

**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 45D  
 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 AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	<input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on			in the State of	
	Termination Report (TER)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on			in the State of	

5. Covering Period 04 14 2003 through 06 30 2003

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 07 29 2003

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							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: <sup>M</sup>04 <sup>D</sup>14 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		48519.92
(b) Cash on Hand at Beginning of Reporting Period .....	60346.63	
(c) Total Receipts (from Line 19) .....	34025.58	108467.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114372.21	156987.00
<hr/>		
7. Total Disbursements (from Line 31) .....	61527.11	104141.90
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52845.10	52845.10
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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: <sup>M</sup>04 <sup>D</sup>14 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

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) .....	14700.00	
(ii) Unitemized .....	17825.58	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	32525.58	98967.08
(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) .....	32525.58	98967.08
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 .....	1500.00	9500.00
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)) .....	34025.58	108467.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34025.58	108467.08

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17566.77	25171.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17566.77	25171.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43960.34	78960.34
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	10.00
(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	10.00
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))..	61527.11	104141.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	61527.11	104141.90

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	32525.58	98967.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32525.58	98957.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17566.77	25171.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17566.77	25171.56

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/> 12	<input type="checkbox"/> 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) <b>A. Terri D. Adams</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.17870
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. William Anderson</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.17706
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. William Anderson</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.17873
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.00</b>
<b>TOTAL</b> 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 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.17232
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.17707
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. David Benson</b>		Date of Receipt M / D / Y 06 / 29 / 2003
Mailing Address 6733 South Sepulveda Boulevard Suite 230		Transaction ID: SA11A1.18368
City Los Angeles	State CA	Zip Code 90045-1562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer DCB Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>700.00</b>
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 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Tracy Q. Bradford</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.17484
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38120-4000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.00</b>
Name of Employer Clay & Land Insurance, In- c.	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>540.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Tracy Q. Bradford</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.17900
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38120-4000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.00</b>
Name of Employer Clay & Land Insurance, In- c.	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>580.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Tracy Q. Bradford</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.17901
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38120-4000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.00</b>
Name of Employer Clay & Land Insurance, In- c.	Occupation <b>Health Insurance Agent</b>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>580.00</b>	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> 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 / 73	
	<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) <b>A. Eleanor M. Brockhurst</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 1212 East Osborn Road Suite 110		Transaction ID: SA11A1.18960
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Donna J. Buessing</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1485 Enea Circle		Transaction ID: SA11A1.17913
City Concord	State CA	Zip Code 94520-7914
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Diversified Capital	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Donna J. Buessing</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 1485 Enea Circle		Transaction ID: SA11A1.17914
City Concord	State CA	Zip Code 94520-7914
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Diversified Capital	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>340.00</b>
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 / 73	
	<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) <b>A. Christine F. Burns</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 4300 S. I-10 Service Road West #216		Transaction ID: SA11A1.18983
City State Zip Code Metairie LA 70001	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 240.00
Name of Employer Comprehensive Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. D. Bailey Calvin</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.17723
City State Zip Code Anchorage AK 99501	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Sarah Canez</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 7700 Broadway Street Suite 2D1		Transaction ID: SA11A1.17921
City State Zip Code San Antonio TX 78209-5220	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
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 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) <b>A. Sarah Canez</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.17922
City San Antonio	State TX	Zip Code 78209-3220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Dorothy Coeiu</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.17501
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Dorothy Coeiu</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.17934
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>180.00</b>
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 12 / 73	
	<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) <b>A. Dorothy Cociu</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 6877		Transaction ID: SA11A1.17935
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer Advanced Benefit Consult- ing	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Rush David Dixon</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.17509
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Rush David Dixon</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.17957
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> 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 / 73	
	<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. Rush David Dixon		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.17958
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.17267
City Gretna	State LA	Zip Code 70053-4945
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.17738
City Gretna	State LA	Zip Code 70053-4945
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>180.00</b>
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 14 / 73	
	<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) <b>A. Thomas M. Evans</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.17742
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. David L. Fear</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.17273
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. David L. Fear</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.17744
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>150.00</b>
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 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial) <b>A. Linda K. Friedrich</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.17746
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce Gardner</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.17746
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Garten</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.17518
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>140.00</b>
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 16 / 73	
	<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) <b>A. Charles Garten</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.17976
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Garten</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.17977
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey W. Gennaro</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address PO Box 10315		Transaction ID: SA11A1.17981
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> 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 / 73	
	<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) <b>A. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.17523
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.17280
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.17988
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
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 / 73	
	<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) <b>A. Patsi Goldfarb</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.17751
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Patsi Goldfarb</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.17997
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Gray</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.17281
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.00</b>
<b>TOTAL</b> 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 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Michael Gray</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.17752
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony Halby</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.17532
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Halby</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.18002
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Anthony Halby		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.18003
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) B. Water Hale		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 211 East Church Street		Transaction ID: SA11A1.18004
City Morrilton	State AR	Zip Code 72110-3419
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Water Hale		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 211 East Church Street		Transaction ID: SA11A1.18416
City Morrilton	State AR	Zip Code 72110-3419
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Chris Harrison		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.18354
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.18009
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) C. Thomas Harte		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 6 Mary E. Clark Drive, #3		Transaction ID: SA11A1.17538
City	State	Zip Code
Hampstead	NH	03841-2288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	580.00
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 22 / 73	
	<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) <b>A. Thomas Harte</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.18012
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Harte</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.18013
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Mary Hellman</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.17781
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>180.00</b>
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 23 / 73	
	<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) <b>A. Timothy Hendricks</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.17291
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Hendricks</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.17762
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. W. Richard Herd</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.18022
City Salt Lake City	State UT	Zip Code 84108-3647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Donna HI</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.17294
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Donna HI</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.17767
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Richard HI</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.17295
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
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 25 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial) <b>A. Richard Hill</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.17768
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Hoffman</b>		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 2019 Industrial Drive		Transaction ID: SA11A1.17453
City Bethlehem	State PA	Zip Code 18017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Ronald S. Hoffman Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Hoffman</b>		Date of Receipt M / D / Y 06 / 09 / 2003
Mailing Address 2019 Industrial Drive		Transaction ID: SA11A1.18310
City Bethlehem	State PA	Zip Code 18017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Ronald S. Hoffman Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.18970
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 110.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.18042
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.17310
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>230.00</b>
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 27 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.17782
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 06 / 28 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.18371
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Thelma Kaczmarek</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 2833 State Rta. 58 Ste. B		Transaction ID: SA11A1.17311
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>380.00</b>
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 28 / 73	
	<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) <b>A. Thelma Kaczmarek</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.17783
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Kaufman</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.17559
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Kaufman</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.18058
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>250.00</b>
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 28 / 73	
	<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) <b>A. Thomas Kaufman</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.18057
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. Mary B. Kramer</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.17787
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Levine</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.17570
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Complink	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>145.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Ronald Levine</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 248D Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.18080
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Levine</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 248D Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.18081
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Leichty</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.17317
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 31 / 73	
	<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) <b>A. Brian Liechty</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.17788
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Dale Makony</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.17576
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Makony</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.18090
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>240.00</b>
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 32 / 73	
	<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) <b>A. Dale Maloney</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.18091
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Martin</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.17793
City State Zip Code Asheville NC 28803	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Matzick</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.17578
City State Zip Code Greensboro NC 27438-8248	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</b>
<b>TOTAL</b> 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 33 / 73	
	<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) <b>A. Michael Meterick</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.18094
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Meterick</b>		Date of Receipt M / D / Y 06 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.18373
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Meterick</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.18095
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>310.00</b>
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 34 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Mark McWright</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.17583
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mark McWright</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.18105
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark McWright</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.18108
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 73	
	<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) <b>A. Wesley Moore</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.17799
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Jim Mozingo</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 201 S. McPherson Church Road Suite 103		Transaction ID: SA11A1.17586
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Independent Insurance Gro- up, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Jim Mozingo</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 201 S. McPherson Church Road Suite 103		Transaction ID: SA11A1.18111
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Independent Insurance Gro- up, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
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 36 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Moeingo</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 201 S. McPherson Church Road Suite 103		Transaction ID: SA11A1.18112
City Fayetteville	State NC	
Zip Code 28303		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Independent Insurance Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼  1200.00	

Full Name (Last, First, Middle Initial) <b>B. Kirby Nielsen</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.18126
City Columbus	State OH	
Zip Code 43229-1550		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	

Full Name (Last, First, Middle Initial) <b>C. Kirby Nielsen</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.18127
City Columbus	State OH	
Zip Code 43229-1550		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>240.00</b>
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 37 / 73	
	<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. John Parker		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.17801
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.18144
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.18145
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 38 / 73	
	<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. <u>Kathy Rainwater</u>		Date of Receipt M / D / Y 05 / 05 / 2003
Mailing Address <u>515 West Southwest Loop 323</u>		Transaction ID: SA11A1.17449
City <u>Tyler</u>	State <u>TX</u>	Zip Code <u>75701-9455</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>480.00</b>
Name of Employer <u>Thraekold &amp; Company Insurance</u>	Occupation <u>Health Insurance Agent</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> <b>480.00</b>	

Full Name (Last, First, Middle Initial) B. <u>Kathy Rainwater</u>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address <u>515 West Southwest Loop 323</u>		Transaction ID: SA11A1.18346
City <u>Tyler</u>	State <u>TX</u>	Zip Code <u>75701-9455</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <u>Thraekold &amp; Company Insurance</u>	Occupation <u>Health Insurance Agent</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> <b>680.00</b>	

Full Name (Last, First, Middle Initial) C. <u>Gusssn Rash</u>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address <u>8014 Midlothian Turnpike, #200</u>		Transaction ID: SA11A1.17809
City <u>Richmond</u>	State <u>VA</u>	Zip Code <u>23235-5291</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>50.00</b>
Name of Employer <u>Benefit Consultants of VA, Inc.</u>	Occupation <u>Health Insurance Agent</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> <b>300.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>730.00</b>
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 38 / 73	
	<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) <b>A. Susan Rash</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.18187
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Rash</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.18188
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Bill Robinson</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.18188
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>110.00</b>
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 40 / 73	
	<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) <b>A. Bill Robinson</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.18189
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Ernest G. Robison</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.17619
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ernest G. Robison</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.18185
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>110.00</b>
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 41 / 73	
	<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) <b>A. Ernest G. Robison</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.18186
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Salaman</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.17358
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Salaman</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.17827
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Stephen Salamon</b>		Date of Receipt M / D / Y 06 / 28 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18383
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1280.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2340.00	

Full Name (Last, First, Middle Initial) <b>B. Raymar Sale</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.17627
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Raymar Sale</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.18203
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1340.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Raymer Sale</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.18204
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Mel Schlesinger</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.18210
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. PUs	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Gehring</b>		Date of Receipt M / D / Y 06 / 29 / 2003
Mailing Address 200 North Broadway Suite 1400		Transaction ID: SA11A1.18384
City St. Louis	State MO	Zip Code 63102-2755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Marsh Advantage America	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> 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 44 / 73	
	<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**

<b>A. Kevin Seeker</b> Full Name (Last, First, Middle Initial) Mailing Address 4643 East Thomas Road Suite 2 City State Zip Code Phoenix AZ 85018-7740		Date of Receipt M / D / Y 06 / 30 / 2003 Transaction ID: SA11A1.18214 Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Summit Benefit Services	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B. Mark Sheffer</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 355 City State Zip Code Apollo PA 15613-0355		Date of Receipt M / D / Y 05 / 02 / 2003 Transaction ID: SA11A1.17363 Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1080.00	

<b>C. Mark Sheffer</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 355 City State Zip Code Apollo PA 15613-0355		Date of Receipt M / D / Y 06 / 02 / 2003 Transaction ID: SA11A1.17832 Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>480.00</b>
<b>TOTAL</b> 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 45 / 73	
	<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) <b>A. Scott Shalek</b>		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address P.O. Box 67		Transaction ID: SA11A1.18386
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2490.00	

Full Name (Last, First, Middle Initial) <b>B. Bob G. Shupe</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.18226
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. James Stanger</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.18353
City Morristown	State NJ	Zip Code 07980-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1740.00</b>
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 46 / 73	
	<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) <b>A. James Stenger</b>		Date of Receipt M / D / Y 06 / 12 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.18355
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. James Stenger</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.18246
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Juliana Stevenson</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address P.O. Box 1478		Transaction ID: SA11A1.17851
City Fallon	State NV	Zip Code 89407-1478
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>780.00</b>
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 47 / 73	
	<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. Juliana Stevenson		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.18247
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Juliana Stevenson		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.18248
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Burley Strader		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address P.O. Box 78030		Transaction ID: SA11A1.17853
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer The Piedmont Administrato- rs	Occupation Sales Consultant	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>190.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. <u>Burley Strader</u>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address <u>P.O. Box 7803D</u>		Transaction ID: SA11A1.18251
City <u>Greensboro</u>	State <u>NC</u>	Zip Code <u>27427-8030</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer <u>The Piedmont Administrato- rs</u>	Occupation <u>Sales Consultant</u>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. <u>Burley Strader</u>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address <u>P.O. Box 7803D</u>		Transaction ID: SA11A1.18252
City <u>Greensboro</u>	State <u>NC</u>	Zip Code <u>27427-8030</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer <u>The Piedmont Administrato- rs</u>	Occupation <u>Sales Consultant</u>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. <u>Don Thompson</u>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address <u>972D Bunsen Parkway</u>		Transaction ID: SA11A1.18259
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40258-1802</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer <u>Thompson Associates, Inc.</u>	Occupation <u>Health Insurance Agent</u>	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>110.00</b>
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 48 / 73	
	<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) <b>A. Don Thompson</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.18280
City Louisville	State KY	Zip Code 40288-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ryan Thom</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.17377
City South Jordan	State UT	Zip Code 84065-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>C. Ryan Thom</b>		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.17848
City South Jordan	State UT	Zip Code 84065-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>90.00</b>
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 50 / 73	
	<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) <b>A. Helen Todd</b>		Date of Receipt M / D / Y 06 / 29 / 2003	
Mailing Address P.O. Box 58166		Transaction ID: SA11A1.18348	
City Little Rock	State AR	Zip Code 72215-6166	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Todd Agency, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Todd</b>		Date of Receipt M / D / Y 06 / 29 / 2003	
Mailing Address P.O. Box 58166		Transaction ID: SA11A1.18348	
City Little Rock	State AR	Zip Code 72215-6166	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Todd Agency, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Trotter</b>		Date of Receipt M / D / Y 06 / 30 / 2003	
Mailing Address 18612 East 75th Street Suite 200		Transaction ID: SA11A1.18288	
City Indianapolis	State IN	Zip Code 46250	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Group Link, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>500.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Peter Vinton		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 948D Deereco Road		Transaction ID: SA11A1.17693
City Timonium	State MD	Zip Code 21063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Peter Vinton		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 948D Deereco Road		Transaction ID: SA11A1.18279
City Timonium	State MD	Zip Code 21063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Peter Vinton		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 948D Deereco Road		Transaction ID: SA11A1.18280
City Timonium	State MD	Zip Code 21063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 52 / 73	
	<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) <b>A. Charles Westmoreland</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.17987
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Westmoreland</b>		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.17856
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Constance Zerkowski</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.17461
City Westlake Village	State CA	Zip Code 91361-2421
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>185.00</b>
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 63 / 73	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Constance Zarkowski</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.18901
City State Zip Code Westlake Village CA 91361-2421	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Constance Zarkowski</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.18902
City State Zip Code Westlake Village CA 91361-2421	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Ziff</b>		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 17 North Delmor Avenue		Transaction ID: SA11A1.17482
City State Zip Code Morrisville PA 19067-6278	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer Aventi Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 73	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Robert Ziff</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.18303
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Robert Ziff</b>		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.18304
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>80.00</b>
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>530.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>160.00</b>
TOTAL This Period (last page this line number only) .....	<b>14700.00</b>

**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 55 / 73	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" 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. SUZANNE HAIK TERRELL		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address P.O. BOX 44287		Transaction ID: SA16.17194
City BATON ROUGE	State LA	Zip Code 70804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Check returned to HUPAC
Receipt For: 2002 Primary General Other (specify) ▼ Special-General	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1500.00</b>

**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 56 / 73
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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) <b>A. AMEX</b>		Transaction ID: SB21B.17674 Date of Disbursement 04 / 21 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period  292.03
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AMEX</b>		Transaction ID: SB21B.17222 Date of Disbursement 05 / 21 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period  34.37
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMEX</b>		Transaction ID: SB21B.18393 Date of Disbursement 06 / 23 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period  38.50
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>304.90</b>
<b>TOTAL</b> 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 57 / 73
	<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

Full Name (Last, First, Middle Initial) A. Capitol Hilton Hotel		Transaction ID: SB21B.17186 Date of Disbursement 04 / 16 / 2003	
Mailing Address 16th and K Street, NW		Amount of Each Disbursement this Period  10095.48	
City Washington	State DC		Zip Code 20036
Purpose of Disbursement HUPAC Fundraiser Expenses-2003 Cap. Conf			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Transaction ID: SB21B.17180 Date of Disbursement 05 / 07 / 2003	
Mailing Address 405 Gretna Blvd. #103 A		Amount of Each Disbursement this Period  362.62	
City Gretna	State LA		Zip Code 70053-4045
Purpose of Disbursement TAHU Symposium Expense Reimbursement			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Ronald Hoffman		Transaction ID: SB21B.18405 Date of Disbursement 06 / 19 / 2003	
Mailing Address 2019 Industrial Drive		Amount of Each Disbursement this Period  308.68	
City Bethlehem	State PA		Zip Code 18017
Purpose of Disbursement Virginia meeting reimbursement			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>10766.78</b>
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 58 / 73			
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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. National Association of Health Underwriters		Transaction ID: SB21B.17187 Date of Disbursement 04 / 18 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450			
City Arlington	State VA	Zip Code 22201	Amount of Each Disbursement this Period  36.51
Purpose of Disbursement 03/03 HUPAC Operation Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.17181 Date of Disbursement 05 / 08 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450			
City Arlington	State VA	Zip Code 22201	Amount of Each Disbursement this Period  850.00
Purpose of Disbursement Roing/Ebersole 2003 Convention Reg. Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Transaction ID: SB21B.17192 Date of Disbursement 05 / 15 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450			
City Arlington	State VA	Zip Code 22201	Amount of Each Disbursement this Period  912.86
Purpose of Disbursement April 2003 HUPAC Operating Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1799.37</b>
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 59 / 73
	<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

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.18399 Date of Disbursement 05 / 27 / 2003
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period  850.00
City Arlington	State VA	
Zip Code 22201	Category/ Type	
Purpose of Disbursement Shapiro/Condos 2003 Convention Reg. Fee		
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.18403 Date of Disbursement 06 / 10 / 2003
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period  188.20
City Arlington	State VA	
Zip Code 22201	Category/ Type	
Purpose of Disbursement May 2003 HUPAC 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.17675 Date of Disbursement 05 / 02 / 2003
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period  263.33
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) .....	▶	<b>1301.53</b>
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 60 / 73
	<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

Full Name (Last, First, Middle Initial) A. NOVA Information System		Transaction ID: SB21B.18395 Date of Disbursement 06 / 03 / 2003		
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period  239.08		
City Fairfax	State VA			Zip Code 22030
Purpose of Disbursement Monthly Credit Card Settlement Fee				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Transaction ID: SB21B.18397 Date of Disbursement 06 / 12 / 2003		
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period  5.00		
City Fairfax	State VA			Zip Code 22030
Purpose of Disbursement Purchase of credit card plate				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sidney's Music & Entertainment		Transaction ID: SB21B.18401 Date of Disbursement 06 / 02 / 2003		
Mailing Address 1127 Connecticut Avenue, NW		Amount of Each Disbursement this Period  232.50		
City Washington	State DC			Zip Code 20036
Purpose of Disbursement Balance due to DJ-2003 Cap. Conf. Fund.				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	476.58
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SRB Designs, Inc.		Transaction ID: SB21B.17193	
Mailing Address 111 S. 8th Street 4th Floor		Date of Disbursement 05 / 15 / 2003	
City Philadelphia	State PA	Zip Code 19106-3214	Amount of Each Disbursement this Period  2383.00
Purpose of Disbursement HUPAC Lapel Pins Purchase		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	2383.00
TOTAL This Period (last page this line number only) .....	▶	17032.16

**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 62 / 73			
	<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) <b>A. BOB BEAUPREZ</b>		Transaction ID: SB23.17201 Date of Disbursement 05 / 07 / 2003	
Mailing Address 6329 DEFRAME WAY			
City ARVADA	State CO	Zip Code 80004	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BOB BEAUPREZ FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CO	District: D7		

Full Name (Last, First, Middle Initial) <b>B. BILIRAKIS, MICHAEL</b>		Transaction ID: SB23.17215 Date of Disbursement 05 / 07 / 2003	
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 Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: D8		

Full Name (Last, First, Middle Initial) <b>C. ROBERT WILLIAM BISHOP</b>		Transaction ID: SB23.17178 Date of Disbursement 04 / 23 / 2003	
Mailing Address 74 N 300 E			
City BRIGHAM CITY	State UT	Zip Code 84302	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ROB BISHOP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: UT	District: D1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> 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 63 / 73			
	<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. BOEHNER, JOHN A		Transaction ID: SB23.1721B Date of Disbursement 05 / 14 / 2003	
Mailing Address 7908-I CINCINNATI DAYTON RD			
City WEST CHESTER	State OH	Zip Code 45069	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOHN BOEHNER			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D8	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HENRY BONILLA		Transaction ID: SB23.1719B Date of Disbursement 05 / 07 / 2003	
Mailing Address PO BOX 17202			
City SAN ANTONIO	State TX	Zip Code 78217	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TEXANS FOR HENRY BONILLA			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 23	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BROWN-WAITE, VIRGINIA 'GINNY'		Transaction ID: SB23.1720B Date of Disbursement 05 / 07 / 2003	
Mailing Address 2499 CULBREATH RD			
City BROOKSVILLE	State FL	Zip Code 34802	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 Senate President State: FL District: 05	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 64 / 73			
	<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. RICHARD BARR		Transaction ID: SB23.17685 Date of Disbursement 06 / 10 / 2003	
Mailing Address POST OFFICE BOX 5928			
City WINSTON-SALEM	State NC	Zip Code 27113	Amount of Each Disbursement this Period  1500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RICHARD BARR COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC	District: D0		

Full Name (Last, First, Middle Initial) B. BUSH-CHENEY '04 INC		Transaction ID: SB23.17689 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO BOX 10648			
City ARLINGTON	State VA	Zip Code 22210	Amount of Each Disbursement this Period  5000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BUSH-CHENEY '04 INC			
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State:	District: D3		

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: SB23.18414 Date of Disbursement 06 / 25 / 2003	
Mailing Address 300 First Street, SE			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period  85.34
Purpose of Disbursement Fundraiser expenses-DeMint for Senate		Category/ Type	
Candidate Name DEMINT FOR SENATE COMMITTEE INC			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SC	District: D0		

SUBTOTAL of Disbursements This Page (optional) .....	▶	6585.34
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 65 / 73			
	<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. JOSEPH CHRISTOPHER CHOCOLA		Transaction ID: SB23.17196 Date of Disbursement 05 / 07 / 2003	
Mailing Address 20380 COUNTY ROAD 14			
City BRISTOL	State IN	Zip Code 46507	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHOCOLA FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN	District: D2		

Full Name (Last, First, Middle Initial) B. JAMES W DEMINT		Transaction ID: SB23.17177 Date of Disbursement 04 / 18 / 2003	
Mailing Address 132 COVENTRY ROAD			
City GREENVILLE	State SC	Zip Code 29615	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DEMINT FOR SENATE COMMITTEE INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SC	District: D0		

Full Name (Last, First, Middle Initial) C. JAMES W DEMINT		Transaction ID: SB23.17697 Date of Disbursement 06 / 25 / 2003	
Mailing Address 132 COVENTRY ROAD			
City GREENVILLE	State SC	Zip Code 29615	Amount of Each Disbursement this Period  2375.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DEMINT FOR SENATE COMMITTEE INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SC	District: D0		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>4875.00</b>
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 66 / 73			
	<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) <b>A. DEMOCRATIC CONG. CAMPAIGN COMM.</b>		Transaction ID: SB23.17207 Date of Disbursement 05 / 07 / 2003	
Mailing Address 430 S CAPITOL ST SE		Amount of Each Disbursement this Period 5000.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement Political Contrib. for Business Council		Candidate Name DEMOCRATIC CONG. CAMPAIGN COMM.	
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. PHILIP ENGLISH</b>		Transaction ID: SB23.17895 Date of Disbursement 06 / 10 / 2003	
Mailing Address 530 W 6TH ST		Amount of Each Disbursement this Period 500.00	
City ERIE	State PA	Zip Code 16507	Category/ Type
Purpose of Disbursement Political Contribution		Candidate Name PEOPLE FOR ENGLISH	
Office Sought: X House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: PA District 03			

Full Name (Last, First, Middle Initial) <b>C. HAROLD JR FORD</b>		Transaction ID: SB23.17883 Date of Disbursement 06 / 10 / 2003	
Mailing Address 58 RIVERMIST LANE		Amount of Each Disbursement this Period 1000.00	
City MEMPHIS	State TN	Zip Code 38103	Category/ Type
Purpose of Disbursement Political Contribution		Candidate Name RE-ELECT HAROLD FORD JR	
Office Sought: X House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: TN District 09			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> 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 67 / 73			
	<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. JIM GERLACH		Transaction ID: SB23.17213 Date of Disbursement 05 / 07 / 2003	
Mailing Address 806 HARBOUR RIDGE LANE			
City DOWNTOWN	State PA	Zip Code 19335	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: D6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J PHILLIP MD GINGREY		Transaction ID: SB23.17195 Date of Disbursement 05 / 07 / 2003	
Mailing Address 632 N ST MARY'S LANE			
City MARIETTA	State GA	Zip Code 30064	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GINGREY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District: 11	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GRANGER, KAY		Transaction ID: SB23.17214 Date of Disbursement 05 / 07 / 2003	
Mailing Address 715 JONES STREET			
City FORT WORTH	State TX	Zip Code 76102	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name KAY GRANGER CAMPAIGN FUND			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 12	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 68 / 73			
	<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. HART, MELISSA A		Transaction ID: SB23.17694 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO BOX 435 60D GRANT ST			
City WEXFORD	State PA	Zip Code 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 State: PA District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J DENNIS HASTERT		Transaction ID: SB23.17688 Date of Disbursement 06 / 10 / 2003	
Mailing Address P. O. Box 386			
City Yorkville	State IL	Zip Code 60560	Amount of Each Disbursement this Period  2500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name KEEP OUR MAJORITY PAC (KOMPAC)			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IL District: 14	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HOFFEL, JOSEPH M		Transaction ID: SB23.17693 Date of Disbursement 06 / 10 / 2003	
Mailing Address 1908 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 Senate President State: PA District: 13	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3500.00</b>
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 69 / 73			
	<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. HOLDEN, TIM		Transaction ID: SB23.1768D Date of Disbursement 06 / 10 / 2003	
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 Senate President State: PA District: 17	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN HARDY ISAKSON		Transaction ID: SB23.17183 Date of Disbursement 04 / 24 / 2003	
Mailing Address 6000 LAKE FORREST DRIVE SUITE 102			
City ATLANTA	State GA	Zip Code 30328	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GEORGIANS FOR ISAKSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN, CHRIS		Transaction ID: SB23.17212 Date of Disbursement 05 / 07 / 2003	
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 Senate President State: LA District: 07	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 70 / 73			
	<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. NANCY L JOHNSON		Transaction ID: SB23.17217 Date of Disbursement 05 / 07 / 2003	
Mailing Address 141 SOUTH MOUNTAIN DRIVE			
City NEW BRITAIN	State CT	Zip Code 06052	Amount of Each Disbursement this Period  4000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RE-ELECT NANCY JOHNSON TO CONG. COMM.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: D6		

Full Name (Last, First, Middle Initial) B. JAMES DAVID MATHESON		Transaction ID: SB23.17179 Date of Disbursement 04 / 29 / 2003	
Mailing Address 795 NORTH TERRACE HILLS DRIVE			
City SALT LAKE CITY	State UT	Zip Code 84103	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MATHESON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: UT	District: D2		

Full Name (Last, First, Middle Initial) C. ANNE MEAGHER NORTHUP		Transaction ID: SB23.17211 Date of Disbursement 05 / 07 / 2003	
Mailing Address 3340 LEXINGTON ROAD			
City LOUISVILLE	State KY	Zip Code 40206	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ANNE NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY	District: D3		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 71 / 73			
	<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) <b>A. JAMES M RAMSTAD</b>		Transaction ID: SB23.1721D Date of Disbursement 05 / 07 / 2003	
Mailing Address 2618 CROSBY ROAD		Amount of Each Disbursement this Period 1000.00	
City MINNETONKA	State MN	Zip Code 55391	Category/ Type
Purpose of Disbursement Political Contribution		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name JIM RAMSTAD VOLUNTEER COMMITTEE			
Office Sought: X House Senate President	State: MN District: D3		

Full Name (Last, First, Middle Initial) <b>B. RICHARD GEORGE RENZI</b>		Transaction ID: SB23.17209 Date of Disbursement 05 / 07 / 2003	
Mailing Address 2063 Raintree Drive		Amount of Each Disbursement this Period 500.00	
City Flagstaff	State AZ	Zip Code 86004	Category/ Type
Purpose of Disbursement Political Contribution		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name RENZI FOR CONGRESS			
Office Sought: X House Senate President	State: AZ District: D1		

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN MAIN ST PARTNERSHIP PAC</b>		Transaction ID: SB23.17677 Date of Disbursement 06 / 10 / 2003	
Mailing Address 2201 WISCONSIN AVENUE NW SUITE 320		Amount of Each Disbursement this Period 2000.00	
City WASHINGTON	State DC	Zip Code 20007	Category/ Type
Purpose of Disbursement Political Contribution		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name REPUBLICAN MAIN ST PARTNERSHIP PAC			
Office Sought: House Senate President	State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 72 / 73
	<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) <b>A. ROBERT W. GOODLATTE</b>		Transaction ID: SB23.17204 Date of Disbursement 05 / 07 / 2003	
Mailing Address 3725 Dogwood Lane		Amount of Each Disbursement this Period  500.00	
City Roanoke	State VA		Zip Code 24014
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name BOB GOODLATTE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: VA District: D8	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J ROGERS</b>		Transaction ID: SB23.17199 Date of Disbursement 05 / 07 / 2003	
Mailing Address 6888 CORRIGAN DRIVE		Amount of Each Disbursement this Period  500.00	
City BRIGHTON	State MI		Zip Code 48116
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name MIKE ROGERS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: D8	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. EDWARD LEE SCHROCK</b>		Transaction ID: SB23.17096 Date of Disbursement 06 / 10 / 2003	
Mailing Address 4213 DOUGHERTY COURT		Amount of Each Disbursement this Period  500.00	
City VIRGINIA BEACH	State VA		Zip Code 23455
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name ED SCHROCK FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: VA District: D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 73 / 73			
	<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) <b>A. ROBERT R SIMMONS</b>		Transaction ID: SB23.1718D Date of Disbursement 04 / 23 / 2003	
Mailing Address 268 NORTH MAIN STREET			
City STONINGTON	State CT	Zip Code 06378	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SIMMONS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM MARSHALL THOMAS</b>		Transaction ID: SB23.1721B Date of Disbursement 05 / 07 / 2003	
Mailing Address PO BOX 395			
City BAKERSFIELD	State CA	Zip Code 93302	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BILL THOMAS CAMPAIGN COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 22	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. C MICHAEL THOMPSON</b>		Transaction ID: SB23.17682 Date of Disbursement 06 / 10 / 2003	
Mailing Address 1439 KEARNEY ST			
City ST HELENA	State CA	Zip Code 94574	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name THOMPSON FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 01	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>43960.34</b>