

# REPORT OF RECEIPTS AND DISBURSEMENTS

Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Oct 19 12 06 PM '96

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PACs ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Ave., NW, Suite 810 CITY, STATE and ZIP CODE Washington, DC 20036	2. FEC IDENTIFICATION NUMBER C00283133 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/96</u> through <u>9/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 11,461.46
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,073.35	
(c) Total Receipts (from Line 13)	\$ -0-	\$ 1,151.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2,073.35	\$ 12,612.46
7. Total Disbursements (from Line 30)	\$ 15.51	\$ 10,554.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,057.84	\$ 2,057.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mark W. Leppen

Signature of Treasurer



Date

10-15-96

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

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**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE National Assoc. of Health Underwriters PAC		REPORT COVERING PERIOD FROM 7-1-96 TO 9-30-96	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	-0-	750.00	11(a)(ii)
ii. Unitemized	-0-	401.00	11(a)(iii)
ii. Total (add i and ii) >	-0-	1,151.00	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) >	-0-	1,151.00	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	=0=	1,151.00	20
20. Total Federal Receipts (subtract line 18 from line 19) >	-0-	1,151.00	
<b>II. Disbursements</b>			
21. Operating Expenditures:			21(a)(i)
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(ii)
i. Federal Share			21(b)
ii. Non-Federal Share	15.51	54.62	21(c)
b. Other Federal Operating Expenditures			22
c. Total Operating Expenditures (add a i, a ii, and b) >	15.51	54.62	23
22. Transfers to Affiliated/Other Party Committees			24
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	10,500.00	25
24. Independent Expenditures (use Schedule E)			26
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			27
26. Loan Repayments Made			28(a)
27. Loans Made			28(b)
28. Refunds of Contributions To:			28(c)
a. Individual/Persons Other Than Political Committees			28(d)
b. Political Party Committees			29
c. Other Political Committees (such as PACs)			30
d. Total Contribution Refunds (add a, b and c) >			31
29. Other Disbursements	15.51	10,554.52	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15.51	10,554.62	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	-0-	1,151.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	-0-	1,151.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	15.51	54.62	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	15.51	54.62	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (In Full)**  
 National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julia M. Steverson 1925 Gray Lakes Road #148 Chula Vista, CA 91913 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Steverson Insurance Services Occupation: Owner Aggregate Year-to-Date > \$	1-18-96	300.00
B. Full Name, Mailing Address and ZIP Code Scott A. Shalek 74- E Grand, Suite 104 Fox Lakes, IL 60020 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Principal Financial Group Occupation: Insurance Agent Aggregate Year-to-Date > \$	3-14-96	250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL of Receipts This Page (optional)** .....  
**TOTAL This Period (last page this line number only)** ..... **750.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Congressional Committee (NRCC) 320 First Street, NE Washington, D.C. 20003	Contribution - No candidate specified Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-18-96	10,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Grag Laughlin for Congress 110 South Main Victoria, TX 77901	Contribution 14th District-Texas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-18-96	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		


SUBTOTAL of Disbursements This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-15-96
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
 	10-19-96
PREPARER	DATE PREPARED