

**FEC
FORM 3X**

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

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00283135

3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer Kevin Corcoran, CAE

Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 11 07 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h07 ^d01 ^y2002 To: ^h09 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	88081.28	
(c) Total Receipts (from Line 19)	30836.00	114089.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118917.28	181729.50
7. Total Disbursements (from Line 30)	51799.40	114611.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67117.88	67117.88
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2002 To: ^{MM}09 ^{DD}30 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14000.00	
(ii) Unitemized	15836.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29836.00	113089.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	29836.00	113089.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
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)	30836.00	114089.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	30836.00	114089.50

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.....	9549.40	27355.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9549.40	27355.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42250.00	87256.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	51799.40	114611.62
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	51799.40	114611.62
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	29836.00	113089.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	29836.00	113089.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	9549.40	27355.62
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	9549.40	27355.62

**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 5 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
William Anderson

Mailing Address
488 Palm Springs Drive Suite 210
City State Zip Code
Altamonte Springs FL 32701-7805

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan
Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13328

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

Mailing Address
488 Palm Springs Drive Suite 210
City State Zip Code
Altamonte Springs FL 32701-7805

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan
Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.1354B

C. Full Name (Last, First, Middle Initial)
Elizabeth Ashmore

Mailing Address
7606 University Avenue #B
City State Zip Code
Lubbock TX 79423-2128

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan
Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13329

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
700 N.E. 122nd Street, Suite 1403

City State Zip Code
Oklahoma City OK 73114

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
980.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Reinsurance Mktg. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 980.00

Transaction ID: SA11A1.12840

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

Mailing Address
8780 Mastin Street Suite F

City State Zip Code
Overland Park KS 66212-4789

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SS & G and Associates, Inc. President/Agent

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

Transaction ID: SA11A1.13581

Full Name (Last, First, Middle Initial)
C. Christine F. Bura

Mailing Address
4900 S. I-10 Service Road West #216

City State Zip Code
Metairie LA 70001

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12850

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 100

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Tim Byrne

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
3113 W. Beltline Highway

City State Zip Code
Madison WI 53713

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Occupation
Morienson, Matzelle & Meldrum Health Insurance Agent

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

Transaction ID: SA11A1.13342

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

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

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12688

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

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

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13344

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

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 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 695
City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M / D / Y
07 / 30 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.12490

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

Mailing Address
P.O. Box 695
City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M / D / Y
08 / 29 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.13012

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

Mailing Address
P.O. Box 695
City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M / D / Y
09 / 27 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.13566

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 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 6677

City State Zip Code
Fullerton CA 92834-6677

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Benefit Consulting Health Insurance Agent

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

Transaction ID: SA11A1.12505

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

Mailing Address
P.O. Box 6677

City State Zip Code
Fullerton CA 92834-6677

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Benefit Consulting Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 275.00

Transaction ID: SA11A1.13020

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

Mailing Address
P.O. Box 6677

City State Zip Code
Fullerton CA 92834-6677

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Benefit Consulting Health Insurance Agent

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

Transaction ID: SA11A1.13574

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 10 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12506

Full Name (Last, First, Middle Initial)
B. Barbara Coggins

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12896

Full Name (Last, First, Middle Initial)
C. Barbara Coggins

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12907

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 100

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

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

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

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13021

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

Mailing Address
P.O. Box 80987

City State Zip Code
Las Vegas NV 89180-0987

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Solutions Health Insurance Agent

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

Transaction ID: SA11A1.13913

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

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12507

SUBTOTAL of Receipts This Page (optional) ▶ **155.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 100

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Don Crook

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13025

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

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13577

C. Full Name (Last, First, Middle Initial)
Carol Cutler

Mailing Address
One National City Center Suite 700-E

City State Zip Code
Indianapolis IN 46255-0001

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N.C.I.G. Health Insurance Agent

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

Transaction ID: SA11A1.12508

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 100

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

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

A. Full Name (Last, First, Middle Initial)
Carol Cutler

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Mailing Address
One National City Center Suite 700-E
City State Zip Code
Indianapolis IN 46255-0001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer N.C.I.G. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13026

B. Full Name (Last, First, Middle Initial)
Carol Cutler

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
One National City Center Suite 700-E
City State Zip Code
Indianapolis IN 46255-0001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer N.C.I.G. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.1357B

C. Full Name (Last, First, Middle Initial)
Teresa DeBruh

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
400 Interstate N. Parkway #1700
City State Zip Code
Atlanta GA 30339-5047

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.1358D

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 14 / 100

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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lisa DeRycke

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12511

Full Name (Last, First, Middle Initial)
B. Lisa DeRycke

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12928

Full Name (Last, First, Middle Initial)
C. Lisa DeRycke

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.13029

SUBTOTAL of Receipts This Page (optional) ▶ **40.00**

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 / 100

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

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

A. Full Name (Last, First, Middle Initial)
Lisa DeRycke

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.13581

B. Full Name (Last, First, Middle Initial)
Mike Dolins

Mailing Address
6440 Avondale Drive, Ste. 204
City State Zip Code
Oklahoma City OK 73116-6416

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dolins & Company, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12705

C. Full Name (Last, First, Middle Initial)
Mike Dolins

Mailing Address
6440 Avondale Drive, Ste. 204
City State Zip Code
Oklahoma City OK 73116-6416

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dolins & Company, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13360

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12707

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

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13362

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

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9872

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.12710

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 17 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.13365

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.12712

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 335.00

Transaction ID: SA11A1.13367

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2002

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 435.00

Transaction ID: SA11A1.13916

B. Full Name (Last, First, Middle Initial)
Jeffrey Fishback

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Mailing Address
736 Johnson Ferry Road Building C-200

City State Zip Code
Marietta GA 30068-5618

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12929

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Mailing Address
2500 Louisiana Blvd. NE, Ste. 900

City State Zip Code
Albuquerque NM 87110

Amount of Each Receipt this Period
50.00

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) ▼ 2450.00

Transaction ID: SA11A1.12980

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 19 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

Amount of Each Receipt this Period
50.00

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) ▼ 2500.00

Transaction ID: SA11A1.12897

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2002

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

Amount of Each Receipt this Period
100.00

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) ▼ 2600.00

Transaction ID: SA11A1.13917

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Mailing Address
1010 Commons Way Bldg. G P.O. Box 1266

City State Zip Code
Toms River NJ 08754-1266

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitPort, LLC Health Insurance Agent

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

Transaction ID: SA11A1.12520

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 20 / 100

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

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

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

Mailing Address
1D10 Commons Way Bldg. G P.O. Box 1268
City State Zip Code
Toms River NJ 08754-1268

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
BenefitPort, LLC

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13030

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

Mailing Address
1D10 Commons Way Bldg. G P.O. Box 1268
City State Zip Code
Toms River NJ 08754-1268

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
BenefitPort, LLC

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: SA11A1.13580

C. Full Name (Last, First, Middle Initial)
Patt Goldfarb

Mailing Address
301 Madison Avenue
City State Zip Code
New York NY 10016

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Medical Link

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12719

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Pati Goldfarb

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
3D1 Madison Avenue

City State Zip Code
New York NY 10016

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Link Health Insurance Agent

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

Transaction ID: SA11A1.13374

B. Full Name (Last, First, Middle Initial)
Carolyn L. Goodwin

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
4055 Valley View Lane Suite 380

City State Zip Code
Dallas TX 75244-5083

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CBIZ Benefits & Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.13592

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 790.00

Transaction ID: SA11A1.12721

SUBTOTAL of Receipts This Page (optional) ▶ **155.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 100

(check only one)

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

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.12874

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 920.00

Transaction ID: SA11A1.13375

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

Mailing Address
802 N. Carancahua Suite 1700

City State Zip Code
Corpus Christi TX 78470-0182

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Humana Health Insurance Agent

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

Transaction ID: SA11A1.12722

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
802 N. Carancahua Suite 170D
City State Zip Code
Corpus Christi TX 78470-0182

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Humana Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13376

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

Mailing Address
313 Railroad Avenue, #201
City State Zip Code
Nevada City CA 95959

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Halby Insurance Agency Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12524

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

Mailing Address
313 Railroad Avenue, #201
City State Zip Code
Nevada City CA 95959

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Halby Insurance Agency Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13046

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 24 / 100

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. 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
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Halby Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 380.00

Transaction ID: SA11A1.13595

Full Name (Last, First, Middle Initial)
B. Steve Harper

Mailing Address
P.O. Box 80155

City State Zip Code
Chattanooga TN 37414

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
140.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 293.00

Transaction ID: SA11A1.12832

Full Name (Last, First, Middle Initial)
C. Chris Harrison

Mailing Address
293 Fairway Drive

City State Zip Code
Fayetteville NC 28305-5511

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Benefit Systems, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13049

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
William J. Hartman

Mailing Address
P.O. Box 8270

City State Zip Code
Fort Wayne IN 46898-8270

Date of Receipt
N M / D E / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Republic Insurance Company Health Insurance Agent

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

Transaction ID: SA11A1.13601

B. Full Name (Last, First, Middle Initial)
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
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

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) ▼ 260.00

Transaction ID: SA11A1.12939

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

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3208

Date of Receipt
N M / D E / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12729

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: PAGE 26 / 100

(check only one)

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

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

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

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13363

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

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
138.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 668.00

Transaction ID: SA11A1.12856

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

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 748.00

Transaction ID: SA11A1.12866

SUBTOTAL of Receipts This Page (optional) ▶ **248.00**

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 / 100

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

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

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

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNICO Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.12732

B. Full Name (Last, First, Middle Initial)
Richard Hill

Mailing Address
4435 O Street

City State Zip Code
Lincoln NE 68510-1842

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNICO Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.13386

C. Full Name (Last, First, Middle Initial)
Patrick L. Hoefener

Mailing Address
10040 Regency Circle Suite 190

City State Zip Code
Omaha NE 68114-3734

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Community Mutual Insurance Health Insurance Agent

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

Transaction ID: SA11A1.12918

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

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 28 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Patrick L. Hoefener

Mailing Address
10040 Regency Circle Suite 190
City State Zip Code
Omaha NE 68114-3734

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Community Mutual Insurance Health Insurance Agent

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

Transaction ID: SA11A1.12975

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

Mailing Address
2025 North Summit Avenue Suite 200
City State Zip Code
Milwaukee WI 53202-1362

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

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12976

Full Name (Last, First, Middle Initial)
C. John R. Hughes, Jr.

Mailing Address
305 Mill Pond Circle
City State Zip Code
Franklin TN 37069-8218

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hughes & Associates Health Insurance Agent

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

Transaction ID: SA11A1.12960

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Suzy Johnson

Mailing Address
6235 Morrison Boulevard Suite 302
City State Zip Code
Charlotte NC 28211-3508

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13616

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Kaczmarek Insurance Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12745

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Kaczmarek Insurance Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2100.00

Transaction ID: SA11A1.13399

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
80.00

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) ▼ 530.00

Transaction ID: SA11A1.12746

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

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
80.00

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) ▼ 610.00

Transaction ID: SA11A1.13400

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
07 / 30 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 645.00

Transaction ID: SA11A1.12541

SUBTOTAL of Receipts This Page (optional) ▶ **245.00**

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 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 730.00

Transaction ID: SA11A1.13066

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
09 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 815.00

Transaction ID: SA11A1.13622

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

Mailing Address
1173 Brittmoore Road

City State Zip Code
Houston TX 77043-5003

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Concepts Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13624

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 100

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

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

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

Mailing Address
PO Box 507

City State Zip Code
Carrollton GA 30117-0507

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12946

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

Mailing Address
11508 Miracle Hills Drive, #102

City State Zip Code
Omaha NE 68154-4447

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12750

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

Mailing Address
11508 Miracle Hills Drive, #102

City State Zip Code
Omaha NE 68154-4447

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13404

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Rufus Langley

Mailing Address
P.O. Box 2997

City State Zip Code
Durham NC 27715-2997

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12852

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 380.00

Transaction ID: SA11A1.12850

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12848

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 100

(check only one)

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

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

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

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13076

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

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 2

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13632

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

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 536.00

Transaction ID: SA11A1.12751

SUBTOTAL of Receipts This Page (optional) ▶ **102.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 100

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

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

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

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M / D / Y
08 / 20 / 2002

FEC ID number of contributing federal political committee.

Name of Employer
CompLink

Occupation
Health Insurance Agent

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

Amount of Each Receipt this Period
576.00

Transaction ID: SA11A1.12949

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M / D / Y
08 / 20 / 2002

FEC ID number of contributing federal political committee.

Name of Employer
CompLink

Occupation
Health Insurance Agent

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

Amount of Each Receipt this Period
656.00

Transaction ID: SA11A1.13077

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M / D / Y
08 / 27 / 2002

FEC ID number of contributing federal political committee.

Name of Employer
CompLink

Occupation
Health Insurance Agent

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

Amount of Each Receipt this Period
736.00

Transaction ID: SA11A1.13633

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

Use separate schedule(s)
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(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
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
08 / 02 / 2002

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) ▼ 740.00

Transaction ID: SA11A1.12753

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
08 / 03 / 2002

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) ▼ 820.00

Transaction ID: SA11A1.13405

C. Full Name (Last, First, Middle Initial)
Gendra Longera

Mailing Address
500 North Akard Street Suite 1900

City State Zip Code
Dallas TX 75201-6871

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Morris Temple Financial Services, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12878

SUBTOTAL of Receipts This Page (optional) ▶ **280.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Carla Magarity

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 16 / 2002

20301 Ventura Boulevard Suite 310

City State Zip Code

Woodland Hills CA 91364-0940

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Time Employee Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General 350.00
Other (specify) ▼

Transaction ID: SA11A1.13276

Full Name (Last, First, Middle Initial)

B. Date Maloney

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 27 / 2002

1434 West Fairbanks Avenue

City State Zip Code

Winter Park FL 32789-4806

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Occupation
Resource Group of Winter Park, In- Health Insurance Agent
c.

Receipt For: Aggregate Year-to-Date ▼

Primary General 240.00
Other (specify) ▼

Transaction ID: SA11A1.13637

Full Name (Last, First, Middle Initial)

C. Kimberly Martin

Date of Receipt

Mailing Address

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

180 Charlotte Highway

City State Zip Code

Asheville NC 28803

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General 230.00
Other (specify) ▼

Transaction ID: SA11A1.12757

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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 38 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Kimberly Martin

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

Date of Receipt
N M / D E / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Benefits Unlimited, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13409

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

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

Date of Receipt
N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer
MediFlex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 975.00

Transaction ID: SA11A1.12487

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

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

Date of Receipt
N M / D E / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
MediFlex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1060.00

Transaction ID: SA11A1.12553

SUBTOTAL of Receipts This Page (optional) ▶ **155.00**

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 39 / 100

(check only one)

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

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1145.00

Transaction ID: SA11A1.13081

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1230.00

Transaction ID: SA11A1.1363B

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

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer May Insurance Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12554

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

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 40 / 100

(check only one)

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

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

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

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

Date of Receipt
M / D / Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 275.00

Transaction ID: SA11A1.13082

Full Name (Last, First, Middle Initial)
B. Donna S. McCright

Mailing Address
4055 Valley View Lane Suite 380
City: Dallas State: TX Zip Code: 75244-5083

Date of Receipt
M / D / Y
08 / 19 / 2002

Amount of Each Receipt this Period
320.00

FEC ID number of contributing federal political committee.

Name of Employer: CBIZ Benefits & Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12847

Full Name (Last, First, Middle Initial)
C. Katrina A. McMahon

Mailing Address
700 NE 122nd Street Suite 1403
City: Oklahoma City State: OK Zip Code: 73114-8150

Date of Receipt
M / D / Y
08 / 19 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12833

SUBTOTAL of Receipts This Page (optional) ▶ **1340.00**

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 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Mark McWright

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Mailing Address
575 South Charles Street Suite 300
City State Zip Code
Baltimore MD 21201-2428

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13085

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
575 South Charles Street Suite 300
City State Zip Code
Baltimore MD 21201-2428

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13642

C. Full Name (Last, First, Middle Initial)
Janet Melcalf

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Mailing Address
4419 South 2950 East
City State Zip Code
Salt Lake City UT 84124-3740

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Janet Melcalf Insurance Specialties Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13494

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Jeffrey R. Miles

Mailing Address
 520 Washington Boulevard Suite 801
 City State Zip Code
 Marina del Rey CA 90292-5442

Date of Receipt
 N M / D E / Y Y Y Y
 07 / 08 / 2002

Amount of Each Receipt this Period
 500.00

FEC ID number of contributing federal political committee.

Name of Employer
 The Miles Organization, Inc.

Occupation
 Health Insurance Agent

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

Transaction ID: SA11A1.12463

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

Mailing Address
 21914 Harper Ave.
 City State Zip Code
 Saint Clair Shores MI 48080-2218

Date of Receipt
 N M / D E / Y Y Y Y
 07 / 30 / 2002

Amount of Each Receipt this Period
 20.00

FEC ID number of contributing federal political committee.

Name of Employer
 Professional Benefit Planners

Occupation
 Health Insurance Agent

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

Transaction ID: SA11A1.12559

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

Mailing Address
 21914 Harper Ave.
 City State Zip Code
 Saint Clair Shores MI 48080-2218

Date of Receipt
 N M / D E / Y Y Y Y
 08 / 29 / 2002

Amount of Each Receipt this Period
 20.00

FEC ID number of contributing federal political committee.

Name of Employer
 Professional Benefit Planners

Occupation
 Health Insurance Agent

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

Transaction ID: SA11A1.13087

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 43 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
21914 Harper Ave.
City: Saint Clair Shores State: MI Zip Code: 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Professional Benefit Planners Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 380.00

Transaction ID: SA11A1.13644

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

Mailing Address
9208 C Anderson Drive, NW
City: Albuquerque State: NM Zip Code: 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer: J. Moore Insurance Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12580

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

Mailing Address
9208 C Anderson Drive, NW
City: Albuquerque State: NM Zip Code: 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer: J. Moore Insurance Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.13088

SUBTOTAL of Receipts This Page (optional) ▶ **40.00**

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 44 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.13645

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

Mailing Address
P.O. Box 804

City State Zip Code
Darlington SC 29540-0804

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W.P. Moore, III Agency, Inc. Owner, Health Insurance Agent

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

Transaction ID: SA11A1.12893

C. Full Name (Last, First, Middle Initial)
Wesley Moore

Mailing Address
P.O. Box 804

City State Zip Code
Darlington SC 29540-0804

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W.P. Moore, III Agency, Inc. Owner, Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 245.00

Transaction ID: SA11A1.13415

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

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

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 860.00

Transaction ID: SA11A1.12561

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

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

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 760.00

Transaction ID: SA11A1.1285B

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

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

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 960.00

Transaction ID: SA11A1.13089

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

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

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

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

FOR LINE NUMBER: PAGE 46 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Jim Mezingo

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1160.00

Transaction ID: SA11A1.13646

Full Name (Last, First, Middle Initial)
B. Was Neatham

Mailing Address
P.O. Box 4000
City State Zip Code
Clinton TN 37717-4000

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Service Group Health Insurance Group

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

Transaction ID: SA11A1.13422

Full Name (Last, First, Middle Initial)
C. Patricia Norset

Mailing Address
P.O. Box 220748
City State Zip Code
Charlotte NC 28222-0748

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent

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

Transaction ID: SA11A1.13093

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 100

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

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

A. Full Name (Last, First, Middle Initial)
Patricia Norket

Mailing Address
P.O. Box 220748

City State Zip Code
Charlotte NC 28222-0748

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent

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

Transaction ID: SA11A1.13651

B. 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
07 / 30 / 2002

Amount of Each Receipt this Period
25.00

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) ▼ 205.00

Transaction ID: SA11A1.12568

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
08 / 29 / 2002

Amount of Each Receipt this Period
25.00

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) ▼ 230.00

Transaction ID: SA11A1.13100

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 100

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

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

A. Full Name (Last, First, Middle Initial) John Parker Date of Receipt
Mailing Address 47 Laurel Hill Drive N M / D E / Y Y Y Y
09 27 2002
City Niantic State CT Zip Code 06357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 25.00
Name of Employer Parker Health Plan Agency Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 255.00 Transaction ID: SA11A1.13656

B. Full Name (Last, First, Middle Initial) Robert Perry Date of Receipt
Mailing Address 64 East Winchester, Suite 205 N M / D E / Y Y Y Y
08 20 2002
City Salt Lake City State UT Zip Code 84107-5602 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer Perry Financial Group Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00 Transaction ID: SA11A1.12955

C. Full Name (Last, First, Middle Initial) Paige Phillips Date of Receipt
Mailing Address P.O. Box 43350 N M / D E / Y Y Y Y
08 19 2002
City Birmingham State AL Zip Code 35243-0350 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00
Name of Employer The Wheeler Companies, Inc. Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 290.00 Transaction ID: SA11A1.12998

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 49 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Paige Philips

Mailing Address
P.O. Box 43350
City State Zip Code
Birmingham AL 35243-0350

Date of Receipt
N M / D E / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wheeler Companies, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13431

Full Name (Last, First, Middle Initial)
B. Diana Popson

Mailing Address
305 Douglas Avenue
City State Zip Code
Altamonte Springs FL 32714-3332

Date of Receipt
N M / D E / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13104

Full Name (Last, First, Middle Initial)
C. Diana Popson

Mailing Address
305 Douglas Avenue
City State Zip Code
Altamonte Springs FL 32714-3332

Date of Receipt
N M / D E / Y Y Y Y
08 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13659

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 50 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Mailing Address
8D14 Midlothian Turnpike, #200

City Richmond State VA Zip Code 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12575

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

Mailing Address
8D14 Midlothian Turnpike, #200

City Richmond State VA Zip Code 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13108

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

Mailing Address
971 North Perry Street

City Ottawa State OH Zip Code 45875-1218

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12779

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 51 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13437

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

Mailing Address
508 Marin Street, #125

City State Zip Code
Thousand Oaks CA 91360

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 800.00

Transaction ID: SA11A1.13954

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

Mailing Address
100 South Sunrise Way PMB 364

City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12786

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M / D / Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Palm Canyon Insurance Agency

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13445

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

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

Date of Receipt
M / D / Y
09 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Palm Canyon Insurance Agency

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: SA11A1.14081

C. Full Name (Last, First, Middle Initial)
Ernest G. Robison

Mailing Address
490 Eraste Landry Road
City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y
08 / 19 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Brokers-Givens Insurance, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12873

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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 53 / 100

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

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

A. Full Name (Last, First, Middle Initial)
Ernest G. Robison

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y Y Y Y
08 / 10 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12874

B. Full Name (Last, First, Middle Initial)
Ernest G. Robison

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13117

C. Full Name (Last, First, Middle Initial)
Ernest G. Robison

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y Y Y Y
08 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: SA11A1.13672

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 54 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Eugene Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address: 18000 Venutra Blvd, #1103
 City: Encino State: CA Zip Code: 91436-2767
 Date of Receipt: 08 / 02 / 2002
 Amount of Each Receipt this Period: 30.00
 FEC ID number of contributing federal political committee:
 Name of Employer: The Rowe Group Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
 Transaction ID: SA11A1.12787

B. Eugene Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address: 18000 Venutra Blvd, #1103
 City: Encino State: CA Zip Code: 91436-2767
 Date of Receipt: 09 / 03 / 2002
 Amount of Each Receipt this Period: 30.00
 FEC ID number of contributing federal political committee:
 Name of Employer: The Rowe Group Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00
 Transaction ID: SA11A1.13446

C. Stephen Salomon
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 4252
 City: Timonium State: MD Zip Code: 21094-4252
 Date of Receipt: 08 / 02 / 2002
 Amount of Each Receipt this Period: 10.00
 FEC ID number of contributing federal political committee:
 Name of Employer: Heritage Financial Consultants, LLC Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2380.00
 Transaction ID: SA11A1.12789

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**
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 55 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2390.00

Transaction ID: SA11A1.13448

Full Name (Last, First, Middle Initial)
B. Raymar Sale

Mailing Address
510 Briscoe Blvd. #200
City Lawrenceville State GA Zip Code 30045-6700

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Health Insurance Agent

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

Transaction ID: SA11A1.12586

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

Mailing Address
510 Briscoe Blvd. #200
City Lawrenceville State GA Zip Code 30045-6700

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Health Insurance Agent

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

Transaction ID: SA11A1.13127

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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 56 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Raymer Sale

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
510 Briscoe Blvd. #200

City State Zip Code
Lawrenceville GA 30045-6700

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Multiple Benefits Corp. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13682

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12791

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12986

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

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

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

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

FOR LINE NUMBER: PAGE 57 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Mark Schlang

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13450

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

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Denial Plans, Plus Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 228.00

Transaction ID: SA11A1.12588

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

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Denial Plans, Plus Health Insurance Agent

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

Transaction ID: SA11A1.13129

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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 58 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 308.00

Transaction ID: SA11A1.13684

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Midlands Financial Benefits Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12987

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

Mailing Address
P.O. Box 355
City: Apollo State: PA Zip Code: 15813-0355

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1400.00

Transaction ID: SA11A1.12794

SUBTOTAL of Receipts This Page (optional) ▶ **740.00**

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 59 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

A. Mark Steffer Date of Receipt

Mailing Address M M / D D / Y Y Y Y
P.O. Box 355 09 03 2002

City State Zip Code
Apollo PA 15613-0355 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 200.00

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

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

Transaction ID: SA11A1.13454

B. Stuart Shapiro Date of Receipt

Mailing Address M M / D D / Y Y Y Y
P.O. Box 587 08 02 2002

City State Zip Code
Wheeling IL 60090-0587 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

Transaction ID: SA11A1.12795

C. Stuart Shapiro Date of Receipt

Mailing Address M M / D D / Y Y Y Y
P.O. Box 587 08 03 2002

City State Zip Code
Wheeling IL 60090-0587 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Transaction ID: SA11A1.13455

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 100

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Bob G. Shupe

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Mailing Address
P.O. Box 2344

City State Zip Code
Brentwood TN 37024-2344

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Security Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13132

B. Full Name (Last, First, Middle Initial)
Bob G. Shupe

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2002

Mailing Address
P.O. Box 2344

City State Zip Code
Brentwood TN 37024-2344

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Security Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13688

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Amount of Each Receipt this Period
25.00

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) ▼ 300.00

Transaction ID: SA11A1.12796

SUBTOTAL of Receipts This Page (optional) ▶ **85.00**

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 61 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

A. Roger Skinner Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5548 Shorewood Drive 09 / 03 / 2002

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 GroupLink, Inc.	Occupation Health Insurance Agent
-------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 325.00
 Other (specify) ▼

Transaction ID: SA11A1.13456

B. Jackie Spragins Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 2073 08 / 02 / 2002

City State Zip Code
Wichita Falls TX 76307-2037 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

Transaction ID: SA11A1.12801

C. Jackie Spragins Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 2073 08 / 03 / 2002

City State Zip Code
Wichita Falls TX 76307-2037 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

Transaction ID: SA11A1.13463

SUBTOTAL of Receipts This Page (optional)	65.00
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 62 / 100

(check only one)

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

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

A. Full Name (Last, First, Middle Initial) James Stenger Date of Receipt
Mailing Address 268 South Street N M / D C / Y Y Y Y
07 30 2002
City Morristown State NJ Zip Code 07960-6019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 200.00
Name of Employer NAS Financial Services Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1200.00 Transaction ID: SA11A1.12598

B. Full Name (Last, First, Middle Initial) James Stenger Date of Receipt
Mailing Address 268 South Street N M / D C / Y Y Y Y
08 29 2002
City Morristown State NJ Zip Code 07960-6019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 200.00
Name of Employer NAS Financial Services Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1400.00 Transaction ID: SA11A1.1314D

C. Full Name (Last, First, Middle Initial) Juliana Stevenson Date of Receipt
Mailing Address P.O. Box 1476 N M / D C / Y Y Y Y
07 30 2002
City Fallon State NV Zip Code 89407-1476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Western Nevada Insurance Services, Inc Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 310.00 Transaction ID: SA11A1.12599

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
 Juliana Stevenson
 Mailing Address
 P.O. Box 1476
 City State Zip Code
 Fallon NV 89407-1476
 Date of Receipt
 M / D / Y
 08 / 29 / 2002
 Amount of Each Receipt this Period
 60.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Western Nevada Insurance Services, Inc Health Insurance Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00
 Transaction ID: SA11A1.13141

B. Full Name (Last, First, Middle Initial)
 Juliana Stevenson
 Mailing Address
 P.O. Box 1476
 City State Zip Code
 Fallon NV 89407-1476
 Date of Receipt
 M / D / Y
 09 / 19 / 2002
 Amount of Each Receipt this Period
 40.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Western Nevada Insurance Services, Inc Health Insurance Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
 Transaction ID: SA11A1.13493

C. Full Name (Last, First, Middle Initial)
 Juliana Stevenson
 Mailing Address
 P.O. Box 1476
 City State Zip Code
 Fallon NV 89407-1476
 Date of Receipt
 M / D / Y
 09 / 27 / 2002
 Amount of Each Receipt this Period
 80.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Western Nevada Insurance Services, Inc Health Insurance Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00
 Transaction ID: SA11A1.13698

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 64 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12806

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.1346B

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13965

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 100

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 585.00

Transaction ID: SA11A1.13966

B. Full Name (Last, First, Middle Initial)
Helen Todd

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Mailing Address
P.O. Box 56166

City State Zip Code
Little Rock AR 72215-6166

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer The Todd Agency, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12876

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Mailing Address
16612 East 75th Street Suite 200

City State Zip Code
Indianapolis IN 46250

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13146

SUBTOTAL of Receipts This Page (optional) ▶ **265.00**

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 66 / 100

(check only one)

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

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

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

Mailing Address
16612 East 75th Street Suite 200

City State Zip Code
Indianapolis IN 46250

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13705

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

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

Transaction ID: SA11A1.12608

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 680.00

Transaction ID: SA11A1.13152

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

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

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

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

FOR LINE NUMBER: PAGE 67 / 100

(check only one)

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

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

Mailing Address
9480 Daereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

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

Amount of Each Receipt this Period
760.00

Transaction ID: SA11A1.13710

B. Full Name (Last, First, Middle Initial)
Vicky Von Tersch

Mailing Address
5709 North West Avenue

City State Zip Code
Fresno CA 93711-2366

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period
244.00

Transaction ID: SA11A1.13968

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

Mailing Address
P.O. Box 638

City State Zip Code
Lilburn GA 30047-0638

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Protection Agency Health Insurance Agent

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

Amount of Each Receipt this Period
260.00

Transaction ID: SA11A1.12812

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 68 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 63B
City Lilburn State GA Zip Code 30047-0638

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Family Protection Agency Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13474

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

Mailing Address
P.O. Box 925
City Jackson State MS Zip Code 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12813

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

Mailing Address
P.O. Box 925
City Jackson State MS Zip Code 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 650.00

Transaction ID: SA11A1.13475

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: PAGE 69 / 100

(check only one)

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

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

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

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12616

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13184

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13719

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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 70 / 100

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Sue Wilson

Mailing Address
3555 NW 58th Street, Suite 31D

City State Zip Code
Oklahoma City OK 73112

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sue Wilson Brokerage, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13481

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

Mailing Address
P.O. Box 30093

City State Zip Code
Salt Lake City UT 84130-0093

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Health Health Insurance Agent

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

Transaction ID: SA11A1.13972

C. Full Name (Last, First, Middle Initial)
Constance Zerkowski

Mailing Address
2277 Townsgate Road Suite 212

City State Zip Code
Westlake Village CA 91361-2421

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Easy Insurance Marketing, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13167

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Constance Zarkowski

Mailing Address
2277 Townsgate Road Suite 212
City State Zip Code
Westlake Village CA 91361-2421

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
Easy Insurance Marketing, Inc.

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Transaction ID: SA11A1.13724

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

Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Avari Insurance & Financial Serv, Inc

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Transaction ID: SA11A1.12821

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

Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Avari Insurance & Financial Serv, Inc

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Transaction ID: SA11A1.13168

SUBTOTAL of Receipts This Page (optional) ▶ **245.00**

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 72 / 100	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13543

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 790.00

Transaction ID: SA11A1.13725

C.

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	14000.00

**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)

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

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

A. Full Name (Last, First, Middle Initial)
JULIUS CAESAR JR (JC) WATTS

Mailing Address
PO BOX 720445

City State Zip Code
NORMAN OK 73072

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
1000.00

Name of Employer Occupation Refund - No Longer Running for Congress

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

Transaction ID: SA16.14072

B.

C.

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

**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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 07 / 22 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 81.80
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.12823
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 08 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 15.49
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.13170
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMEX		Date of Disbursement 09 / 23 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 27.15
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.13507
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	104.44
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Eugene Ebersole		Date of Disbursement 07 / 10 / 2002	
Mailing Address 405 Gretna Blvd. #103 A City State Zip Code Gretna LA 70053-4845		Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement 2002 NAHU Convention Registration Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14069	
State: District:			

Full Name (Last, First, Middle Initial) B. La Colline Restaurant		Date of Disbursement 07 / 09 / 2002	
Mailing Address 400 North Capital Street, NW Suite 175 City State Zip Code Washington DC 20001		Amount of Each Disbursement this Period 866.00	
Purpose of Disbursement Fundraiser expenses-Northup for Congress		Category/ Type	
Candidate Name NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	[MEMO ITEM]	
State: KY District: 03	Transaction ID: SB21B.14076		

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 07 / 12 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 405.21	
Purpose of Disbursement June 2002 Operating Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14070	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	780.21
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 08 / 08 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 630.98
Purpose of Disbursement July 2002 Operating Expenses		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13173
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 09 / 17 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 479.89
Purpose of Disbursement August 2002 Operating Expenses		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13503
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 07 / 02 / 2002
Mailing Address 4D20 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 454.28
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12625
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1565.15
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NOVA Information System		Date of Disbursement 08 / 02 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 128.96	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13172	
State: District:			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 08 / 04 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 274.33	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13508	
State: District:			

Full Name (Last, First, Middle Initial) C. Stephen Salamon		Date of Disbursement 07 / 10 / 2002	
Mailing Address P.O. Box 4252 City: Timonium State: MD Zip Code: 21094-4252		Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement 2002 NAHU Convention Registration Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14088	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	778.29
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. White House Gear		Date of Disbursement 07 ^N / 02 ^M / 2002 ^Y	
Mailing Address 6805 West Clifton Street City Tampa State FL Zip Code 33634		Amount of Each Disbursement this Period 2846.80	
Purpose of Disbursement Hats for PAC Fundraising Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.14065		

Full Name (Last, First, Middle Initial) B. White House Gear		Date of Disbursement 08 ^N / 13 ^M / 2002 ^Y	
Mailing Address 6805 West Clifton Street City Tampa State FL Zip Code 33634		Amount of Each Disbursement this Period 3338.83	
Purpose of Disbursement Hats for PAC fundraising Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.13174		

C.

SUBTOTAL of Disbursements This Page (optional) ▶	6185.63
TOTAL This Period (last page this line number only) ▶	9413.72

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. A WAYNE ALLARD			Date of Disbursement 09 / 16 / 2002	
Mailing Address PO BOX 32 City: LOVELAND State: CO Zip Code: 80538			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ALLARD VICTORY COMMITTEE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13510	
State: CO District: 00				

Full Name (Last, First, Middle Initial) B. CHARLES F BASS			Date of Disbursement 09 / 16 / 2002	
Mailing Address PO BOX 210 City: PETERBOROUGH State: NH Zip Code: 03458			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BASS VICTORY COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13302	
State: NH District: 02				

Full Name (Last, First, Middle Initial) C. MAX S BAUCUS			Date of Disbursement 09 / 11 / 2002	
Mailing Address PO BOX 586 City: HELENA State: MT Zip Code: 59624			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF MAX BAUCUS				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13254	
State: MT District: 00				

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ANN WOMER BENJAMIN		Date of Disbursement 08 / 07 / 2002	
Mailing Address PO BOX 122 City State Zip Code AURORA OH 44202		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ANN WOMER BENJAMIN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 17	Transaction ID: SB23.13176		

Full Name (Last, First, Middle Initial) B. HELEN DELICH BENTLEY		Date of Disbursement 08 / 08 / 2002	
Mailing Address 408 CHAPELWOOD LANE City State Zip Code LUTHERVILLE MD 21093		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BENTLEY FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD District: 02	Transaction ID: SB23.13183		

Full Name (Last, First, Middle Initial) C. SHELLEY BERKLEY		Date of Disbursement 07 / 25 / 2002	
Mailing Address 187 REED LN City State Zip Code HENDERSON NV 89014		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BERKLEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NV District: 01	Transaction ID: SB23.12666		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 01 / 100

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

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

Full Name (Last, First, Middle Initial) A. ROBERT WILLIAM BISHOP			Date of Disbursement 08 / 08 / 2002	
Mailing Address 74 N 300 E City BRIGHAM CITY			Amount of Each Disbursement this Period 500.00	
State UT			Zip Code 84302	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ROB BISHOP FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: UT District: 01		Transaction ID: SB23.13187		

Full Name (Last, First, Middle Initial) B. BOEHNER, JOHN A			Date of Disbursement 08 / 14 / 2002	
Mailing Address 7808-I CINCINNATI DAYTON RD City WEST CHESTER			Amount of Each Disbursement this Period 250.00	
State OH			Zip Code 45069	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF JOHN BOEHNER				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 08		Transaction ID: SB23.13227		

Full Name (Last, First, Middle Initial) C. HENRY BONILLA			Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 17292 City SAN ANTONIO			Amount of Each Disbursement this Period 500.00	
State TX			Zip Code 78217	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name TEXANS FOR HENRY BONILLA				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 23		Transaction ID: SB23.13218		

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MARY BONO		Date of Disbursement 09 / 16 / 2002
Mailing Address PO BOX 3370 City: PALM SPRINGS State: CA Zip Code: 92263		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MARY BONO COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: CA District: 45	Transaction ID: SB23.13313

Full Name (Last, First, Middle Initial) B. EDWARD G BRYANT		Date of Disbursement 07 / 24 / 2002
Mailing Address 430 GARLAND RD City: HENDERSON State: TN Zip Code: 38340		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name ED BRYANT FOR U S SENATE INC	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	State: TN District: 00	Transaction ID: SB23.12663

Full Name (Last, First, Middle Initial) C. RICHARD M BURR		Date of Disbursement 09 / 16 / 2002
Mailing Address 2634 FOREST DRIVE City: WINSTON-SALEM State: NC Zip Code: 27104		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RICHARD BURR COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: NC District: 05	Transaction ID: SB23.13318

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DAVID LEE CAMP			Date of Disbursement 09 / 16 / 2002	
Mailing Address 5801 WOODVIEW PASS City: MIDLAND State: MI Zip Code: 48640			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name DAVE CAMP FOR CONGRESS 2002				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13280	
State: MI District: 04				

Full Name (Last, First, Middle Initial) B. BRAD CARSON			Date of Disbursement 09 / 16 / 2002	
Mailing Address POST OFFICE BOX 1982 City: CLAREMORE State: OK Zip Code: 74018			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BRAD CARSON FOR CONGRESS COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13289	
State: OK District: 02				

Full Name (Last, First, Middle Initial) C. SAXBY CHAMBLISS			Date of Disbursement 09 / 11 / 2002	
Mailing Address PO BOX 12469 City: ATLANTA State: GA Zip Code: 30355			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CHAMBLISS FOR SENATE				
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13270	
State: GA District: 00				

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SUSAN M COLLINS			Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 1086 City BANGOR State ME Zip Code 04402			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name COLLINS FOR SENATOR				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13224	
State: ME District: 00				

Full Name (Last, First, Middle Initial) B. JOHN CORNYN			Date of Disbursement 08 / 16 / 2002	
Mailing Address 807 BRAZOS STREET SUITE 800 City AUSTIN State TX Zip Code 78701			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JOHN CORNYN FOR SENATE INC				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13279	
State: TX District: 00				

Full Name (Last, First, Middle Initial) C. ARTUR DAVIS			Date of Disbursement 08 / 08 / 2002	
Mailing Address 1003 10TH AVENUE NORTH City BESSEMER State AL Zip Code 35020			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name COMM. TO ELECT ARTUR DAVIS TO CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13184	
State: AL District: 07				

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
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				<input type="checkbox"/> 29

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

<p>A. Full Name (Last, First, Middle Initial) JIM DAVIS</p> <p>Mailing Address PO BOX 18143 City TAMPA State FL Zip Code 33679</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JIM DAVIS FOR CONGRESS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Office Sought: <input checked="" type="checkbox"/> House Senate President</td> <td style="border: none;">Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼</td> </tr> <tr> <td style="border: none;">State: FL District: 11</td> <td style="border: none;"></td> </tr> </table>	Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: FL District: 11		<p>Date of Disbursement 07 / 29 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.12660</p>
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: FL District: 11					
<p>B. Full Name (Last, First, Middle Initial) CALVIN M DOOLEY</p> <p>Mailing Address PO BOX 109 City FRESNO State CA Zip Code 93709</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name DOOLEY FOR CONGRESS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Office Sought: <input checked="" type="checkbox"/> House Senate President</td> <td style="border: none;">Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼</td> </tr> <tr> <td style="border: none;">State: CA District: 20</td> <td style="border: none;"></td> </tr> </table>	Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: CA District: 20		<p>Date of Disbursement 09 / 16 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.13316</p>
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼				
State: CA District: 20					
<p>C. Full Name (Last, First, Middle Initial) DAVID DREIER</p> <p>Mailing Address PO BOX 1110 City COVINA State CA Zip Code 91722</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name DREIER FOR CONGRESS COMMITTEE</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Office Sought: <input checked="" type="checkbox"/> House Senate President</td> <td style="border: none;">Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼</td> </tr> <tr> <td style="border: none;">State: CA District: 28</td> <td style="border: none;"></td> </tr> </table>	Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: CA District: 28		<p>Date of Disbursement 07 / 29 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.12657</p>
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼				
State: CA District: 28					
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>					

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JENNIFER B DUNN		Date of Disbursement 08 / 09 / 2002	
Mailing Address 37 TATOOSH KEY City: BELLEVUE State: WA Zip Code: 98008		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JENNIFER B DUNN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 06	Transaction ID: SB23.13200		

Full Name (Last, First, Middle Initial) B. PHILIP ENGLISH		Date of Disbursement 08 / 16 / 2002	
Mailing Address 530 W 8TH ST City: ERIE State: PA Zip Code: 16507		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PEOPLE FOR ENGLISH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 03	Transaction ID: SB23.13288		

Full Name (Last, First, Middle Initial) C. TOM FEENEY		Date of Disbursement 08 / 08 / 2002	
Mailing Address 28 WEST CENTRAL BLVD City: ORLANDO State: FL Zip Code: 32801		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TOM FEENEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 24	Transaction ID: SB23.13198		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. MIKE FERGUSON		Date of Disbursement 09 / 16 / 2002	
Mailing Address 6 BROKEN ARROW RD City: WARREN State: NJ Zip Code: 07059		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF MIKE FERGUSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 07	Transaction ID: SB23.13286		

Full Name (Last, First, Middle Initial) B. DOUGLAS R FORRESTER		Date of Disbursement 09 / 11 / 2002	
Mailing Address 35 BERKSHIRE DRIVE City: PRINCETON JCT State: NJ Zip Code: 08550		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FORRESTER 2002 INC			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 00	Transaction ID: SB23.13287		

Full Name (Last, First, Middle Initial) C. GARRETT, E SCOTT		Date of Disbursement 09 / 11 / 2002	
Mailing Address 100 POND SCHOOL ROAD City: SUSSEX State: NJ Zip Code: 07461		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GARRETT FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 06	Transaction ID: SB23.13247		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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(check only one)

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

Full Name (Last, First, Middle Initial) A. JAMES A GIBBONS		Date of Disbursement 07 / 16 / 2002	
Mailing Address 2535 KINNEY LANE City: RENO State: NV Zip Code: 89511		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GIBBONS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NV District: 02	Transaction ID: SB23.12645		

Full Name (Last, First, Middle Initial) B. PAUL E GILLMOR		Date of Disbursement 08 / 14 / 2002	
Mailing Address 7750 NORTH COUNTY ROAD 51 City: OLD FORT State: OH Zip Code: 44861		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS FOR GILLMOR			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 05	Transaction ID: SB23.13212		

Full Name (Last, First, Middle Initial) C. VIRGIL H JR GOODE		Date of Disbursement 07 / 16 / 2002	
Mailing Address 235 S MAIN STREET City: ROCKY MOUNT State: VA Zip Code: 24151		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GOODE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA District: 05	Transaction ID: SB23.12637		

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

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

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

Full Name (Last, First, Middle Initial) A. HOEFFEL, JOSEPH M		Date of Disbursement 09 / 11 / 2002	
Mailing Address 1808 LYCOMING AVENUE City ABINGTON State PA Zip Code 19001		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HOEFFEL FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 13	Transaction ID: SB23.13242		

Full Name (Last, First, Middle Initial) B. NANCY L JOHNSON		Date of Disbursement 09 / 11 / 2002	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 06052		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RE-ELECT NANCY JOHNSON TO CONG. COMM.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CT District: 06	Transaction ID: SB23.13253		

Full Name (Last, First, Middle Initial) C. RICHARD ANTHONY KELLER		Date of Disbursement 08 / 14 / 2002	
Mailing Address 3510 BATTERSEA COURT City ORLANDO State FL Zip Code 32812		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name KELLER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: FL District: 08	Transaction ID: SB23.13208		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. RICHARD RAY LARSEN		Date of Disbursement 09 / 16 / 2002	
Mailing Address PO BOX 326 City EVERETT State WA Zip Code 98206		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS TO ELECT RICK LARSEN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 02	Transaction ID: SB23.13285		

Full Name (Last, First, Middle Initial) B. STEVEN C LATOURETTE		Date of Disbursement 09 / 16 / 2002	
Mailing Address 712 W MAIN City MADISON State OH Zip Code 44057		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LATOURETTE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 14	Transaction ID: SB23.13310		

Full Name (Last, First, Middle Initial) C. JOHN LINDER		Date of Disbursement 07 / 16 / 2002	
Mailing Address 1823 GLEN CEDARS CT City DULUTH State GA Zip Code 30097		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LINDER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: GA District: 07	Transaction ID: SB23.12639		

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

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

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. DENISE L MAJETTE		Date of Disbursement 08 / 15 / 2002	
Mailing Address 5226 FIELDGREEN CROSSING City State Zip Code STONE MOUNTAIN GA 30088		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MAJETTE FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: GA District: 04	Transaction ID: SB23.13228		

Full Name (Last, First, Middle Initial) B. MANZULLO, DONALD A		Date of Disbursement 08 / 11 / 2002	
Mailing Address 782 E LIGHTSVILLE ROAD City State Zip Code ECAN IL 61047		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DONALD A. MANZULLO FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL District: 16	Transaction ID: SB23.13260		

Full Name (Last, First, Middle Initial) C. JOSEPH DANIEL MARINE		Date of Disbursement 08 / 08 / 2002	
Mailing Address 9244 48TH AVE W City State Zip Code MUKILTEO WA 98275		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOE MARINE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 01	Transaction ID: SB23.13190		

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

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

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. JAMES DAVID MATHESON		Date of Disbursement 08 / 13 / 2002	
Mailing Address 765 NORTH TERRACE HILLS DRIVE City: SALT LAKE CITY State: UT Zip Code: 84103		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MATHESON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: UT District: 02	Transaction ID: SB23.13204		

Full Name (Last, First, Middle Initial) B. THADDEUS G MCCOTTER		Date of Disbursement 09 / 16 / 2002	
Mailing Address 18430 GOLFVIEW City: LIVONIA State: MI Zip Code: 48152		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MCCOTTER CONGRESSIONAL COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI District: 11	Transaction ID: SB23.13282		

Full Name (Last, First, Middle Initial) C. BROSE A MCVEY		Date of Disbursement 09 / 11 / 2002	
Mailing Address 5936 CRESTVIEW AVENUE City: INDIANAPOLIS State: IN Zip Code: 46220		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BROSE MCVEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IN District: 07	Transaction ID: SB23.13263		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JOHN L REP. MICA			Date of Disbursement 08 / 14 / 2002
Mailing Address PO BOX 181546 City: CASSELBERRY State: FL Zip Code: 32718			Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	Transaction ID: SB23.13205
Candidate Name MICA FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: FL District: 07			

Full Name (Last, First, Middle Initial) B. MARILYN N MUSGRAVE			Date of Disbursement 09 / 26 / 2002
Mailing Address 15484 RD 1B.5 City: FORT MORGAN State: CO Zip Code: 80701			Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	Transaction ID: SB23.13513
Candidate Name MUSGRAVE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CO District: 04			

Full Name (Last, First, Middle Initial) C. ROBERT W NEY			Date of Disbursement 09 / 16 / 2002
Mailing Address 112 OVERLOOK CT City: ST CLAIRSVILLE State: OH Zip Code: 43950			Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	Transaction ID: SB23.13308
Candidate Name BOB NEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OH District: 18			

SUBTOTAL of Disbursements This Page (optional) ▶ **2000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ANNE NORTHUP		Date of Disbursement 09 / 26 / 2002	
Mailing Address 3340 LEXINGTON ROAD City State Zip Code LOUISVILLE KY 40208		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY District: 03	Transaction ID: SB23.13512		

Full Name (Last, First, Middle Initial) B. C L BUTCH OTTER		Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 1458 City State Zip Code BOISE ID 83701		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name OTTER FOR IDAHO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ID District: 01	Transaction ID: SB23.13210		

Full Name (Last, First, Middle Initial) C. MICHAEL G OXLEY		Date of Disbursement 09 / 16 / 2002	
Mailing Address 1732 QUEENSWOOD DRIVE #24 City State Zip Code FINDLAY OH 45840		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name OXLEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 04	Transaction ID: SB23.13305		

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 - HUPAC

Full Name (Last, First, Middle Initial) A. THOMAS E PETRI		Date of Disbursement 08 / 13 / 2002	
Mailing Address N5329 DENEVEU LANE City: FOND DU LAC State: WI Zip Code: 54935		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS FOR TOM PETRI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WI District: 06	Transaction ID: SB23.13203		

Full Name (Last, First, Middle Initial) B. POMEROY, EARL RALPH		Date of Disbursement 09 / 11 / 2002	
Mailing Address PO BOX 748 City: BISMARCK State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name EARL POMEROY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ND District: 00	Transaction ID: SB23.13252		

Full Name (Last, First, Middle Initial) C. JON SR PORTER		Date of Disbursement 07 / 23 / 2002	
Mailing Address 6D1 WHITNEY RANCH DRIVE SUITE 16 City: HENDERSON State: NV Zip Code: 89014		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PORTER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NV District: 03	Transaction ID: SB23.12648		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DEBORAH PRYCE		Date of Disbursement 07 / 16 / 2002	
Mailing Address 145 EAST RICH STREET City State Zip Code COLUMBUS OH 43215		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PRYCE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 15	Transaction ID: SB23.12642		

Full Name (Last, First, Middle Initial) B. JAMES M RAMSTAD		Date of Disbursement 09 / 16 / 2002	
Mailing Address 2618 CROSBY ROAD City State Zip Code MINNETONKA MN 55391		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JIM RAMSTAD VOLUNTEER COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MN District: 03	Transaction ID: SB23.13293		

Full Name (Last, First, Middle Initial) C. THOMAS M REYNOLDS		Date of Disbursement 09 / 11 / 2002	
Mailing Address 8261 OLD POST ROAD EAST City State Zip Code CLARENCE NY 14051		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name REYNOLDS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 28	Transaction ID: SB23.13257		

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MICHAEL J ROGERS		Date of Disbursement 09 / 11 / 2002
Mailing Address 6899 CORRIGAN DRIVE City: BRIGHTON State: MI Zip Code: 48116		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name ROGERS FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: MI District: 06	Transaction ID: SB23.13244

Full Name (Last, First, Middle Initial) B. MICHAEL AVERY ROSS		Date of Disbursement 08 / 08 / 2002
Mailing Address 416 MANOR PO BOX 374 City: PRESCOTT State: AR Zip Code: 71857		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: AR District: 04	Transaction ID: SB23.13182

Full Name (Last, First, Middle Initial) C. ROBERT C BOBBY SCOTT		Date of Disbursement 07 / 23 / 2002
Mailing Address PO BOX 251 City: NEWPORT NEWS State: VA Zip Code: 23607		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name BOBBY SCOTT FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: VA District: 03	Transaction ID: SB23.12654

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. JEFF SESSIONS			Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 4278 City: MONTGOMERY State: AL Zip Code: 36103			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF SESSIONS SENATE COMMITTEE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.13221	
State: AL District: 00				

Full Name (Last, First, Middle Initial) B. JAMES MATTHES TALENT			Date of Disbursement 08 / 09 / 2002	
Mailing Address 9378 OLIVE BLVD #206 City: ST LOUIS State: MO Zip Code: 63132			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name TALENT FOR SENATE COMMITTEE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.13199	
State: MO District: 00				

Full Name (Last, First, Middle Initial) C. WILLIAM MARSHALL THOMAS			Date of Disbursement 09 / 11 / 2002	
Mailing Address PO BOX 395 City: BAKERSFIELD State: CA Zip Code: 93302			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BILL THOMAS CAMPAIGN COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.13250	
State: CA District: 22				

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. C MICHAEL THOMPSON		Date of Disbursement 07 / 10 / 2002
Mailing Address 1439 KEARNEY ST City: ST HELENA State: CA Zip Code: 94574		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name Mike Thompson For Congress		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12629
State: CA District: 01		

Full Name (Last, First, Middle Initial) B. STANLEY J THOMPSON		Date of Disbursement 07 / 10 / 2002
Mailing Address 5523 GRAND AVENUE City: DES MOINES State: IA Zip Code: 50312		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name THOMPSON FOR CONGRESS INC		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12631
State: IA District: 03		

Full Name (Last, First, Middle Initial) C. MICHAEL R TURNER		Date of Disbursement 08 / 07 / 2002
Mailing Address 38 LINDEN AVENUE City: DAYTON State: OH Zip Code: 45403		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name TURNER FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13178
State: OH District: 03		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JOHN WILLIAM III WARNER		Date of Disbursement 08 / 14 / 2002	
Mailing Address 400 N MADISON STREET City State Zip Code ALEXANDRIA VA 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SENATOR JOHN WARNER COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA District: 00	Transaction ID: SB23.13215		

Full Name (Last, First, Middle Initial) B. JOSEPH P ZARELLI		Date of Disbursement 09 / 11 / 2002	
Mailing Address 24211 NE 41 AVE City State Zip Code RIDGEFIELD WA 98642		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ZARELLI FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 03	Transaction ID: SB23.13273		

C.

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	42250.00