

**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 Political Action Committee - 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** **STATE** **ZIP CODE**
 3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 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)
 Election on in the State of
 Termination Report (TER) in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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
 Signature of Treasurer Electronically Filed by Kevin Corcoran Date 07 30 2001

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 Political Action Committee - HUPAC

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2001		8415.51
(b) Cash on Hand at Beginning of Reporting Period	8415.51	
(c) Total Receipts (from Line 19)	72826.00	72826.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81241.51	81241.51
7. Total Disbursements (from Line 30)	30796.69	30796.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50444.82	50444.82
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 800-420-9530
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 Political Action Committee - HUPAC

Report Covering the Period: From: ^W 0 1 ^D 0 1 ^Y 2 0 0 1 To: ^W 0 6 ^D 3 0 ^Y 2 0 0 1

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)	34800.00	
(ii) Unitemized	37526.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	72326.00	72326.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	72326.00	72326.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	500.00	500.00
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)	72826.00	72826.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	72826.00	72826.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8972.44	8972.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8972.44	8972.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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.....	8324.25	8324.25
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	30796.69	30796.69
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	30796.69	30796.69
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	72326.00	72326.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	72326.00	72326.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	8972.44	8972.44
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	8972.44	8972.44

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

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

FOR LINE NUMBER: PAGE 5 / 58

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Katherine Bailey

Mailing Address

8705 Shoal Creek Blvd, #200

City

State

Zip Code

Austin

TX

78757

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

120.00

FEC ID number of contributing
federal political committee.

Name of Employer
The Summit Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.7871

Full Name (Last, First, Middle Initial)

B. Jo Anna Buris

Mailing Address

806 N. 8th Street

City

State

Zip Code

Sheboygan

WI

53081

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

240.00

FEC ID number of contributing
federal political committee.

Name of Employer
LMT Maritime Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.7883

Full Name (Last, First, Middle Initial)

C. D. Bailey Calh

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7247

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 58	
	<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 Political Action Committee - HUPAC

A. 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 / 04 / 2001

Amount of Each Receipt this Period
50.00

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) ▼ 300.00

Transaction ID: SA11A1.7926

B. Full Name (Last, First, Middle Initial)
Christopher Delorsy

Mailing Address
154 Wells Avenue

City State Zip Code
Newton MA 02459-3302

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Telamon Insurance Network Health Insurance Agent

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

Transaction ID: SA11A1.6817

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

Mailing Address
550 Westcott #400

City State Zip Code
Houston TX 77007

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
River Oaks Benefits Health Insurance Agent

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

Transaction ID: SA11A1.6822

SUBTOTAL of Receipts This Page (optional) ▶ **790.00**

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 7 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
550 Westcott #400

City State Zip Code
Houston TX 77007

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
River Oaks Benefits Health Insurance Agent

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

Transaction ID: SA11A1.7894

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

Mailing Address
1415 West 22nd Street, #700

City State Zip Code
Oak Brook IL 60523-8423

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Security Health Insurance Agent

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

Transaction ID: SA11A1.6824

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

Mailing Address
1415 West 22nd Street, #700

City State Zip Code
Oak Brook IL 60523-8423

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Security Health Insurance Agent

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

Transaction ID: SA11A1.7695

SUBTOTAL of Receipts This Page (optional) ▶ **690.00**

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 8 / 58	
	<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 Political Action Committee - HUPAC

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2001

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 40.00

Name of Employer Occupation
Ebersole & Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.7295

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 40.00

Name of Employer Occupation
Ebersole & Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.7296

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 40.00

Name of Employer Occupation
Ebersole & Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.7938

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
312 E. Main Street

City State Zip Code
Salisbury MD 21802-2317

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Avery Hall Life Insurance Agency, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.7899

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
California Insurance Marketing Health Insurance Agent

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

Transaction ID: SA11A1.7318

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
California Insurance Marketing Health Insurance Agent

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

Transaction ID: SA11A1.7842

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 10 / 58	
	<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Timothy Finnel

Mailing Address
530 Oak Court Drive #180

City State Zip Code
Memphis TN 38117-3722

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Executive Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.7703

Full Name (Last, First, Middle Initial)
B. 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
03 / 22 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Purchasing Alliance Solutions Health Insurance Agent

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

Transaction ID: SA11A1.6838

Full Name (Last, First, Middle Initial)
C. Eva Jean Fomelort

Mailing Address
2500 Louisiana Blvd. NE, Ste. 900

City State Zip Code
Albuquerque NM 87110

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2001

Amount of Each Receipt this Period
320.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.6840

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 58	
	<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 Political Action Committee - HUPAC

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2001

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

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

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

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

Transaction ID: SA11A1.7705

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 620.00

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1040.00

Transaction ID: SA11A1.7706

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Mailing Address
PO Box 10315

City State Zip Code
Phoenix AZ 85064-0315

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

Name of Employer Occupation
Capital Insurance Brokers, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.7713

SUBTOTAL of Receipts This Page (optional) ▶ **820.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 58

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Bruce Glaeser

Mailing Address

1401 S. Brentwood, Suite 505

City

State

Zip Code

Saint Louis

MO

63144

Date of Receipt

N M / D E / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Benefits Just for Groups

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7716

Full Name (Last, First, Middle Initial)

B. Paul Goldman

Mailing Address

37 Villa Road #411

City

State

Zip Code

Greenville

SC

29615

Date of Receipt

N M / D E / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period

240.00

FEC ID number of contributing
federal political committee.

Name of Employer
Rogers Benefit Group

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.6855

Full Name (Last, First, Middle Initial)

C. Michael Guscott

Mailing Address

500 East Swedesford Road

Suite 901

City

State

Zip Code

Wayne

PA

19067-1096

Date of Receipt

N M / D E / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kistler Tiffany Benefits

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.7720

SUBTOTAL of Receipts This Page (optional) ▶ **840.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 58

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
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
03 / 22 / 2001

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: SA11A1.6870

B. Full Name (Last, First, Middle Initial)
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 / 29 / 2001

Amount of Each Receipt this Period
320.00

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) ▼ 570.00

Transaction ID: SA11A1.7722

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

Mailing Address
6 Mary E. Clark Drive, #3

City State Zip Code
Hampstead NH 03841-2268

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Landmark Benefits Group Health Insurance Agent

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

Transaction ID: SA11A1.6876

SUBTOTAL of Receipts This Page (optional) ▶ **810.00**

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)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Sheila Hartman

Mailing Address

21300 Victory Blvd #215

City

State

Zip Code

Woodland Hills

CA

91367

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

520.00

FEC ID number of contributing
federal political committee.

Name of Employer
Financial Independence Co.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Transaction ID: SA11A1.7729

Full Name (Last, First, Middle Initial)

B. Carol Hayes

Mailing Address

736 Johnson Ferry Road, #C-200

City

State

Zip Code

Marietta

GA

30068

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Purchasing Alliance Solutions, In-
c.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.7730

Full Name (Last, First, Middle Initial)

C. Donna HI

Mailing Address

PO Box 724

City

State

Zip Code

Snelville

GA

30078

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer
DDH Associates

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Transaction ID: SA11A1.7951

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 58	
	<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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Kyle Hodges

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2001

Mailing Address
325 B4th Street, SW

City State Zip Code
Byron Center MI 49315

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Campbell Agency Health Insurance Agent

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

Transaction ID: SA11A1.7733

B. Full Name (Last, First, Middle Initial)
Art Jetter

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2001

Mailing Address
11305 Chicago Circle

City State Zip Code
Omaha NE 68154-2876

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Art Jetter & Company Health Insurance Agent

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

Transaction ID: SA11A1.6911

C. Full Name (Last, First, Middle Initial)
Art Jetter

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Mailing Address
11305 Chicago Circle

City State Zip Code
Omaha NE 68154-2876

Amount of Each Receipt this Period
1830.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Art Jetter & Company Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2180.00

Transaction ID: SA11A1.6912

SUBTOTAL of Receipts This Page (optional) ▶ **2380.00**

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)

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Art Jetter Date of Receipt
Mailing Address
11305 Chicago Circle N M / D E / Y Y Y Y
06 28 2001
City State Zip Code
Omaha NE 68154-2676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 2600.00
Name of Employer Occupation
Art Jetter & Company Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 4780.00 Transaction ID: SA11A1.7743

B. Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek Date of Receipt
Mailing Address
2633 State Route 59, Suite B N M / D E / Y Y Y Y
04 02 2001
City State Zip Code
Ravenna OH 44266-1684 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00 Transaction ID: SA11A1.7422

C. Full Name (Last, First, Middle Initial)
Lawrence Kaczmarek Date of Receipt
Mailing Address
2633 State Route 59, Suite B N M / D E / Y Y Y Y
05 02 2001
City State Zip Code
Ravenna OH 44266-1684 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00 Transaction ID: SA11A1.7424

SUBTOTAL of Receipts This Page (optional) ▶ **2700.00**
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 / 58	
	<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 Political Action Committee - 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 _____
 N M / D E / Y Y Y Y
 0 6 / 0 4 / 2 0 0 1

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) ▼ _____ 350.00

Transaction ID: SA11A1.7962

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 _____
 N M / D E / Y Y Y Y
 0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period _____
 500.00

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) ▼ _____ 850.00

Transaction ID: SA11A1.7750

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 _____
 N M / D E / Y Y Y Y
 0 6 / 2 8 / 2 0 0 1

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) ▼ _____ 300.00

Transaction ID: SA11A1.7751

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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 / 58	
	<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Alan Katz, JD

Mailing Address
2000 Corporate Center Drive
City State Zip Code
Newbury Park CA 91320

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2001

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross of California Senior Vice President, Sales

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

Transaction ID: SA11A1.7754

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
03 / 22 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCI Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.6926

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 / 03 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCI Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 525.00

Transaction ID: SA11A1.7755

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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 / 58	
	<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 Political Action Committee - 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
06 / 28 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCI Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 825.00

Transaction ID: SA11A1.7758

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

Mailing Address
PO Box 214529

City State Zip Code
Auburn Hills MI 48321-4259

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lancaster & Associates Ltd. Health Insurance Agent

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

Transaction ID: SA11A1.7769

Full Name (Last, First, Middle Initial)
C. Jay Lewis

Mailing Address
6400 Bradley Park Drive, Suite 1A

City State Zip Code
Columbus GA 31904-3815

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
240.00

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) ▼ 240.00

Transaction ID: SA11A1.6950

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)

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - 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
05 / 02 / 2001

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) ▼ 210.00

Transaction ID: SA11A1.7460

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
06 / 04 / 2001

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) ▼ 290.00

Transaction ID: SA11A1.7970

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
03 / 22 / 2001

Amount of Each Receipt this Period
480.00

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) ▼ 480.00

Transaction ID: SA11A1.6953

SUBTOTAL of Receipts This Page (optional) ▶ **640.00**

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)

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Gary Looney

Mailing Address

110 East Crockett

City State Zip Code

San Antonio TX 78205-2612

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

100.00

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) ▼ 580.00

Transaction ID: SA11A1.7773

Full Name (Last, First, Middle Initial)

B. Maurice Lyons

Mailing Address

250 West 57th Street, Suite 1418

City State Zip Code

New York NY 10107

Date of Receipt

N M / D E / Y Y Y Y
0 3 / 2 2 / 2 0 0 1

Amount of Each Receipt this Period

240.00

FEC ID number of contributing
federal political committee.

Name of Employer Occupation
The Medical Link Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.6958

Full Name (Last, First, Middle Initial)

C. James Machoek

Mailing Address

PO Box 885

City State Zip Code

Fort Wayne IN 46801-0885

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer Occupation
Acordia Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.7971

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Diane Mahoney Date of Receipt
Mailing Address
PO Box 683 N M / D C / Y Y Y Y
06 28 2001
City State Zip Code
Randallstown MD 21133-0683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 150.00
Name of Employer Occupation
Velco Insurance Agency Inc Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00 Transaction ID: SA11A1.7779

B. Full Name (Last, First, Middle Initial)
Dale Mahoney Date of Receipt
Mailing Address
1434 West Fairbanks Avenue N M / D C / Y Y Y Y
03 22 2001
City State Zip Code
Winter Park FL 32789-4806 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 260.00
Name of Employer Occupation
Resource Group of Winter Park, Inc. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00 Transaction ID: SA11A1.6969

C. Full Name (Last, First, Middle Initial)
Dennis Mather Date of Receipt
Mailing Address
10540 York Road N M / D C / Y Y Y Y
01 26 2001
City State Zip Code
Cockeysville MD 21030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00
Name of Employer Occupation
BenefitMail.com Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00 Transaction ID: SA11A1.6975

SUBTOTAL of Receipts This Page (optional) ▶ **910.00**
TOTAL This Period (last page this line number only) ▶

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

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

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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 Political Action Committee - HUPAC

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

Mailing Address
1D540 York Road

City State Zip Code
Cockeysville MD 21030

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
70.00

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) ▼ 570.00

Transaction ID: SA11A1.6976

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

Mailing Address
P.O. Box 38248

City State Zip Code
Greensboro NC 27438

Date of Receipt
M M / D D / Y Y Y Y
02 / 02 / 2001

Amount of Each Receipt this Period
200.00

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) ▼ 400.00

Transaction ID: SA11A1.7471

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

Mailing Address
P.O. Box 38248

City State Zip Code
Greensboro NC 27438

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period
200.00

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) ▼ 600.00

Transaction ID: SA11A1.7472

SUBTOTAL of Receipts This Page (optional) ▶ 470.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 58	
	<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 Political Action Committee - HUPAC

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
150.00

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) ▼ 750.00

Transaction ID: SA11A1.6978

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

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Med/Flex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 950.00

Transaction ID: SA11A1.7473

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

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Med/Flex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1150.00

Transaction ID: SA11A1.7474

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 / 58	
	<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 Political Action Committee - HUPAC

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

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

Date of Receipt
N M / D E / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1350.00

Transaction ID: SA11A1.7972

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

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

Date of Receipt
N M / D E / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1550.00

Transaction ID: SA11A1.7782

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

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

Date of Receipt
N M / D E / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
120.00

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) ▼ 240.00

Transaction ID: SA11A1.7783

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 26 / 58

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Dwight Mazzone

Mailing Address

6350 E. Thomas Road, Suite 13B

City

State

Zip Code

Scottsdale

AZ

85251

Date of Receipt

N M / D E / Y Y Y Y
03 / 22 / 2001

FEC ID number of contributing
federal political committee.

240.00

Name of Employer
C/M Benefits, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.6980

Full Name (Last, First, Middle Initial)

B. Sharon McDermott

Mailing Address

11919 P Street, Suite D

City

State

Zip Code

Omaha

NE

68137

Date of Receipt

N M / D E / Y Y Y Y
03 / 21 / 2001

FEC ID number of contributing
federal political committee.

480.00

Name of Employer
AFLAC District Office

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Transaction ID: SA11A1.6985

Full Name (Last, First, Middle Initial)

C. Sharon McDermott

Mailing Address

11919 P Street, Suite D

City

State

Zip Code

Omaha

NE

68137

Date of Receipt

N M / D E / Y Y Y Y
06 / 29 / 2001

FEC ID number of contributing
federal political committee.

100.00

Name of Employer
AFLAC District Office

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Transaction ID: SA11A1.7787

SUBTOTAL of Receipts This Page (optional) ▶ **820.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 58	
	<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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
John Nelson

Mailing Address
32110 Agoura Road

City State Zip Code
Westlake Village CA 91361-4026

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period
2400.00

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) ▼ 2400.00

Transaction ID: SA11A1.7812

B. Full Name (Last, First, Middle Initial)
Linda New

Mailing Address
PO Box 82326

City State Zip Code
Austin TX 78731

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Capital Financial Resources Health Insurance Agent

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

Transaction ID: SA11A1.7814

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

Mailing Address
47 Laurel Hill Drive

City State Zip Code
Niantic CT 06357

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

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

Transaction ID: SA11A1.7821

SUBTOTAL of Receipts This Page (optional) ▶ **2770.00**

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 28 / 58	
	<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Rebecca Parker

Mailing Address
515 Congress Ave., 13th Floor
City: Austin State: TX Zip Code: 78701

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Nieman Hanks Puryear Benefits Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.7822

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

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
380.00

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) ▼ 500.00

Transaction ID: SA11A1.7823

Full Name (Last, First, Middle Initial)
C. Ken Pearson

Mailing Address
11522 Gallant Ridge
City: Houston State: TX Zip Code: 77062-6837

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Pathfinder Benefits Group Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.7025

SUBTOTAL of Receipts This Page (optional) ▶ **730.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
64 East Winchester, Suite 205

City State Zip Code
Salt Lake City UT 84107-5602

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
540.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Perry Financial Group Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 540.00

Transaction ID: SA11A1.7029

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

Mailing Address
64 East Winchester, Suite 205

City State Zip Code
Salt Lake City UT 84107-5602

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
160.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Perry Financial Group Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 690.00

Transaction ID: SA11A1.7829

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 M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.7843

SUBTOTAL of Receipts This Page (optional) ▶ **810.00**

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 / 58

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

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

A. 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
03 / 22 / 2001

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: SA11A1.7057

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20

City State Zip Code
Marietta GA 30068

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.7845

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

Mailing Address
12200 Northwest Freeway #662

City State Zip Code
Houston TX 77092

Date of Receipt
M M / D D / Y Y Y Y
02 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northwest General Insurance Health Insurance Agent

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

Transaction ID: SA11A1.7531

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 31 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
12200 Northwest Freeway #662

City State Zip Code
Houston TX 77092

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northwest General Insurance Health Insurance Agent

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

Transaction ID: SA11A1.7532

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

Mailing Address
12200 Northwest Freeway #662

City State Zip Code
Houston TX 77092

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northwest General Insurance Health Insurance Agent

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

Transaction ID: SA11A1.7533

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

Mailing Address
12200 Northwest Freeway #662

City State Zip Code
Houston TX 77092

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northwest General Insurance Health Insurance Agent

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

Transaction ID: SA11A1.7534

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 32 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
12200 Northwest Freeway #662

City State Zip Code
Houston TX 77092

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northwest General Insurance Health Insurance Agent

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

Transaction ID: SA11A1.7986

Full Name (Last, First, Middle Initial)
B. Aline Roberts

Mailing Address
509 Marin Street, #125

City State Zip Code
Thousand Oaks CA 91360

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
270.00

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) ▼ 270.00

Transaction ID: SA11A1.7082

Full Name (Last, First, Middle Initial)
C. Scott Robertson

Mailing Address
2891 Centerpointe Drive Suite 207

City State Zip Code
Fort Myers FL 33916-9458

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitPort Southeast Health Insurance Agent

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

Transaction ID: SA11A1.7085

SUBTOTAL of Receipts This Page (optional) ▶ **720.00**

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 33 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
2891 Centerpointe Drive Suite 207
Fort Myers FL 33916-9456

Date of Receipt
03 / 27 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: BenefitPort Southeast
Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 750.00

Transaction ID: SA11A1.7067

Full Name (Last, First, Middle Initial)
B. Scott Robertson

Mailing Address
2891 Centerpointe Drive Suite 207
Fort Myers FL 33916-9456

Date of Receipt
05 / 31 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: BenefitPort Southeast
Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.7850

Full Name (Last, First, Middle Initial)
C. Scott Robertson

Mailing Address
2891 Centerpointe Drive Suite 207
Fort Myers FL 33916-9456

Date of Receipt
06 / 28 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: BenefitPort Southeast
Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2000.00

Transaction ID: SA11A1.7851

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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 34 / 58	
	<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Clayton Rooy

Mailing Address
6285 Pearl Road, Suite 7

City State Zip Code
Parma Heights OH 44130-3069

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Strategy, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.7855

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

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

Transaction ID: SA11A1.7077

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1010.00

Transaction ID: SA11A1.8132

SUBTOTAL of Receipts This Page (optional) ▶ **1110.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
P.O. Box 4252
City State Zip Code
Timonium MD 21094

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1020.00

Transaction ID: SA11A1.7991

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

Mailing Address
P.O. Box 4252
City State Zip Code
Timonium MD 21094

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period
1280.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2300.00

Transaction ID: SA11A1.7856

Full Name (Last, First, Middle Initial)
C. Raynar 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
0 6 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Multiple Benefits Corp.

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

Transaction ID: SA11A1.7857

SUBTOTAL of Receipts This Page (optional) ▶ **1390.00**

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 36 / 58

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
David Saltzman

Mailing Address
7990 SW 117 Avenue

City State Zip Code
Miami FL 33183-3845

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.7858

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

Mailing Address
P.O. Box 4055

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, PUs Health Insurance Agent

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

Amount of Each Receipt this Period
240.00

Transaction ID: SA11A1.7861

C. Full Name (Last, First, Middle Initial)
Robert Schumacher

Mailing Address
1804 North Shoreline Blvd #220

City State Zip Code
Mountain View CA 94043-1350

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Schumacher Insurance Agency Health Insurance Agent

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

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.7085

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 58

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Greg Seiferl

Mailing Address

916 Main St

City

Vancouver

State

WA

Zip Code

00666-0189

Date of Receipt

M / D / Y
03 / 27 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Biggs Insurance Services

Occupation
Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7089

Full Name (Last, First, Middle Initial)

B. Scott Shalek

Mailing Address

74 Grand Avenue, Suite 104

City

Fox Lake

State

IL

Zip Code

60020

Date of Receipt

M / D / Y
03 / 22 / 2001

Amount of Each Receipt this Period

280.00

FEC ID number of contributing
federal political committee.

Name of Employer
Principal Financial Group

Occupation
Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Transaction ID: SA11A1.7082

Full Name (Last, First, Middle Initial)

C. Scott Shalek

Mailing Address

74 Grand Avenue, Suite 104

City

Fox Lake

State

IL

Zip Code

60020

Date of Receipt

M / D / Y
06 / 28 / 2001

Amount of Each Receipt this Period

900.00

FEC ID number of contributing
federal political committee.

Name of Employer
Principal Financial Group

Occupation
Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Transaction ID: SA11A1.7887

SUBTOTAL of Receipts This Page (optional) ► **1430.00**

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 / 58	
	<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

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Jon Sivens

Mailing Address
7920 Miramar Road #125

City State Zip Code
San Diego CA 92126-4206

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Option Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.7099

Full Name (Last, First, Middle Initial)
B. Jon Sivens

Mailing Address
7920 Miramar Road #125

City State Zip Code
San Diego CA 92126-4206

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Option Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.7872

Full Name (Last, First, Middle Initial)
C. Roger Sidner

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
180.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 255.00

Transaction ID: SA11A1.7101

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 58

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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Roger Skinner
Date of Receipt
Mailing Address
5548 Shorewood Drive
N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 1
City State Zip Code
Indianapolis IN 46220
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 280.00
Transaction ID: SA11A1.7569

B. Full Name (Last, First, Middle Initial)
Roger Skinner
Date of Receipt
Mailing Address
5548 Shorewood Drive
N M / D E / Y Y Y Y
0 5 / 0 2 / 2 0 0 1
City State Zip Code
Indianapolis IN 46220
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 305.00
Transaction ID: SA11A1.7570

C. Full Name (Last, First, Middle Initial)
Roger Skinner
Date of Receipt
Mailing Address
5548 Shorewood Drive
N M / D E / Y Y Y Y
0 6 / 0 4 / 2 0 0 1
City State Zip Code
Indianapolis IN 46220
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00
Transaction ID: SA11A1.7586

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**
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 / 58

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Roger Skinner

Mailing Address

5548 Shorewood Drive

City

State

Zip Code

Indianapolis

IN

46220

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 8 / 2 0 0 1

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

150.00

Name of Employer
GroupLink, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Transaction ID: SA11A1.7874

Full Name (Last, First, Middle Initial)

B. Mike Stephens

Mailing Address

7712 S. Yale Ave., #200

City

State

Zip Code

Tulsa

OK

74136-8226

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 1 5 / 2 0 0 1

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

140.00

Name of Employer
American Medical Security

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.7883

Full Name (Last, First, Middle Initial)

C. Ryan Thom

Mailing Address

10342 South Springcrest Lane

City

State

Zip Code

South Jordan

UT

84095-4538

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 9 / 2 0 0 1

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
Ryan P. Thom Insurance Planning,
Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7886

SUBTOTAL of Receipts This Page (optional) ▶

540.00

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 / 58	
	<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Bynum Tuttle

Mailing Address
P.O. Box 1110
City State Zip Code
Denton NC 27239

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period
2400.00

FEC ID number of contributing federal political committee.

Name of Employer
Employee Benefit Designs Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2400.00

Transaction ID: SA11A1.7146

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

Mailing Address
1923 Spillway Road, Suite 194
City State Zip Code
Brandon MS 39047-6021

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
American Fidelity Assurance

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.7616

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

Mailing Address
1923 Spillway Road, Suite 194
City State Zip Code
Brandon MS 39047-6021

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
American Fidelity Assurance

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.7619

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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 42 / 58	
	<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 Political Action Committee - HUPAC

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

Mailing Address
1923 Spillway Road, Suite 194

City State Zip Code
Brandon MS 39047-6021

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Fidelity Assurance Health Insurance Agent

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

Transaction ID: SA11A1.8003

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

Mailing Address
1923 Spillway Road, Suite 194

City State Zip Code
Brandon MS 39047-6021

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Fidelity Assurance Health Insurance Agent

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

Transaction ID: SA11A1.7900

Full Name (Last, First, Middle Initial)
C. Jeanne Wilson

Mailing Address
400 Field Drive

City State Zip Code
Lake Forest IL 60045-2561

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stamark Health Insurance Professional

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

Transaction ID: SA11A1.7906

SUBTOTAL of Receipts This Page (optional) ▶ **320.00**

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 / 58	
	<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. Barbara Wong

Mailing Address
411 W. 4th Avenue, #200

City Anchorage State AK Zip Code 99501

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
250.00

Name of Employer <u>Capital Management Benefits</u>	Occupation <u>Health Insurance Agent</u>
--	---

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

Transaction ID: SA11A1.7177

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	34800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 44 / 58
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)
A. GERALD C JERRY WELER FOR CONGRESS

Mailing Address
PO BOX 15283

City State Zip Code
WASHINGTON DC 20003

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2001

FEC ID number of contributing federal political committee. C00285809

Amount of Each Receipt this Period 500.00

Name of Employer Occupation Refund of Contribution

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

Transaction ID: SA16.8113

B.

C.

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

**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)

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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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. Dwight Mazzone		Date of Disbursement 01 / 31 / 2001	
Mailing Address 6350 E. Thomas Road, Suite 138 City State Zip Code Scottsdale AZ 85251		Amount of Each Disbursement this Period 275.00	
Purpose of Disbursement Event Registration		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.8021	
State: District:			

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 01 / 24 / 2001	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 258.83	
Purpose of Disbursement Copying, Shipping, Postage		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.8020	
State: District:			

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 03 / 19 / 2001	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 18.04	
Purpose of Disbursement Copying, Shipping, Postage		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.8023	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	551.67
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 58

<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

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 04 / 19 / 2001
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 155.40
Purpose of Disbursement Copying, Shipping, Postage		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B035
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 05 / 15 / 2001
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 24.75
Purpose of Disbursement Copying, Shipping, Postage		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B061
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 04 / 03 / 2001
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 603.78
Purpose of Disbursement Credit Card Contribution Processing Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B101
State: District:		

SUBTOTAL of Disbursements This Page (optional)	783.91
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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. Renaissance Hotel		Date of Disbursement 05 / 01 / 2001	
Mailing Address 969 9th Street, NW City Washington State DC Zip Code 20001		Amount of Each Disbursement this Period 3981.86	
Purpose of Disbursement Fundraising Event Expenses		Category/ Type	
Candidate Name		Transaction ID: SB21B.8052	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Sidney's Music & Entertainment		Date of Disbursement 06 / 06 / 2001	
Mailing Address 1127 Connecticut Avenue City Washington State DC Zip Code 20038		Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Fundraiser Entertainment		Category/ Type	
Candidate Name		Transaction ID: SB21B.8071	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SRB Designs, Inc.		Date of Disbursement 05 / 25 / 2001	
Mailing Address 111 S. 8th Street 4th Floor City Philadelphia State PA Zip Code 19106-3214		Amount of Each Disbursement this Period 2035.78	
Purpose of Disbursement Lapel Pins		Category/ Type	
Candidate Name		Transaction ID: SB21B.8063	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	6217.62
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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 04 / 23 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 57.84	
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B102	
State: District:			

Full Name (Last, First, Middle Initial) B. Robert E. Swanson		Date of Disbursement 04 / 02 / 2001	
Mailing Address 711 Park Place City Albany State CA Zip Code 31701-2282		Amount of Each Disbursement this Period 525.00	
Purpose of Disbursement Reimbursement for Fundraising Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B034	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional) ▶	582.64
TOTAL This Period (last page this line number only) ▶	8135.84

**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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. BILL THOMAS CAMPAIGN COMMITTEE		Date of Disbursement 06 / 06 / 2001
Mailing Address PO BOX 385 City: BAKERSFIELD State: CA Zip Code: 93302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name WILLIAM M THOMAS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: CA District: 21	Transaction ID: SB23.8068	

Full Name (Last, First, Middle Initial) B. CHARLES TAYLOR FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 26 / 2001
Mailing Address 22 SOUTH PACK SQUARE SUITE 201 PO BOX 2355 City: ASHEVILLE State: NC Zip Code: 28801		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name CHARLES H TAYLOR		
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: NC District: 11	Transaction ID: SB23.8079	

Full Name (Last, First, Middle Initial) C. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE		Date of Disbursement 06 / 06 / 2001
Mailing Address PO BOX 1831 City: BALTIMORE State: MD Zip Code: 21203		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name ELIJAH EUGENE CUMMINGS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MD District: 07	Transaction ID: SB23.8068	

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. EHRlich FOR CONGRESS COMMITTEE		Date of Disbursement 04 / 19 / 2001
Mailing Address 1301 YORK RD SUITE 705 City LUTHERVILLE State MD Zip Code 21093		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name ROBERT LERDY JR EHRlich		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MD District: 02	Transaction ID: SB23.8048	

Full Name (Last, First, Middle Initial) B. FEDERAL VICTORY FUND		Date of Disbursement 05 / 01 / 2001
Mailing Address 8429 DOWNING COURT City ANNANDALE State VA Zip Code 22003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House Candidates		Category/ Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District:	Transaction ID: SB23.8054	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JENNIFER B DUNN		Date of Disbursement 06 / 12 / 2001
Mailing Address PO BOX 4011D City BELLEVUE State WA Zip Code 98015		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name JENNIFER B DUNN		
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: WA District: 08	Transaction ID: SB23.8075	

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN BOEHNER		Date of Disbursement 05 / 18 / 2001	
Mailing Address 7608-I CINCINNATI DAYTON ROAD City WEST CHESTER State OH Zip Code 45069		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN A BOEHNER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 06	Transaction ID: SB23.8062		

Full Name (Last, First, Middle Initial) B. HAGEL FOR SENATE COMMITTEE		Date of Disbursement 06 / 02 / 2001	
Mailing Address PO BOX 241497 City OMAHA State NE Zip Code 68124		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHARLES T HAGEL			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NE District: 00	Transaction ID: SB23.8064		

Full Name (Last, First, Middle Initial) C. HEATHER WILSON FOR CONGRESS		Date of Disbursement 06 / 06 / 2001	
Mailing Address PO BOX 14070 City ALBUQUERQUE State NM Zip Code 87191		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HEATHER A WILSON			
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: SB23.8068		

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. J D HAYWORTH FOR CONGRESS		Date of Disbursement 05 / 03 / 2001	
Mailing Address 10789 N 90TH STREET SUITE 102 City: SCOTTSDALE State: AZ Zip Code: 85260		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name J D HAYWORTH			
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: AZ District: 06	Transaction ID: SB23.8057		

Full Name (Last, First, Middle Initial) B. KELLER FOR CONGRESS		Date of Disbursement 06 / 26 / 2001	
Mailing Address PO BOX 1453 City: ORLANDO State: FL Zip Code: 32802		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RICHARD ANTHONY KELLER			
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: FL District: 08	Transaction ID: SB23.8077		

Full Name (Last, First, Middle Initial) C. KENNEDY FOR CONGRESS		Date of Disbursement 02 / 06 / 2001	
Mailing Address 11428 COUNTY RD 13 SE City: WATERTOWN State: MN Zip Code: 55388		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MARK RAYMOND KENNEDY			
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: MN District: 02	Transaction ID: SB23.8024		

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. MIKE MCINTYRE FOR CONGRESS			Date of Disbursement 04 / 02 / 2001	
Mailing Address 3780 BERKLEY LANE City LUMBERTON State NC Zip Code 28358			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MIKE MCINTYRE				
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: NC District: 07		Transaction ID: SB23.8033		

Full Name (Last, First, Middle Initial) B. NELSON FOR US SENATE			Date of Disbursement 06 / 12 / 2001	
Mailing Address PO BOX 540154 SUITE B City OMAHA State NE Zip Code 68154			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Debt Repayment			Category/ Type	
Candidate Name E BENJAMIN NELSON				
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NE District: 00		Transaction ID: SB23.8074		

Full Name (Last, First, Middle Initial) C. PETE SESSIONS FOR CONGRESS 2002			Date of Disbursement 06 / 13 / 2001	
Mailing Address PO BOX 38585 City DALLAS State TX Zip Code 75238			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name PETE SESSIONS				
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: TX District: 06		Transaction ID: SB23.8076		

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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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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE		Date of Disbursement 05 / 11 / 2001
Mailing Address PO BOX 1986 City NEW BRITAIN State CT Zip Code 06050		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name NANCY L JOHNSON	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: CT District: 06	Transaction ID: SB23.8060

Full Name (Last, First, Middle Initial) B. TIBERI FOR CONGRESS		Date of Disbursement 04 / 24 / 2001
Mailing Address 2021 E DUBLIN GRANVILLE RD # 2000 City COLUMBUS State OH Zip Code 43229		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name PATRICK JOSEPH TIBERI	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: OH District: 12	Transaction ID: SB23.8050

Full Name (Last, First, Middle Initial) C. VOINOVICH FOR SENATE COMMITTEE		Date of Disbursement 06 / 06 / 2001
Mailing Address 865 MACON ALLEY City COLUMBUS State OH Zip Code 43206		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name GEORGE VOINOVICH	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: OH District: 00	Transaction ID: SB23.8073

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	13500.00

**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 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Bracy		Date of Disbursement 06 / 27 / 2001	
Mailing Address PO Box 8215 City Little Rock State AR Zip Code 72221-8215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: SB29.8088	

Full Name (Last, First, Middle Initial) B. Mike Dollins		Date of Disbursement 03 / 19 / 2001	
Mailing Address 8440 Avondale Drive, Ste. 204 City Oklahoma City State OK Zip Code 73118-8418		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: SB29.8107	

Full Name (Last, First, Middle Initial) C. Bruce Gardner		Date of Disbursement 03 / 19 / 2001	
Mailing Address 1502 West Avenue City Austin State TX Zip Code 78701-1530		Amount of Each Disbursement this Period 825.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: SB29.8109	

SUBTOTAL of Disbursements This Page (optional) ▶	2075.00
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 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. Art Jetter		Date of Disbursement 06 / 27 / 2001	
Mailing Address 11305 Chicago Circle City State Zip Code Omaha NE 68154-2876		Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B29.8082	
State: District:			

Full Name (Last, First, Middle Initial) B. Chris Jumper		Date of Disbursement 06 / 27 / 2001	
Mailing Address 11 Christy Lane City State Zip Code Maumelle AR 72113-6212		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B29.8087	
State: District:			

Full Name (Last, First, Middle Initial) C. Linda Krueger		Date of Disbursement 06 / 27 / 2001	
Mailing Address 611 Greenwood Avenue City State Zip Code Canon City CO 81212		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B29.8089	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2350.00
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 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. James Milkey		Date of Disbursement 06 / 27 / 2001	
Mailing Address 21914 Harper Ave. City Saint Clair Shores		State MI	Zip Code 48080-2218
Purpose of Disbursement Raffle Prize		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.8090	
State:	District:		

Full Name (Last, First, Middle Initial) B. Alberta Priest		Date of Disbursement 06 / 27 / 2001	
Mailing Address P.O. Box 3753 City Albuquerque		State NM	Zip Code 87190-3753
Purpose of Disbursement Raffle Prize		Amount of Each Disbursement this Period 1111.50	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.8081	
State:	District:		

Full Name (Last, First, Middle Initial) C. Edward Roling		Date of Disbursement 06 / 27 / 2001	
Mailing Address P.O. Box 49198 City Wichita		State KS	Zip Code 67201-9198
Purpose of Disbursement Raffle Prize		Amount of Each Disbursement this Period 555.75	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.8091	
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2667.25
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 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Disbursement 06 ^N / 27 ^M / 2001 ^Y	
Mailing Address P.O. Box 4252 City Timonium		State MD	Zip Code 21094
Purpose of Disbursement Raffle Prize		Amount of Each Disbursement this Period 500.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5829.8086	
State:	District:		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	7592.25