOTAL of Receipts This Page (optional) ▶ **880.00**

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:
(check only one)

PAGE 20 / 38

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

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

A. Full Name (Last, First, Middle Initial)
Gerald Tomberlin

Mailing Address
7D Woodfin Place Suite 122

City State Zip Code
Asheville NC 28801

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tomberlin Insurance Agency, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.10582

B. Full Name (Last, First, Middle Initial)
Albert J. Travassos

Mailing Address
2255 Glades Road Suite 420-A

City State Zip Code
Boca Raton FL 33431

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
John Hancock Life Insurance Co. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10583

C. Full Name (Last, First, Middle Initial)
Peter Vinton

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 280.00

Transaction ID: SA11A1.10950

SUBTOTAL of Receipts This Page (optional) ▶ **570.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
James S. Vogel

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 12B

City State Zip Code
Marshfield WI 54449-0128

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heartland Benefits Group Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.10589

B. Full Name (Last, First, Middle Initial)
Charles Westmoreland

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10594

C. Full Name (Last, First, Middle Initial)
Charles Westmoreland

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.10745

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 22 / 38

(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

A. Trei Wild Date of Receipt
Mailing Address
5495 Belt Line Road Suite 155
City State Zip Code
Dallas TX 75240-7643
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 550.00
Name of Employer Occupation
Safeguard Health Plans Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00
Transaction ID: SA11A1.10597

B. Jeanine Wilson Date of Receipt
Mailing Address
400 Field Drive
City State Zip Code
Lake Forest IL 60045-2581
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 360.00
Name of Employer Occupation
Stamark Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00
Transaction ID: SA11A1.10598

C. Robert Ziff Date of Receipt
Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Occupation
Avarill Insurance & Financial Serv, Inc Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00
Transaction ID: SA11A1.10597

SUBTOTAL of Receipts This Page (optional) ▶ **990.00**
TOTAL This Period (last page this line number only) ▶ **17152.00**

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 38

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

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

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 02 / 21 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 194.41	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type	
Candidate Name		Transaction ID: SB21B.10985	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 03 / 21 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 12.24	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type	
Candidate Name		Transaction ID: SB21B.10989	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Capitol Hilton Hotel		Date of Disbursement 03 / 05 / 2002	
Mailing Address 18th and K Street, NW City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 4793.00	
Purpose of Disbursement HUPAC Fundraiser Expenses		Category/ Type	
Candidate Name		Transaction ID: SB21B.10970	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4999.65
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)

PAGE 24 / 38

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

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

Full Name (Last, First, Middle Initial) A. Charles Gartan		Date of Disbursement 02 / 06 / 2002	
Mailing Address 1010 Commons Way Bldg. G City State Zip Code Toms River NJ 08754-1268		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11021	
State: District:			

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Disbursement 02 / 04 / 2002	
Mailing Address 6 Mary E. Clark Drive, #3 City State Zip Code Hampstead NH 03841-2288		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11023	
State: District:			

Full Name (Last, First, Middle Initial) C. Dean Hoffman		Date of Disbursement 02 / 04 / 2002	
Mailing Address 2025 North Summit Avenue City State Zip Code Milwaukee WI 53202-1982		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11024	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1900.00
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 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
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ronald (David) Knight		Date of Disbursement 02 / 04 / 2002	
Mailing Address PO Box 507 City Carrollton		State GA	Zip Code 30117-0507
Purpose of Disbursement Raffle Prize		Amount of Each Disbursement this Period 599.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11025	
State:	District:		

Full Name (Last, First, Middle Initial) B. David Kross		Date of Disbursement 02 / 04 / 2002	
Mailing Address 3341 Harrison Avenue City Cincinnati		State OH	Zip Code 45211
Purpose of Disbursement Raffle Prize		Amount of Each Disbursement this Period 250.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11026	
State:	District:		

Full Name (Last, First, Middle Initial) C. Marco		Date of Disbursement 03 / 07 / 2002	
Mailing Address 2640 Commerce Drive City Harrisburg		State PA	Zip Code 17110
Purpose of Disbursement Ribbons and Fundraiser Tickets		Amount of Each Disbursement this Period 443.11	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10973	
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1292.11
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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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		Date of Disbursement 01 / 25 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 708.42
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10976
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 03 / 20 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 263.97
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10977
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 03 / 04 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 687.43
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10988
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1659.82
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

A. Full Name (Last, First, Middle Initial) Stephen Salamon		Date of Disbursement 02 / 15 / 2002	
Mailing Address P.O. Box 4252 City Timonium State MD Zip Code 21094-4252		Amount of Each Disbursement this Period 323.92	
Purpose of Disbursement Reimbursement for Dinner Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10975	
State: District:			

B. Full Name (Last, First, Middle Initial) Sidney's Music & Entertainment		Date of Disbursement 01 / 25 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 217.50	
Purpose of Disbursement Fundraiser Entertainment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10968	
State: District:			

C. Full Name (Last, First, Middle Initial) Sidney's Music & Entertainment		Date of Disbursement 03 / 05 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 217.50	
Purpose of Disbursement Fundraiser Entertainment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10989	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	758.92
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Barbara Ziegler		Date of Disbursement 02 / 06 / 2002	
Mailing Address 1140 Burnt Tavern Road Suite 1B City State Zip Code Brick NJ 08724-1498		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Raffle Prize		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11029	
State:	District:		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	11110.50

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. AKIN, WILLIAM TODD			Date of Disbursement 02 / 21 / 2002	
Mailing Address 305 CONWAY HILL ROAD City ST LOUIS State MO Zip Code 63141			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name TODD AKIN FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10902	
State: MO District: 02				

Full Name (Last, First, Middle Initial) B. BILIRAKIS, MICHAEL			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 697 City TARPON SPRINGS State FL Zip Code 34688			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MIKE BILIRAKIS FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10934	
State: FL District: 09				

Full Name (Last, First, Middle Initial) C. BROWN-WAITE, VIRGINIA 'GINNY'			Date of Disbursement 02 / 25 / 2002	
Mailing Address 2499 CULBREATH RD City BROOKSVILLE State FL Zip Code 34602			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BROWN-WAITE FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10911	
State: FL District: 06				

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
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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				

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

A. Full Name (Last, First, Middle Initial) CHABOT, STEVEN JOSEPH			Date of Disbursement 03 / 15 / 2002	
Mailing Address 3025 DAYTONA AVE City State Zip Code CINCINNATI OH 45211			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.10961	
Candidate Name STEVE CHABOT FOR CONGRESS		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: OH District: 01				

B. Full Name (Last, First, Middle Initial) COLEMAN, NORM			Date of Disbursement 02 / 11 / 2002	
Mailing Address 1410 ENERGY PARK DRIVE SUITE 11 City State Zip Code ST PAUL MN 55108			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.10963	
Candidate Name NORM COLEMAN FOR U S SENATE		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: MN District: 00				

C. Full Name (Last, First, Middle Initial) DOLE, ELIZABETH			Date of Disbursement 03 / 06 / 2002	
Mailing Address 712 SOUTH FULTON STREET City State Zip Code SALISBURY NC 28144			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.10914	
Candidate Name DOLE 2002 COMMITTEE		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: NC 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)
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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				

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

Full Name (Last, First, Middle Initial) A. DOOLITTLE, JOHN T		Date of Disbursement 02 / 19 / 2002	
Mailing Address 400 CAPITOL MALL SUITE 1560 City State Zip Code SACRAMENTO CA 95861		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN T DOOLITTLE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 04	Transaction ID: SB23.10869		

Full Name (Last, First, Middle Initial) B. ENZI, MICHAEL B		Date of Disbursement 02 / 25 / 2002	
Mailing Address 431 CIRCLE DRIVE City State Zip Code CILLETTE WY 82716		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ENZI FOR US SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WY District: 00	Transaction ID: SB23.10805		

Full Name (Last, First, Middle Initial) C. GARRETT, E SCOTT		Date of Disbursement 02 / 15 / 2002	
Mailing Address 100 POND SCHOOL ROAD City State Zip Code SUSSEX NJ 07461		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GARRETT FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 06	Transaction ID: SB23.10896		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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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				

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

Full Name (Last, First, Middle Initial) A. GRAHAM, LINDSEY OLIN		Date of Disbursement 02 / 06 / 2002	
Mailing Address PO BOX 1155 337 BYPASS 123 City State Zip Code SENECA SC 29679		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LINDSEY GRAHAM FOR SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SC District: 00	Transaction ID: SB23.10887		

Full Name (Last, First, Middle Initial) B. GREEN, MARK ANDREW		Date of Disbursement 03 / 27 / 2002	
Mailing Address 2152 GLOUCESTER DRIVE City State Zip Code GREEN BAY WI 54304		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GREEN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: 08	Transaction ID: SB23.10844		

Full Name (Last, First, Middle Initial) C. HART, MELISSA A		Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 435 800 GRANT ST City State Zip Code WEXFORD PA 15090		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PEOPLE WITH HART INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 04	Transaction ID: SB23.10826		

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

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

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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				

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

Full Name (Last, First, Middle Initial) A. HOEFFEL, JOSEPH M		Date of Disbursement 02 / 25 / 2002	
Mailing Address 1808 LYCOMING AVENUE City ABINGTON State PA Zip Code 19001		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HOEFFEL FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 13	Transaction ID: SB23.10908		

Full Name (Last, First, Middle Initial) B. HOLDEN, TIM		Date of Disbursement 03 / 18 / 2002	
Mailing Address 31 PEARL STREET City ST CLAIR State PA Zip Code 17970		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF CONGRESSMAN TIM HOLDEN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 17	Transaction ID: SB23.10957		

Full Name (Last, First, Middle Initial) C. JOHN, CHRIS		Date of Disbursement 03 / 21 / 2002	
Mailing Address PO BOX 971 City CROWLEY State LA Zip Code 70527		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHRIS JOHN FOR CONGRESS COMMITTEE INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: 07	Transaction ID: SB23.10940		

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

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

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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				

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

Full Name (Last, First, Middle Initial) A. NANCY L JOHNSON		Date of Disbursement 03 / 06 / 2002	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 08052		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RE-ELECT NANCY JOHNSON TO CONG. COMM.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: CT District: 06	Transaction ID: SB23.10966		

Full Name (Last, First, Middle Initial) B. KINGSTON, JOHN HEDDENS		Date of Disbursement 03 / 21 / 2002	
Mailing Address 207 FIDDLERS BEND City SAVANNAH State GA Zip Code 31408		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JACK KINGSTON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: GA District: 01	Transaction ID: SB23.10943		

Full Name (Last, First, Middle Initial) C. MANZULLO, DONALD A		Date of Disbursement 03 / 28 / 2002	
Mailing Address 792 E LIGHTSVILLE ROAD City EGAN State IL Zip Code 61047		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DONALD A. MANZULLO FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL District: 18	Transaction ID: SB23.10953		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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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				

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

Full Name (Last, First, Middle Initial) A. MORELLA, CONSTANCE A		Date of Disbursement 03 / 18 / 2002	
Mailing Address 2228 RAYBURN HOUSE OFFICE BLDG City: WASHINGTON State: DC Zip Code: 20515		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF CONNIE MORELLA FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 06	Transaction ID: SB23.10931		

Full Name (Last, First, Middle Initial) B. MURTHA, JOHN P		Date of Disbursement 03 / 18 / 2002	
Mailing Address 109 COLGAGE AVENUE City: JOHNSTOWN State: PA Zip Code: 15806		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MURTHA FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 12	Transaction ID: SB23.10928		

Full Name (Last, First, Middle Initial) C. POMEROY, EARL RALPH		Date of Disbursement 02 / 15 / 2002	
Mailing Address PO BOX 748 City: BISMARCK State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name EARL POMEROY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND District: 00	Transaction ID: SB23.10890		

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				

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

Full Name (Last, First, Middle Initial) A. PORTMAN, ROBERT J		Date of Disbursement 03 / 18 / 2002
Mailing Address PO BOX 2365 City: CINCINNATI State: OH Zip Code: 45202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name AMERICA'S MAJORITY TRUST	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: OH District: 02		Transaction ID: SB23.10923

Full Name (Last, First, Middle Initial) B. RYAN, PAUL D		Date of Disbursement 03 / 18 / 2002
Mailing Address PO BOX 1919 City: JANESVILLE State: WI Zip Code: 53547		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RYAN FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: WI District: 01		Transaction ID: SB23.10917

Full Name (Last, First, Middle Initial) C. STRICKLAND, TED		Date of Disbursement 02 / 15 / 2002
Mailing Address 1337 THOMAS HOLLOW ROAD BOX 580 City: LUCASVILLE State: OH Zip Code: 45648		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name TED STRICKLAND FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: OH District: 08		Transaction ID: SB23.10893

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

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				

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

Full Name (Last, First, Middle Initial) A. SUNUNU, JOHN E		Date of Disbursement 03 / 26 / 2002	
Mailing Address 25 FRENCH DRIVE City: BEDFORD State: NH Zip Code: 03110		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TEAM SUNUNU			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District: 00	Transaction ID: SB23.10950		

Full Name (Last, First, Middle Initial) B. TAUSCHER, ELLEN O		Date of Disbursement 01 / 25 / 2002	
Mailing Address 75 CANDLESTON PLACE City: ALAMO State: CA Zip Code: 94507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ELLEN TAUSCHER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 10	Transaction ID: SB23.10884		

Full Name (Last, First, Middle Initial) C. UPTON, FREDERICK STEPHEN		Date of Disbursement 03 / 18 / 2002	
Mailing Address 285 RIDGEWAY P O BOX 800 City: ST JOSEPH State: MI Zip Code: 49085		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name UPTON FOR ALL OF US			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: 08	Transaction ID: SB23.10938		

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

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

Full Name (Last, First, Middle Initial) A. VELAZQUEZ, NYDIA M		Date of Disbursement 03 rd : 27 th : 2002 nd	
Mailing Address 370 UNION STREET City State Zip Code BROOKLYN NY 11231		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CM TO RE-ELECT NYDIA VELAZQUEZ TO CONG			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NY District: 12	Transaction ID: 5B23.10947		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	22000.00