

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

ADDRESS (number and street) 2000 14TH STREET SUITE 450
 Check if different than previously reported. (ACC) ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER** C00283135
CITY ARLINGTON **STATE** VA **ZIP CODE** 22201

3. **IS THIS REPORT** NEW (N) OR X 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)	
X July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)	
October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
January 31 Quarterly Report(YE)	Election on	Convention (12C)	Special (12S)		in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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

Type or Print Name of Treasurer Kevin Corcoran, CAE
 Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 11 07 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h04 ^d01 ^y2002 To: ^h06 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	80765.10	
(c) Total Receipts (from Line 19)	36363.50	83253.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117128.60	150893.50
7. Total Disbursements (from Line 30)	29047.32	62812.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88081.28	88081.28
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15233.00	
(ii) Unitemized	21130.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	36363.50	83253.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	36363.50	83253.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	36363.50	83253.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	36363.50	83253.50

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6041.32	17806.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6041.32	17806.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23006.00	45006.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	29047.32	62812.22
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	29047.32	62812.22
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	36363.50	83253.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	36363.50	83253.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	6041.32	17806.22
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	6041.32	17806.22

**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)

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

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

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

A. Full Name (Last, First, Middle Initial)
Jo Anne Buris

Mailing Address
P.O. Box 251

City State Zip Code
Sheboygan WI 53082-0251

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LMT Maritime Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 460.00

Transaction ID: SA11A1.12313

B. Full Name (Last, First, Middle Initial)
D. Bailey Calvin

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco. Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12083

C. Full Name (Last, First, Middle Initial)
Jon Cameron

Mailing Address
P.O. Box 695

City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.11922

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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

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

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

A. Full Name (Last, First, Middle Initial)
Dorothy Cociu

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
P.O. Box 6677

City State Zip Code
Fullerton CA 92834-6677

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Benefit Consulting Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: SA11A1.12390

B. Full Name (Last, First, Middle Initial)
Dan Crook

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dan Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Transaction ID: SA11A1.12293

C. Full Name (Last, First, Middle Initial)
Dan Crook

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dan Crook, CLU and Associates Health Insurance Agent

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

Transaction ID: SA11A1.11929

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Don Crook Date of Receipt

Mailing Address N M / D E / Y Y Y Y
3118 Honey Tree Lane 06 28 2002

City State Zip Code
Austin TX 78746 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 120.00

Name of Employer Occupation
Don Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 410.00

Transaction ID: SA11A1.12410

B. Lisa DaRycke Date of Receipt

Mailing Address N M / D E / Y Y Y Y
4833 South Sheridan Suite 407 06 28 2002

City State Zip Code
Tulsa OK 74145-5718 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12425

C. George Dunk Date of Receipt

Mailing Address N M / D E / Y Y Y Y
4000 Westown Parkway Suite 204 06 29 2002

City State Zip Code
West Des Moines IA 50266-6705 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Occupation
Benefit Source Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12363

SUBTOTAL of Receipts This Page (optional) ▶ **410.00**

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

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

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

A. Full Name (Last, First, Middle Initial)
Eugene Ebersole

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.11790

B. Full Name (Last, First, Middle Initial)
Eugene Ebersole

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12388

C. Full Name (Last, First, Middle Initial)
Eugene Ebersole

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00

Transaction ID: SA11A1.12101

SUBTOTAL of Receipts This Page (optional) ▶ **180.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Thomas M. Evans

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.11802

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

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.12105

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95870

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: SA11A1.12107

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 69	
	<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. Jeffrey Fishback

Mailing Address
736 Johnson Ferry Road Building C-200
City State Zip Code
Marietta GA 30068-5618

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Transaction ID: SA11A1.12352

Full Name (Last, First, Middle Initial)
B. Eva Jean Fomelont

Mailing Address
2500 Louisiana Blvd. NE, Ste. 300
City State Zip Code
Albuquerque NM 87110

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
1200.00

FEC ID number of contributing federal political committee.

Name of Employer
Delta Dental Plans of NM

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Transaction ID: SA11A1.12281

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

Mailing Address
1010 Commons Way Bldg. G P.O. Box 1288
City State Zip Code
Toms River NJ 08754-1288

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
BenefitPort, LLC

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Transaction ID: SA11A1.12431

SUBTOTAL of Receipts This Page (optional) ▶ **1400.00**

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

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial) Patti Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
04 02 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 220.00
Transaction ID: SA11A1.11077

B. Full Name (Last, First, Middle Initial) Patti Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
05 02 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 270.00
Transaction ID: SA11A1.11481

C. Full Name (Last, First, Middle Initial) Patti Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
06 03 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 320.00
Transaction ID: SA11A1.11812

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**
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 12 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
06 26 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 370.00
Transaction ID: SA11A1.12292

B. Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
06 26 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 420.00
Transaction ID: SA11A1.12114

C. Full Name (Last, First, Middle Initial) Michael Gray Date of Receipt
Mailing Address 7431 O Street N M / D E / Y Y Y Y
04 02 2002
City Lincoln State NE Zip Code 68510-2444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Midlands Financial Benefits Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 370.00
Transaction ID: SA11A1.11078

SUBTOTAL of Receipts This Page (optional) ▶ **180.00**
TOTAL This Period (last page this line number only) ▶

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ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Gray
Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Mailing Address
7431 O Street
City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.11462

B. Full Name (Last, First, Middle Initial)
Michael Gray
Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Mailing Address
7431 O Street
City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 530.00

Transaction ID: SA11A1.11813

C. Full Name (Last, First, Middle Initial)
Michael Gray
Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
7431 O Street
City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 630.00

Transaction ID: SA11A1.12287

SUBTOTAL of Receipts This Page (optional) ▶ **260.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

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

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 710.00

Transaction ID: SA11A1.12115

Full Name (Last, First, Middle Initial)
B. Katherine Greene

Mailing Address
802 N. Carancahua Suite 1700

City State Zip Code
Corpus Christi TX 78470-0182

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Humana Health Insurance Agent

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

Transaction ID: SA11A1.1243B

Full Name (Last, First, Middle Initial)
C. Joseph W. Guess

Mailing Address
P.O. Box 249

City State Zip Code
Pickens MS 39146-0249

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Guardian Health Insurance Agent

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

Transaction ID: SA11A1.11184

SUBTOTAL of Receipts This Page (optional) ▶ **380.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 69	
	<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. Anthony Halby

Mailing Address
313 Railroad Avenue, #201

City State Zip Code
Nevada City CA 85859

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Halby Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.11942

Full Name (Last, First, Middle Initial)
B. Anthony Halby

Mailing Address
313 Railroad Avenue, #201

City State Zip Code
Nevada City CA 85859

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Halby Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Transaction ID: SA11A1.12442

Full Name (Last, First, Middle Initial)
C. Timothy Hendricks

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3208

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Business Planning Group of OK Health Insurance Agent

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

Transaction ID: SA11A1.1147D

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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 16 / 69	
	<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. Timothy Hendricks

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Business Planning Group of OK Health Insurance Agent

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

Transaction ID: SA11A1.11820

Full Name (Last, First, Middle Initial)
B. Timothy Hendricks

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Business Planning Group of OK Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.12126

Full Name (Last, First, Middle Initial)
C. Donna HI

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30076

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

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 490.00

Transaction ID: SA11A1.11088

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 69	
	<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

A. Donna HI

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 PO Box 724 _____
 City _____ State _____ Zip Code _____
 Snellville _____ GA _____ 30078 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 05 / 02 / 2002 _____

Amount of Each Receipt this Period _____
 80.00

FEC ID number of contributing federal political committee. _____

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

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

Transaction ID: SA11A1.11472

B. Richard HI

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4435 O Street _____
 City _____ State _____ Zip Code _____
 Lincoln _____ NE _____ 68510-1842 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 / 03 / 2002 _____

Amount of Each Receipt this Period _____
 40.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 UNICO Financial Services _____ Health Insurance Agent _____

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

Transaction ID: SA11A1.11822

C. Richard HI

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4435 O Street _____
 City _____ State _____ Zip Code _____
 Lincoln _____ NE _____ 68510-1842 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 / 28 / 2002 _____

Amount of Each Receipt this Period _____
 40.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 UNICO Financial Services _____ Health Insurance Agent _____

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

Transaction ID: SA11A1.12130

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 69	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dean Hoffman

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
2D25 North Summit Avenue Suite 200
City State Zip Code
Milwaukee WI 53202-1362

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T.E. Brennan Company Health Insurance Agent

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

Transaction ID: SA11A1.12280

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
2D19 Industrial Drive
City State Zip Code
Bethlehem PA 18017

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ronald S. Hoffman Insurance Agency Owner/Agent

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

Transaction ID: SA11A1.12447

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

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

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.11102

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 69

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

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

A. Lawrence Kaczmarek

Full Name (Last, First, Middle Initial)

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1100.00

Transaction ID: SA11A1.11486

B. Lawrence Kaczmarek

Full Name (Last, First, Middle Initial)

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.11835

C. Lawrence Kaczmarek

Full Name (Last, First, Middle Initial)

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
600.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1800.00

Transaction ID: SA11A1.12319

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Lawrence Kaczmarek

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 2633 State Route 59, Suite B _____
 City _____ State _____ Zip Code _____
 Ravenna _____ OH _____ 44266-1684 _____

Date of Receipt _____
 M / D / Y
 06 / 28 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 100.00

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

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary _____ General _____
 Other (specify) ▼ _____ 1900.00

Transaction ID: SA11A1.12143

B. Thelma Kaczmarek

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 2633 State Rte. 59 Ste. B _____
 City _____ State _____ Zip Code _____
 Ravenna _____ OH _____ 44266-1684 _____

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

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 50.00

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

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

Transaction ID: SA11A1.11487

C. Thelma Kaczmarek

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 2633 State Rte. 59 Ste. B _____
 City _____ State _____ Zip Code _____
 Ravenna _____ OH _____ 44266-1684 _____

Date of Receipt _____
 M / D / Y
 06 / 03 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 50.00

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

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

Transaction ID: SA11A1.11836

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 60	
	<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. Thelma Kaczmarek

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12387

Full Name (Last, First, Middle Initial)
B. Thelma Kaczmarek

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.12144

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 390.00

Transaction ID: SA11A1.11332

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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 / 69	
	<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. Thomas Kaufman

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 475.00

Transaction ID: SA11A1.11690

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 560.00

Transaction ID: SA11A1.11955

Full Name (Last, First, Middle Initial)
C. Mary B. Kramer

Mailing Address
11508 Miracle Hills Drive, #102

City State Zip Code
Omaha NE 68154-4447

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12400

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 23 / 60	
	<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

A. Full Name (Last, First, Middle Initial)
Mary B. Kramer

Mailing Address
11508 Miracle Hills Drive, #102

City State Zip Code
Omaha NE 68154-4447

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12140

B. Full Name (Last, First, Middle Initial)
Kenneth Kohri

Mailing Address
40 North 100 East

City State Zip Code
Provo UT 84606-3100

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First West Brokerage Service Health Insurance Agent

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

Transaction ID: SA11A1.12376

C. Full Name (Last, First, Middle Initial)
Ruth Langley

Mailing Address
P.O. Box 2997

City State Zip Code
Durham NC 27715-2997

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12335

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 24 / 60	
	<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. Gene (Eugene C.) Lee, Jr.

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester II Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.11340

Full Name (Last, First, Middle Initial)
B. Gene (Eugene C.) Lee, Jr.

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester II Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.11701

Full Name (Last, First, Middle Initial)
C. Gene (Eugene C.) Lee, Jr.

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester II Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12314

SUBTOTAL of Receipts This Page (optional) ▶ **140.00**

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 25 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Gene (Eugene C.) Lee, Jr.

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester II Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00

Transaction ID: SA11A1.11965

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

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 268.00

Transaction ID: SA11A1.11109

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

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 310.00

Transaction ID: SA11A1.11493

SUBTOTAL of Receipts This Page (optional) ▶ **104.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
42.00

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 352.00

Transaction ID: SA11A1.11841

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
100.00

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 452.00

Transaction ID: SA11A1.12356

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
42.00

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 494.00

Transaction ID: SA11A1.12150

SUBTOTAL of Receipts This Page (optional) ▶ **184.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial)
Brian Liechty
Date of Receipt
Mailing Address
120 E Washington Street
City State Zip Code
Plymouth IN 46563-1744
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Occupation
KL Benefits Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00
Transaction ID: SA11A1.1111

B. Full Name (Last, First, Middle Initial)
Brian Liechty
Date of Receipt
Mailing Address
120 E Washington Street
City State Zip Code
Plymouth IN 46563-1744
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Occupation
KL Benefits Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00
Transaction ID: SA11A1.11495

C. Full Name (Last, First, Middle Initial)
Brian Liechty
Date of Receipt
Mailing Address
120 E Washington Street
City State Zip Code
Plymouth IN 46563-1744
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Occupation
KL Benefits Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00
Transaction ID: SA11A1.11843

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**
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

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(check only one)

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brian Liechty

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 560.00

Transaction ID: SA11A1.12152

B. Full Name (Last, First, Middle Initial)
Brian Liechty

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.12360

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

Mailing Address
110 East Crockett

City State Zip Code
San Antonio TX 78205-2812

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Catio & Catio Health Insurance Agent

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

Transaction ID: SA11A1.12345

SUBTOTAL of Receipts This Page (optional) ▶ **680.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

A. Full Name (Last, First, Middle Initial)
William Mann Sr.
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
11803 Grant Road #209
City State Zip Code
Cypress TX 77429

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Robertson Mann Associates Health Insurance Agent

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

Transaction ID: SA11A1.12290

B. Full Name (Last, First, Middle Initial)
Kimberly Martin
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
180 Charlotte Highway
City State Zip Code
Asheville NC 28803

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefits Unlimited, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12157

C. Full Name (Last, First, Middle Initial)
Dennis Mather
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
10540 York Road
City State Zip Code
Cockeysville MD 21030

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitMail.com Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.12304

SUBTOTAL of Receipts This Page (optional) ► **1120.00**

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 30 / 60	
	<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. Dennis Mather

Mailing Address
1D54Q York Road

City State Zip Code
Cockeysville MD 21030

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitMal.com Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1050.00

Transaction ID: SA11A1.12325

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

Mailing Address
P.O. Box 38248

City State Zip Code
Greensboro NC 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MediFlex Benefits Center, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 755.00

Transaction ID: SA11A1.11350

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

Mailing Address
P.O. Box 38248

City State Zip Code
Greensboro NC 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MediFlex Benefits Center, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 840.00

Transaction ID: SA11A1.11702

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 60	
	<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. Michael Meterick

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 925.00

Transaction ID: SA11A1.11966

Full Name (Last, First, Middle Initial)
B. John May

Mailing Address
705 Lakeview Plaza Blvd #B
City Worthington State OH Zip Code 43085-4779

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer May Insurance Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12034

Full Name (Last, First, Middle Initial)
C. John May

Mailing Address
705 Lakeview Plaza Blvd #B
City Worthington State OH Zip Code 43085-4779

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer May Insurance Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 235.00

Transaction ID: SA11A1.12453

SUBTOTAL of Receipts This Page (optional) ▶ **130.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

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

Mailing Address
21914 Harper Ave.

City State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Benefit Planners Health Insurance Agent

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

Transaction ID: SA11A1.12296

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

Mailing Address
21914 Harper Ave.

City State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Benefit Planners Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Transaction ID: SA11A1.11969

C. Full Name (Last, First, Middle Initial)
Alan R. Mitchell

Mailing Address
P.O. Box 7348

City State Zip Code
Monroe LA 71211-7348

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Resources Management, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.11600

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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

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

Use separate schedule(s)
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(check only one)

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

A. Full Name (Last, First, Middle Initial)
Julia Moore

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.12355

B. Full Name (Last, First, Middle Initial)
Julia Moore

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.11970

C. Full Name (Last, First, Middle Initial)
Jim Mozingo

Mailing Address
201 S. McPherson Church Road Suite 103

City State Zip Code
Fayetteville NC 28305

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 420.00

Transaction ID: SA11A1.11355

SUBTOTAL of Receipts This Page (optional) ▶ **190.00**

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

**SCHEDULE A (FEC Form 3X)
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	<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. Jim Mozingo

Mailing Address
201 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11707

Full Name (Last, First, Middle Initial)
B. Jim Mozingo

Mailing Address
201 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 580.00

Transaction ID: SA11A1.11971

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

Mailing Address
32110 Agoura Road
City State Zip Code
Westlake Village CA 91361

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Warner Pacific Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12403

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

Full Name (Last, First, Middle Initial)
A. Cynthia Osborne

Mailing Address
1600 Canal Street Suite 141D
City State Zip Code
New Orleans LA 70112

Date of Receipt
M / D / Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Patient Care

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12298

Full Name (Last, First, Middle Initial)
B. F. Jim Parks

Mailing Address
22 West Lake Forest Drive
City State Zip Code
Palmyra VA 22963

Date of Receipt
M / D / Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
F. Jim Parks Agency

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12368

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

Mailing Address
8014 Midlothian Turnpike, #200
City State Zip Code
Richmond VA 23235-5291

Date of Receipt
M / D / Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Benefit Consultants of VA, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.1204D

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 36 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address
971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fawcett, Lammon, Recker & Associates Health Insurance Agent

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

Transaction ID: SA11A1.11868

B. Full Name (Last, First, Middle Initial)
Dennis J. Recker

Mailing Address
971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fawcett, Lammon, Recker & Associates Health Insurance Agent

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

Transaction ID: SA11A1.12208

C. Full Name (Last, First, Middle Initial)
John Rice

Mailing Address
625 S. Minnesota Ave., #203

City State Zip Code
Sioux Falls SD 57104-4873

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12348

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 69

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Aline Roberts

Mailing Address
508 Marin Street, #125
City State Zip Code
Thousand Oaks CA 91360

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Dimensions Health Insurance Agent

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

Transaction ID: SA11A1.12354

Full Name (Last, First, Middle Initial)
B. William T. Robinson

Mailing Address
100 South Sunrise Way PMB 364
City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12274

Full Name (Last, First, Middle Initial)
C. William T. Robinson

Mailing Address
100 South Sunrise Way PMB 364
City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12212

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 60

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

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

A. Full Name (Last, First, Middle Initial)
Eugene Rowe

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Mailing Address
16000 Venutra Blvd, #1103

City State Zip Code
Encino CA 91436-2767

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.12213

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

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2340.00

Transaction ID: SA11A1.11143

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

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2350.00

Transaction ID: SA11A1.11527

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 39 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2360.00

Transaction ID: SA11A1.11877

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2370.00

Transaction ID: SA11A1.12215

C. Full Name (Last, First, Middle Initial)
Rayner Sale

Mailing Address
510 Briscoe Blvd. #200

City State Zip Code
Lawrenceville GA 30045-6700

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 230.00

Transaction ID: SA11A1.11991

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 40 / 60	
	<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. Mark Schlang

Mailing Address
810 Tara Plaza
City State Zip Code
Papillion NE 68046

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Benefit Consultant Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12217

Full Name (Last, First, Middle Initial)
B. Mel Schlesinger

Mailing Address
P.O. Box 4068
City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, Plus Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 208.00

Transaction ID: SA11A1.11993

Full Name (Last, First, Middle Initial)
C. Kenneth Gehring

Mailing Address
200 North Broadway Suite 1400
City State Zip Code
St. Louis MO 63102-2755

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Marsh Advantage America

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

Transaction ID: SA11A1.12466

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**

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 41 / 60	
	<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. Kathryn Sexton

Mailing Address
P.O. Box 720889
City State Zip Code
Oklahoma City OK 73172-0899

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Solutions Health Insurance Agent

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

Transaction ID: SA11A1.12363

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

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

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

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11146

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

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.11862

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mark Sheffer

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

P.O. Box 355

06 28 2002

City State Zip Code

Apollo PA 15613-0355

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 200.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General 1200.00

Other (specify) ▼

Transaction ID: SA11A1.12220

Full Name (Last, First, Middle Initial)

B. Scott Shelek

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

P.O. Box 87

06 28 2002

City State Zip Code

Ringwood IL 60072-0067

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 660.00

Name of Employer Shelek Financial Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General 910.00

Other (specify) ▼

Transaction ID: SA11A1.12328

Full Name (Last, First, Middle Initial)

C. Stuart Shapiro

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

P.O. Box 587

06 28 2002

City State Zip Code

Wheeling IL 60090-0587

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Shapiro Financial Group, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General 290.00

Other (specify) ▼

Transaction ID: SA11A1.12467

SUBTOTAL of Receipts This Page (optional) ▶ **960.00**

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 43 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Jon Sivars Date of Receipt

Mailing Address N M / D E / Y Y Y Y
7920 Miramar Road #125 06 28 2002

City State Zip Code
San Diego CA 92126-4206

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

100.00

Name of Employer Dental Option Insurance Services	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 220.00

Transaction ID: SA11A1.12468

B. Roger Skinner Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5546 Shorewood Drive 06 28 2002

City State Zip Code
Indianapolis IN 46220

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

100.00

Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent
-------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.12297

C. Roger Skinner Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5546 Shorewood Drive 06 28 2002

City State Zip Code
Indianapolis IN 46220

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

25.00

Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent
-------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 275.00

Transaction ID: SA11A1.12222

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

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

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

Mailing Address
P.O. Box 2073
City: Wichita Falls State: TX Zip Code: 76307-2037

Date of Receipt
M / D / Y
06 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Spragins Insurance Agency Occupation: Owner/Agent

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

Transaction ID: SA11A1.12227

Full Name (Last, First, Middle Initial)
B. Carl Stanitzky

Mailing Address
2922 Cypress Street Suite 100
City: West Monroe State: LA Zip Code: 71291-5348

Date of Receipt
M / D / Y
05 / 28 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer: Southern Heritage Insurance Occupation: Certified Senior Advisor

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

Transaction ID: SA11A1.11605

Full Name (Last, First, Middle Initial)
C. James Stanger

Mailing Address
268 South Street
City: Morristown State: NJ Zip Code: 07960-6019

Date of Receipt
M / D / Y
04 / 29 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: NAS Financial Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.11385

SUBTOTAL of Receipts This Page (optional)	▶	460.00
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 45 / 60	
	<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

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

Mailing Address
268 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAS Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.11735

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

Mailing Address
268 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAS Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.11998

C. Full Name (Last, First, Middle Initial)
Juliana Stevenson

Mailing Address
P.O. Box 1476

City State Zip Code
Fallon NV 89407-1476

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Nevada Insurance Services, Inc Health Insurance Agent

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

Transaction ID: SA11A1.12291

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 46 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Juliana Stevenson

Mailing Address
P.O. Box 1476

City State Zip Code
Fallon NV 89407-1476

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Nevada Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00

Transaction ID: SA11A1.11990

B. Full Name (Last, First, Middle Initial)
Ryan Thom

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ryan P. Thom Insurance Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12377

C. Full Name (Last, First, Middle Initial)
Ryan Thom

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ryan P. Thom Insurance Planning, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Transaction ID: SA11A1.12233

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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 47 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00

Transaction ID: SA11A1.11395

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 440.00

Transaction ID: SA11A1.11744

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 520.00

Transaction ID: SA11A1.12007

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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 48 / 60

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

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

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

A. Full Name (Last, First, Middle Initial)
Vicky Van Tersch

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
5708 North West Avenue

City State Zip Code
Fresno CA 93711-2366

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Price Associates Insurance Serv., Inc. Regional Sales Manager

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 224.00

Transaction ID: SA11A1.12334

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Mailing Address
P.O. Box 838

City State Zip Code
Lilburn GA 30047-0838

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Protection Agency Health Insurance Agent

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

Transaction ID: SA11A1.11901

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Mailing Address
P.O. Box 838

City State Zip Code
Lilburn GA 30047-0838

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Protection Agency Health Insurance Agent

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

Transaction ID: SA11A1.12242

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 69

(check only one)

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

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

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

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.11164

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11550

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.11902

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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 50 / 60	
	<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

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12263

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12243

C. Full Name (Last, First, Middle Initial)
Jenni Whitaker

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.12405

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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 51 / 60	
	<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

A. Trei Wild Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5495 Belt Line Road Suite 155 06 26 2002

City State Zip Code
Dallas TX 75240-7643 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Safeguard Health Plans	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 850.00
 Other (specify) ▼

Transaction ID: SA11A1.12290

B. Jeanine Wilson Date of Receipt

Mailing Address N M / D E / Y Y Y Y
400 Field Drive 06 26 2002

City State Zip Code
Lake Forest IL 60045-2581 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Stamark	Occupation Health Insurance Agent
-----------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 460.00
 Other (specify) ▼

Transaction ID: SA11A1.12351

C. Robert Ziff Date of Receipt

Mailing Address N M / D E / Y Y Y Y
17 North Delmorr Avenue 04 29 2002

City State Zip Code
Morrisville PA 19067-6278 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Avarill Insurance & Financial Serv, Inc	Occupation Health Insurance Agent
---	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 340.00
 Other (specify) ▼

Transaction ID: SA11A1.11402

SUBTOTAL of Receipts This Page (optional)	280.00
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 52 / 60
	<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

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

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 420.00

Amount of Each Receipt this Period
80.00

Transaction ID: SA11A1.11750

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

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

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

Amount of Each Receipt this Period
80.00

Transaction ID: SA11A1.12013

C.

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	15233.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 69

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

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

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 04 / 22 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.54
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11413
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 06 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.54
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11760
State: District:		

Full Name (Last, First, Middle Initial) C. AMEX		Date of Disbursement 06 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 18.44
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12181
State: District:		

SUBTOTAL of Disbursements This Page (optional)	43.52
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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Jeffrey W. Gennaro		Date of Disbursement 06 / 26 / 2002	
Mailing Address PO Box 10315 City State Zip Code Phoenix AZ 85064-0315		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement HUPAC Convention Raffle Winner		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12478	
State: District:			

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 04 / 17 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 154.21	
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11282	
State: District:			

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 04 / 24 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 1375.00	
Purpose of Disbursement CC 2002 Board Registration Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11283	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1779.21
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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 05 / 17 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 815.85
Purpose of Disbursement Reimbursement for PAC admin. costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11763
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 06 / 12 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 251.72
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12177
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 04 / 02 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 81.58
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11414
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1148.93
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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. NOVA Information System			Date of Disbursement 05 / 02 / 2002		
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030			Amount of Each Disbursement this Period 80.84		
Purpose of Disbursement Monthly Credit Card Settlement Fee			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.11762		
State: District:					

Full Name (Last, First, Middle Initial) B. NOVA Information System			Date of Disbursement 06 / 04 / 2002		
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030			Amount of Each Disbursement this Period 88.83		
Purpose of Disbursement Monthly Credit Card Settlement Fee			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.12183		
State: District:					

Full Name (Last, First, Middle Initial) C. Jim Poe			Date of Disbursement 06 / 26 / 2002		
Mailing Address P.O. Box 850011 City: Yukon State: OK Zip Code: 73085-0011			Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement HUPAC Convention Raffle Winner			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.12478		
State: District:					

SUBTOTAL of Disbursements This Page (optional) ▶	929.47
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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Stuart Shapiro		Date of Disbursement 06 / 26 / 2002	
Mailing Address P.O. Box 587 City State Zip Code Wheeling IL 60090-0587		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement HUPAC Convention Raffle Prize Winner		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.12480		

Full Name (Last, First, Middle Initial) B. Sylvester Management Corporation		Date of Disbursement 04 / 26 / 2002	
Mailing Address P.O. Box 986 City State Zip Code Irma SC 29063		Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement FEC 2002 DC Trade Conference		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.11341		

C.

SUBTOTAL of Disbursements This Page (optional) ▶	1875.00
TOTAL This Period (last page this line number only) ▶	5776.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (in full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. EVAN BAYH		Date of Disbursement 06 / 06 / 2002
Mailing Address 10 W MARKET SUITE 2000 City: INDIANAPOLIS State: IN Zip Code: 46204		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		
Candidate Name EVAN BAYH COMMITTEE		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: IN District: 00	Transaction ID: SB23.12169	

Full Name (Last, First, Middle Initial) B. ROY BLUNT		Date of Disbursement 06 / 20 / 2002
Mailing Address PO BOX 278 City: STRAFFORD State: MO Zip Code: 65757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		
Candidate Name FRIENDS OF ROY BLUNT		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: MO District: 07	Transaction ID: SB23.11582	

Full Name (Last, First, Middle Initial) C. BOEHNER, JOHN A		Date of Disbursement 06 / 06 / 2002
Mailing Address 7908-I CINCINNATI DAYTON RD City: WEST CHESTER State: OH Zip Code: 45069		Amount of Each Disbursement this Period 450.00
Purpose of Disbursement Political Contribution		
Candidate Name FRIENDS OF JOHN BOEHNER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: OH District: 08	Transaction ID: SB23.12168	

SUBTOTAL of Disbursements This Page (optional) ▶	2450.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CALDER BENJAMIN III CLAY		Date of Disbursement 05 / 30 / 2002	
Mailing Address 1824 MT PARAN ROAD NW City ATLANTA State GA Zip Code 30327		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CALDER CLAY FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 03	Transaction ID: SB23.11622		

Full Name (Last, First, Middle Initial) B. LARRY E CRAIG		Date of Disbursement 05 / 22 / 2002	
Mailing Address 2250 6TH AVE SW City PAYETTE State ID Zip Code 83661		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CRAIG FOR U S SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ID District: 00	Transaction ID: SB23.11584		

Full Name (Last, First, Middle Initial) C. MIKE DOYLE		Date of Disbursement 05 / 30 / 2002	
Mailing Address 2227 HAMPTON ST City PITTSBURGH State PA Zip Code 15218		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DOYLE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 14	Transaction ID: SB23.11631		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BOB ETHERIDGE		Date of Disbursement 05 / 30 / 2002	
Mailing Address PO BOX 28001 City: RALEIGH State: NC Zip Code: 27611		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BOB ETHERIDGE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC District: 02	Transaction ID: SB23.11611		

Full Name (Last, First, Middle Initial) B. HAROLD JR FORD		Date of Disbursement 05 / 30 / 2002	
Mailing Address 5B RIVERMIST LANE City: MEMPHIS State: TN Zip Code: 38103		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RE-ELECT HAROLD FORD JR			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: TN District: 09	Transaction ID: SB23.11613		

Full Name (Last, First, Middle Initial) C. JIM GERLACH		Date of Disbursement 05 / 30 / 2002	
Mailing Address 806 HARBOUR RIDGE LANE City: DOWNINGTOWN 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 <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 08	Transaction ID: SB23.11618		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GRANGER, KAY		Date of Disbursement 05 / 07 / 2002	
Mailing Address 715 JONES STREET City State Zip Code FORT WORTH TX 76102		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution Candidate Name KAY GRANGER CAMPAIGN FUND		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
		Transaction ID: SB23.11564	

Full Name (Last, First, Middle Initial) B. RALPH M HALL		Date of Disbursement 06 / 03 / 2002	
Mailing Address 1500 SUNSET HILL DRIVE City State Zip Code ROCKWALL TX 75087		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution Candidate Name HALL FOR CONGRESS COMMITTEE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
		Transaction ID: SB23.12160	

Full Name (Last, First, Middle Initial) C. TIM HUTCHINSON		Date of Disbursement 04 / 25 / 2002	
Mailing Address PO BOX 989 City State Zip Code ROGERS AR 72757		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution Candidate Name HUTCHINSON FOR SENATE		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
		Transaction ID: SB23.11200	

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JAMES M INHOFE		Date of Disbursement 04 / 24 / 2002	
Mailing Address 2139 E 32ND ST City State Zip Code TULSA OK 74105		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JIM INHOFE COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OK District: 00	Transaction ID: SB23.11274		

Full Name (Last, First, Middle Initial) B. SAMUEL ROBERT JOHNSON		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO BOX 880086 City State Zip Code PLANO TX 75086		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF SAM JOHNSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 03	Transaction ID: SB23.11567		

Full Name (Last, First, Middle Initial) C. La Colline Restaurant		Date of Disbursement 06 / 18 / 2002	
Mailing Address 400 North Capital Street, NW Suite 175 City State Zip Code Washington DC 20001		Amount of Each Disbursement this Period 858.00	
Purpose of Disbursement Fundraiser expenses-Northup for Congress		Category/ Type	
Candidate Name NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY District: 03	Transaction ID: SB23.14077		

SUBTOTAL of Disbursements This Page (optional) ▶	2356.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (in full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. TOM LATHAM		Date of Disbursement 06 / 03 / 2002	
Mailing Address 178 180TH STREET City ALEXANDER		State IA	Zip Code 50420
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 500.00	
Candidate Name LATHAM FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IA District: 04	Transaction ID: SB23.12163		

Full Name (Last, First, Middle Initial) B. JOHN LEWIS		Date of Disbursement 06 / 11 / 2002	
Mailing Address 1520 PINEHURST DRIVE SW City ATLANTA		State GA	Zip Code 30311
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 500.00	
Candidate Name JOHN LEWIS FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: GA District: 05	Transaction ID: SB23.12172		

Full Name (Last, First, Middle Initial) C. MIKE MCINTYRE		Date of Disbursement 04 / 02 / 2002	
Mailing Address 1701 NORTH CHESTNUT STREET City LUMBERTON		State NC	Zip Code 28358
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 500.00	
Candidate Name MIKE MCINTYRE FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NC District: 07	Transaction ID: SB23.11191		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DENNIS MOORE			Date of Disbursement 04 / 06 / 2002	
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215			Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Pay La Brasserie-In Kind Contribution			Transaction ID: SB23.12204	
Candidate Name MOORE FOR CONGRESS		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: KS District: 03				

Full Name (Last, First, Middle Initial) B. DENNIS MOORE			Date of Disbursement 05 / 20 / 2002	
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.11580	
Candidate Name MOORE FOR CONGRESS		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: KS District: 03				

Full Name (Last, First, Middle Initial) C. TIM MURPHY			Date of Disbursement 05 / 30 / 2002	
Mailing Address 221 BROOKSIDE BLVD City: PITTSBURGH State: PA Zip Code: 15241			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Transaction ID: SB23.11616	
Candidate Name TIM MURPHY FOR CONGRESS		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: PA District: 18				

SUBTOTAL of Disbursements This Page (optional) ▶			1700.00	
TOTAL This Period (last page this line number only) ▶				

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

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

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

Full Name (Last, First, Middle Initial) A. JAMES ALLEN NUSSLE		Date of Disbursement 05 / 09 / 2002	
Mailing Address PO BOX 324 City MANCHESTER State IA Zip Code 52057		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NUSSLE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA District: 01	Transaction ID: SB23.11573		

Full Name (Last, First, Middle Initial) B. NANCY PELOSI		Date of Disbursement 04 / 30 / 2002	
Mailing Address 235 MONTGOMERY STREET SUITE 610 City SAN FRANCISCO State CA Zip Code 94104		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NANCY PELOSI FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 05	Transaction ID: SB23.12178		

Full Name (Last, First, Middle Initial) C. JOHN E PETERSON		Date of Disbursement 04 / 24 / 2002	
Mailing Address 248 N MAIN ST PO BOX 289 City PLEASANTVILLE State PA Zip Code 16341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOHN PETERSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 05	Transaction ID: SB23.11277		

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

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

Use separate schedule(s)
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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. THOMAS E PETRI		Date of Disbursement 04 / 25 / 2002	
Mailing Address N5329 DENEVEU LANE City: FOND DU LAC State: WI Zip Code: 54935		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS FOR TOM PETRI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: 06	Transaction ID: SB23.11288		

Full Name (Last, First, Middle Initial) B. CHARLES W 'CHIP' JR PICKERING		Date of Disbursement 05 / 31 / 2002	
Mailing Address PO BOX 6440 City: LAUREL State: MS Zip Code: 39441		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PICKERING FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MS District: 03	Transaction ID: SB23.11754		

Full Name (Last, First, Middle Initial) C. MICHAEL DENNIS ROGERS		Date of Disbursement 05 / 30 / 2002	
Mailing Address 1304 QUINTARD AVENUE City: ANNISTON State: AL Zip Code: 36201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE ROGERS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AL District: 03	Transaction ID: SB23.11625		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PETE SESSIONS		Date of Disbursement 04 / 26 / 2002
Mailing Address PO BOX 38585 City: DALLAS State: TX Zip Code: 75238		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name PETE SESSIONS FOR CONGRESS 2002	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TX District: 05	Transaction ID: SB23.11289

Full Name (Last, First, Middle Initial) B. JOHN BARDEN SHADEGG		Date of Disbursement 04 / 08 / 2002
Mailing Address PO BOX 45444 City: PHOENIX State: AZ Zip Code: 85064		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name JOHN SHADEGG FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: AZ District: 03	Transaction ID: SB23.11183

Full Name (Last, First, Middle Initial) C. DONALD L SHERWOOD		Date of Disbursement 06 / 03 / 2002
Mailing Address 41 SHERWOOD DRIVE City: TUNKHANNOCK State: PA Zip Code: 18657		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name FRIENDS OF DON SHERWOOD	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: PA District: 10	Transaction ID: SB23.12188

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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

Full Name (Last, First, Middle Initial) A. LEE R TERRY		Date of Disbursement 04 / 25 / 2002
Mailing Address 11770 FARNAM STREET City OMAHA State NE Zip Code 68154		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		
Candidate Name LEE TERRY FOR CONGRESS		Transaction ID: SB23.11188
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NE District: 02		

Full Name (Last, First, Middle Initial) B. PATRICK J TOOMEY		Date of Disbursement 05 / 29 / 2002
Mailing Address 5250 WHEATLAND City ZIONSVILLE State PA Zip Code 18092		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		
Candidate Name PAT TOOMEY FOR CONGRESS COMMITTEE		Transaction ID: SB23.11757
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 15		

Full Name (Last, First, Middle Initial) C. JIM TURNER		Date of Disbursement 05 / 07 / 2002
Mailing Address 603 E GOLIAD AVE City CROCKETT State TX Zip Code 75835		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		
Candidate Name JIM TURNER FOR CONGRESS COMMITTEE		Transaction ID: SB23.11570
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 02		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ROGER F WICKER		Date of Disbursement 04 / 26 / 2002	
Mailing Address PO BOX 874 City: TUPELO State: MS Zip Code: 38802		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF ROGER WICKER 2002			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MS District: 01	Transaction ID: SB23.11336		

Full Name (Last, First, Middle Initial) B. HEATHER A WILSON		Date of Disbursement 04 / 02 / 2002	
Mailing Address 9220 GUADOLUPE TRAIL NM City: ALBUQUERQUE State: NM Zip Code: 87114		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HEATHER WILSON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NM District: 01	Transaction ID: SB23.11192		

Full Name (Last, First, Middle Initial) C. TOM YOUNG		Date of Disbursement 05 / 30 / 2002	
Mailing Address POST OFFICE BOX 1001 City: MOBILE State: AL Zip Code: 36683		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TOM YOUNG FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AL District: 01	Transaction ID: SB23.11628		

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	23006.00