

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Association of Health Underwriters Political Action Committee - HUPAC

ADDRESS (number and street) 2000 NORTH 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 X NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2002 through 03 31 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 04 15 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 Political Action Committee - HUPAC

Report Covering the Period: From: ^h 0 1 ^d 0 1 ^y 2 0 0 2 To: ^h 0 3 ^d 3 1 ^y 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 2		67640.00
(b) Cash on Hand at Beginning of Reporting Period	67640.00	
(c) Total Receipts (from Line 19)	46890.00	46890.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114530.00	114530.00
7. Total Disbursements (from Line 30)	33764.90	33764.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80765.10	80765.10
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 Political Action Committee - HUPAC

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{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)	17152.00	
(ii) Unitemized	29738.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46890.00	46890.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	46890.00	46890.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	46890.00	46890.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	46890.00	46890.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11764.90	11764.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11764.90	11764.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	22000.00
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)..... ▶	33764.90	33764.90
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	33764.90	33764.90
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	46890.00	46890.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	46890.00	46890.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	11764.90	11764.90
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	11764.90	11764.90

**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 / 38

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

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

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Christine F. Burns

Mailing Address

4300 S. I-10 Service Road West

#216

City

State

Zip Code

Metairie

LA

70001

Date of Receipt

N M / D E / Y Y Y Y
03 / 19 / 2002

Amount of Each Receipt this Period

240.00

FEC ID number of contributing
federal political committee.

Name of Employer
Comprehensive Insurance Services,
Inc.

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

240.00

Transaction ID: SA11A1.10878

Full Name (Last, First, Middle Initial)

B. Jo Anna Burns

Mailing Address

P.O. Box 251

City

State

Zip Code

Sheboygan

WI

53082-0251

Date of Receipt

N M / D E / Y Y Y Y
02 / 11 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
LMT Maritime Inc.

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

210.00

Transaction ID: SA11A1.10398

Full Name (Last, First, Middle Initial)

C. Gary W. Clevers

Mailing Address

445 S. Madison Avenue

Suite 102

City

State

Zip Code

Green Bay

WI

54301-4128

Date of Receipt

N M / D E / Y Y Y Y
03 / 19 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Financial Life Cycles, Inc.

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: SA11A1.10865

SUBTOTAL of Receipts This Page (optional) ▶

510.00

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 6 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Robert Desmond

Mailing Address

P.O. Box 1543

City

Houston

State

TX

Zip Code

77251-1543

Date of Receipt

MM / DD / YYYY
02 / 06 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
River Oaks Benefits & Insurance
Svcs.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10444

Full Name (Last, First, Middle Initial)

B. Robert Desmond

Mailing Address

P.O. Box 1543

City

Houston

State

TX

Zip Code

77251-1543

Date of Receipt

MM / DD / YYYY
02 / 06 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
River Oaks Benefits & Insurance
Svcs.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: SA11A1.10445

Full Name (Last, First, Middle Initial)

C. Jeffrey Flehbaek

Mailing Address

796 Johnson Ferry Road

Building C-200

City

Marietta

State

GA

Zip Code

30066-5818

Date of Receipt

MM / DD / YYYY
02 / 12 / 2002

Amount of Each Receipt this Period

480.00

FEC ID number of contributing
federal political committee.

Name of Employer
Purchasing Alliance Solutions, In-
c.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Transaction ID: SA11A1.10807

SUBTOTAL of Receipts This Page (optional) ▶

1030.00

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
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FOR LINE NUMBER: PAGE 7 / 38

(check only one)

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

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

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

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

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
1200.00

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

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

Transaction ID: SA11A1.10328

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
50.00

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.10268

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 2

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
80.00

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.10659

SUBTOTAL of Receipts This Page (optional)	▶	1330.00
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 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Thomas Harte Date of Receipt

Mailing Address N M / D E / Y Y Y Y
6 Mary E. Clark Drive, #3 02 06 2002

City State Zip Code
Hampstead NH 03841-2288 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent
---	--------------------------------------

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

Transaction ID: SA11A1.10460

B. Carol Hayes Date of Receipt

Mailing Address N M / D E / Y Y Y Y
736 Johnson Ferry Road, #C-200 02 05 2002

City State Zip Code
Marietta GA 30068 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

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

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

Transaction ID: SA11A1.10274

C. Donna Hill Date of Receipt

Mailing Address N M / D E / Y Y Y Y
PO Box 724 02 06 2002

City State Zip Code
Snelville GA 30078 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General 370.00
 Other (specify) ▼

Transaction ID: SA11A1.10470

SUBTOTAL of Receipts This Page (optional)	730.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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 13 14 15 16 17

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

A. Donna HI

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

Date of Receipt _____
 N M / D E / Y Y Y Y
 03 / 04 / 2002 _____

Amount of Each Receipt this Period _____
 80.00

FEC ID number of contributing federal political committee. _____

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

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

Transaction ID: SA11A1.10660

B. Randy Joppie

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 5075 Cascade Road SE _____
 City _____ State _____ Zip Code _____
 Grand Rapids _____ MI _____ 49546-3751 _____

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

Amount of Each Receipt this Period _____
 250.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Collins and Associates Corporat- _____ Director of Employee Benefits _____
 ion _____

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

Transaction ID: SA11A1.10278

C. Lawrence Kaczmarek

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 2633 State Route 59, Suite B _____
 City _____ State _____ Zip Code _____
 Ravenna _____ OH _____ 44266-1884 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 02 / 06 / 2002 _____

Amount of Each Receipt this Period _____
 800.00

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) ▼ _____ 800.00

Transaction ID: SA11A1.10477

SUBTOTAL of Receipts This Page (optional) ► **910.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 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) ▼ 900.00

Transaction ID: SA11A1.10683

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

Mailing Address
1675 Willow Street
City: San Jose State: CA Zip Code: 95125

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9853

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

Mailing Address
1675 Willow Street
City: San Jose State: CA Zip Code: 95125

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 305.00

Transaction ID: SA11A1.10797

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Karen Kirkpatrick

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

Mailing Address
15 East Washington Street

City State Zip Code
Coldwater MI 49036

Amount of Each Receipt this Period
220.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COBRA Compliance Systems, Inc. Regional Sales Manager

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

Transaction ID: SA11A1.10281

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
PO Box 507

City State Zip Code
Carrollton GA 30117-0507

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: SA11A1.10341

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 226.00

Transaction ID: SA11A1.10690

SUBTOTAL of Receipts This Page (optional) ▶ **762.00**

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:
(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 Political Action Committee - HUPAC

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

Mailing Address
4538 N. Federal Hwy.

City State Zip Code
Fort Lauderdale FL 33308-5204

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefitmall.com Health Insurance Agent

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

Amount of Each Receipt this Period
240.00

Transaction ID: SA11A1.10496

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
03 / 04 / 2002

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) ▼

Amount of Each Receipt this Period
80.00

Transaction ID: SA11A1.10692

C. Full Name (Last, First, Middle Initial)
Maurice Lyons

Mailing Address
301 Madison Avenue

City State Zip Code
New York NY 10107-6229

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Medical Link Health Insurance Agent

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

Amount of Each Receipt this Period
560.00

Transaction ID: SA11A1.10504

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. 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
02 / 06 / 2002

Amount of Each Receipt this Period
70.00

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) ▼ 270.00

Transaction ID: SA11A1.10511

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
02 / 27 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Med/Flex Benefits Center, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9872

Full Name (Last, First, Middle Initial)
C. 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
03 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Med/Flex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 670.00

Transaction ID: SA11A1.10808

SUBTOTAL of Receipts This Page (optional) ▶ 470.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2D1 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9885

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

Mailing Address
2D1 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10813

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

Mailing Address
32110 Agoura Road
City State Zip Code
Westlake Village CA 91361-4028

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
2400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Warner Pacific Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.10517

SUBTOTAL of Receipts This Page (optional) ▶ **2560.00**

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 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
8D14 Midlothian Turnpike, #20D

City Richmond State VA Zip Code 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period 500.00

Transaction ID: SA11A1.10612

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

Mailing Address
736 Johnson Ferry Road Bldg. C#200

City Marietta State GA Zip Code 30068

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period 660.00

Transaction ID: SA11A1.10613

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

Mailing Address
736 Johnson Ferry Road Bldg. C#200

City Marietta State GA Zip Code 30068

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

FEC ID number of contributing federal political committee.

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

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

Amount of Each Receipt this Period 20.00

Transaction ID: SA11A1.9910

SUBTOTAL of Receipts This Page (optional) ▶ **1180.00**

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 / 38

11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Stan Ricketts

Mailing Address

738 Johnson Ferry Road

Bldg. C#200

City

State

Zip Code

Marietta

GA

30068

Date of Receipt

N M / D E / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
Purchasing Alliance Solutions, In-
c.

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼

720.00

Transaction ID: SA11A1.10824

Full Name (Last, First, Middle Initial)

B. Aline Roberts

Mailing Address

508 Marin Street, #125

City

State

Zip Code

Thousand Oaks

CA

91360

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Insurance Dimensions

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼

500.00

Transaction ID: SA11A1.10540

Full Name (Last, First, Middle Initial)

C. Stephen Salomon

Mailing Address

P.O. Box 4252

City

State

Zip Code

Timonium

MD

21094-4252

Date of Receipt

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

Amount of Each Receipt this Period

2300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Heritage Financial Consultants,
LLC

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼

2320.00

Transaction ID: SA11A1.10547

SUBTOTAL of Receipts This Page (optional) ► **2820.00**

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 / 38

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

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

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 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) ▼ 2330.00

Transaction ID: SA11A1.10726

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

Mailing Address
7990 SW 117 Avenue

City State Zip Code
Miami FL 33183-3845

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10368

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

Mailing Address
7990 SW 117 Avenue

City State Zip Code
Miami FL 33183-3845

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10549

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 1468
City: Janesville State: WI Zip Code: 53547-1468

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
220.00

FEC ID number of contributing federal political committee.

Name of Employer: Schwartz and Shea Insurance Agency Occupation: Marketing Representative

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

Transaction ID: SA11A1.10371

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

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Transaction ID: SA11A1.10214

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Transaction ID: SA11A1.10729

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 67
City: Ringwood State: IL Zip Code: 60072-0067

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10562

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10840

Full Name (Last, First, Middle Initial)
C. Henry Sullivan

Mailing Address
523 Camilla Avenue
City: Roanoke State: VA Zip Code: 24014-1802

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

Name of Employer: Sullivan and Associates Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.10576

SUBTOTAL of Receipts This Page (optional) ▶ **880.00**

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 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Gerald Tomberlin

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
7D Woodfin Place Suite 122

City State Zip Code
Asheville NC 28801

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10582

B. Full Name (Last, First, Middle Initial)
Albert J. Travassos

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
2255 Glades Road Suite 420-A

City State Zip Code
Boca Raton FL 33431

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
John Hancock Life Insurance Co. Health Insurance Agent

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

Transaction ID: SA11A1.10583

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

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) ▼ 280.00

Transaction ID: SA11A1.10950

SUBTOTAL of Receipts This Page (optional) ▶ **570.00**

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 21 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. James S. Vogel

Mailing Address

P.O. Box 12B

City

State

Zip Code

Marshfield

WI

54449-0128

Date of Receipt

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

Amount of Each Receipt this Period

240.00

FEC ID number of contributing
federal political committee.

Name of Employer
Heartland Benefits Group

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.10589

Full Name (Last, First, Middle Initial)

B. Charles Westmoreland

Mailing Address

P.O. Box 925

City

State

Zip Code

Jackson

MS

39205-0923

Date of Receipt

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

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
American Public Life Insurance Co.

Occupation

Director of Agency Development

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10594

Full Name (Last, First, Middle Initial)

C. Charles Westmoreland

Mailing Address

P.O. Box 925

City

State

Zip Code

Jackson

MS

39205-0923

Date of Receipt

N M / D E / Y Y Y Y
0 3 / 0 4 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.10745

SUBTOTAL of Receipts This Page (optional) ▶ **390.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 38

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

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

A. Trei Wild Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5495 Belt Line Road Suite 155 02 06 2002

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

FEC ID number of contributing federal political committee. 550.00

Name of Employer Occupation
Safeguard Health Plans Health Insurance Agent

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

Transaction ID: SA11A1.10597

B. Jeanine Wilson Date of Receipt

Mailing Address N M / D E / Y Y Y Y
400 Field Drive 02 06 2002

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

FEC ID number of contributing federal political committee. 360.00

Name of Employer Occupation
Stamark Health Insurance Agent

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

Transaction ID: SA11A1.10598

C. Robert Ziff Date of Receipt

Mailing Address N M / D E / Y Y Y Y
17 North Delmorr Avenue 03 28 2002

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

FEC ID number of contributing federal political committee. 80.00

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

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

Transaction ID: SA11A1.10597

SUBTOTAL of Receipts This Page (optional) ▶ **990.00**

TOTAL This Period (last page this line number only) ▶ **17152.00**

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 02 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 194.41
Purpose of Disbursement Monthly Credit Card Settlement Fees		Transaction ID: SB21B.10985
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 03 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.24
Purpose of Disbursement Monthly Credit Card Settlement Fees		Transaction ID: SB21B.10989
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Capitol Hilton Hotel		Date of Disbursement 03 / 05 / 2002
Mailing Address 18th and K Street, NW City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 4793.00
Purpose of Disbursement HUPAC Fundraiser Expenses		Transaction ID: SB21B.10970
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4999.65
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Gartlan		Date of Disbursement 02 / 06 / 2002	
Mailing Address 1010 Commons Way Bldg. G City State Zip Code Toms River NJ 08754-1268		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11021	
State: District:			

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Disbursement 02 / 04 / 2002	
Mailing Address 6 Mary E. Clark Drive, #3 City State Zip Code Hampstead NH 03841-2288		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11023	
State: District:			

Full Name (Last, First, Middle Initial) C. Dean Hoffman		Date of Disbursement 02 / 04 / 2002	
Mailing Address 1155 Greenridge Terrace City State Zip Code Brookfield WI 53045-4558		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11024	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1900.00
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Ronald (David) Knight		Date of Disbursement 02 / 04 / 2002	
Mailing Address PO Box 507 City Carrollton State GA Zip Code 30117-0507		Amount of Each Disbursement this Period 599.00	
Purpose of Disbursement Raffle Prize		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11025	
State: District:			

Full Name (Last, First, Middle Initial) B. David Kross		Date of Disbursement 02 / 04 / 2002	
Mailing Address 3341 Harrison Avenue City Cincinnati State OH Zip Code 45211		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Raffle Prize		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11026	
State: District:			

Full Name (Last, First, Middle Initial) C. Marco		Date of Disbursement 03 / 07 / 2002	
Mailing Address 2640 Commerce Drive City Harrisburg State PA Zip Code 17110		Amount of Each Disbursement this Period 443.11	
Purpose of Disbursement Ribbons and Fundraiser Tickets		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10973	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1292.11
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

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

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

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 01 / 25 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 708.42
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10976
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 03 / 20 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 263.97
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10977
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 03 / 04 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 687.43
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10988
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	1659.82
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Disbursement 02 / 15 / 2002	
Mailing Address P.O. Box 4252 City Timonium		State MD	Zip Code 21094-4252
Purpose of Disbursement Reimbursement for Dinner Expenses		Amount of Each Disbursement this Period 323.92	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10975	
State:	District:		

Full Name (Last, First, Middle Initial) B. Sidney's Music & Entertainment		Date of Disbursement 01 / 25 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City Washington		State DC	Zip Code 20036
Purpose of Disbursement Fundraiser Entertainment		Amount of Each Disbursement this Period 217.50	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10968	
State:	District:		

Full Name (Last, First, Middle Initial) C. Sidney's Music & Entertainment		Date of Disbursement 03 / 05 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City Washington		State DC	Zip Code 20036
Purpose of Disbursement Fundraiser Entertainment		Amount of Each Disbursement this Period 217.50	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10989	
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶	758.92
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

<p>Full Name (Last, First, Middle Initial)</p> <p>A. Barbara Ziegler</p>		<p>Date of Disbursement</p> <p>02 / 06 / 2002</p>	
<p>Mailing Address</p> <p>1140 Burnt Tavern Road Suite 1B</p> <p>City State Zip Code</p> <p>Brick NJ 08724-1498</p>		<p>Amount of Each Disbursement this Period</p> <p>500.00</p>	
<p>Purpose of Disbursement</p> <p>Raffle Prize</p> <p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought:</p> <p>House Senate President</p> <p>State: District:</p>	<p>Disbursement For:</p> <p>Primary General Other (specify) ▼</p>		
		<p>Transaction ID: SB21B.11029</p>	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	11110.50

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

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

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

Full Name (Last, First, Middle Initial) A. AKIN, WILLIAM TODD			Date of Disbursement 02 / 21 / 2002	
Mailing Address 305 CONWAY HILL ROAD City ST LOUIS State MO Zip Code 63141			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name TODD AKIN 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) ▼		Transaction ID: SB23.10902	
State: MO District: 02				

Full Name (Last, First, Middle Initial) B. BILIRAKIS, MICHAEL			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 697 City TARPON SPRINGS State FL Zip Code 34688			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MIKE BILIRAKIS FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10934	
State: FL District: 09				

Full Name (Last, First, Middle Initial) C. BROWN-WAITE, VIRGINIA 'GINNY'			Date of Disbursement 02 / 25 / 2002	
Mailing Address 2499 CULBREATH RD City BROOKSVILLE State FL Zip Code 34602			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BROWN-WAITE FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10911	
State: FL District: 06				

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. CHABOT, STEVEN JOSEPH		Date of Disbursement 03 / 15 / 2002	
Mailing Address 3025 DAYTONA AVE City State Zip Code CINCINNATI OH 45211		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name STEVE CHABOT 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: OH District: 01	Transaction ID: SB23.10961		

Full Name (Last, First, Middle Initial) B. COLEMAN, NORM		Date of Disbursement 02 / 11 / 2002	
Mailing Address 1410 ENERGY PARK DRIVE SUITE 11 City State Zip Code ST PAUL MN 55108		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NORM COLEMAN FOR U S SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District: 00	Transaction ID: SB23.10963		

Full Name (Last, First, Middle Initial) C. DOLE, ELIZABETH		Date of Disbursement 03 / 06 / 2002	
Mailing Address 712 SOUTH FULTON STREET City State Zip Code SALISBURY NC 28144		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DOLE 2002 COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: 00	Transaction ID: SB23.10914		

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

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

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

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

Full Name (Last, First, Middle Initial) A. DOOLITTLE, JOHN T		Date of Disbursement 02 / 19 / 2002	
Mailing Address 400 CAPITOL MALL SUITE 1560 City: SACRAMENTO State: CA Zip Code: 95881		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN T DOOLITTLE 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: CA District: 04	Transaction ID: SB23.10889		

Full Name (Last, First, Middle Initial) B. ENZI, MICHAEL B		Date of Disbursement 02 / 25 / 2002	
Mailing Address 431 CIRCLE DRIVE City: CILLETTE State: WY Zip Code: 82718		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ENZI FOR US SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WY District: 00	Transaction ID: SB23.10805		

Full Name (Last, First, Middle Initial) C. GARRETT, E SCOTT		Date of Disbursement 02 / 15 / 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: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 06	Transaction ID: SB23.10898		

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

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

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

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

Full Name (Last, First, Middle Initial) A. GRAHAM, LINDSEY OLIN			Date of Disbursement 02 / 06 / 2002	
Mailing Address PO BOX 1155 337 BYPASS 123 City: SENECA State: SC Zip Code: 29679			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name LINDSEY GRAHAM FOR SENATE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10887	
State: SC District: 00				

Full Name (Last, First, Middle Initial) B. GREEN, MARK ANDREW			Date of Disbursement 03 / 27 / 2002	
Mailing Address 2152 GLOUCESTER DRIVE City: GREEN BAY State: WI Zip Code: 54304			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name GREEN FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10844	
State: WI District: 08				

Full Name (Last, First, Middle Initial) C. HART, MELISSA A			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 435 800 GRANT ST City: WEXFORD State: PA Zip Code: 15090			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name PEOPLE WITH HART INC				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10826	
State: PA District: 04				

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"/> 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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. HOEFFEL, JOSEPH M		Date of Disbursement 02 / 25 / 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 checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 13	Transaction ID: SB23.10908		

Full Name (Last, First, Middle Initial) B. HOLDEN, TIM		Date of Disbursement 03 / 18 / 2002	
Mailing Address 31 PEARL STREET City ST CLAIR State PA Zip Code 17970		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF CONGRESSMAN TIM HOLDEN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 17	Transaction ID: SB23.10957		

Full Name (Last, First, Middle Initial) C. JOHN, CHRIS		Date of Disbursement 03 / 21 / 2002	
Mailing Address PO BOX 971 City CROWLEY State LA Zip Code 70527		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHRIS JOHN FOR CONGRESS COMMITTEE INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: 07	Transaction ID: SB23.10940		

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"/> 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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. NANCY L JOHNSON		Date of Disbursement 03 / 06 / 2002	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 08052		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 checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 06	Transaction ID: SB23.10966		

Full Name (Last, First, Middle Initial) B. KINGSTON, JOHN HEDDENS		Date of Disbursement 03 / 21 / 2002	
Mailing Address 207 FIDDLERS BEND City SAVANNAH State GA Zip Code 31408		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JACK KINGSTON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 01	Transaction ID: SB23.10943		

Full Name (Last, First, Middle Initial) C. MANZULLO, DONALD A		Date of Disbursement 03 / 28 / 2002	
Mailing Address 792 E LIGHTSVILLE ROAD City EGAN State IL Zip Code 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: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL District: 18	Transaction ID: SB23.10953		

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

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

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

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

Full Name (Last, First, Middle Initial) A. MORELLA, CONSTANCE A			Date of Disbursement 03 / 18 / 2002	
Mailing Address 2228 RAYBURN HOUSE OFFICE BLDG City: WASHINGTON State: DC Zip Code: 20515			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF CONNIE MORELLA 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: MD District: 06		Transaction ID: SB23.10931		

Full Name (Last, First, Middle Initial) B. MURTHA, JOHN P			Date of Disbursement 03 / 18 / 2002	
Mailing Address 109 COLGAGE AVENUE City: JOHNSTOWN State: PA Zip Code: 15806			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MURTHA FOR CONGRESS COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 12		Transaction ID: SB23.10928		

Full Name (Last, First, Middle Initial) C. POMEROY, EARL RALPH			Date of Disbursement 02 / 15 / 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 checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND District: 00		Transaction ID: SB23.10890		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PORTMAN, ROBERT J		Date of Disbursement 03 / 18 / 2002
Mailing Address PO BOX 2365 City: CINCINNATI State: OH Zip Code: 45202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name AMERICA'S MAJORITY TRUST		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10923
State: OH District: 02		

Full Name (Last, First, Middle Initial) B. RYAN, PAUL D		Date of Disbursement 03 / 18 / 2002
Mailing Address PO BOX 1919 City: JANESVILLE State: WI Zip Code: 53547		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name RYAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10917
State: WI District: 01		

Full Name (Last, First, Middle Initial) C. STRICKLAND, TED		Date of Disbursement 02 / 15 / 2002
Mailing Address 1337 THOMAS HOLLOW ROAD BOX 580 City: LUCASVILLE State: OH Zip Code: 45648		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name TED STRICKLAND FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10893
State: OH District: 08		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SUNUNU, JOHN E		Date of Disbursement 03 / 26 / 2002	
Mailing Address 25 FRENCH DRIVE City BEDFORD State NH Zip Code 03110		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TEAM SUNUNU			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District: 00	Transaction ID: SB23.10950		

Full Name (Last, First, Middle Initial) B. TAUSCHER, ELLEN O		Date of Disbursement 01 / 25 / 2002	
Mailing Address 75 CANDLESTON PLACE City ALAMO State CA Zip Code 94507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ELLEN TAUSCHER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 10	Transaction ID: SB23.10884		

Full Name (Last, First, Middle Initial) C. UPTON, FREDERICK STEPHEN		Date of Disbursement 03 / 18 / 2002	
Mailing Address 285 RIDGEWAY P O BOX 800 City ST JOSEPH State MI Zip Code 49085		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name UPTON FOR ALL OF US			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: 08	Transaction ID: SB23.10938		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. VELAZQUEZ, NYDIA M		Date of Disbursement 03 rd : 27 th : 2002 nd	
Mailing Address 370 UNION STREET City BROOKLYN		State NY	Zip Code 11231
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00	
Candidate Name CM TO RE-ELECT NYDIA VELAZQUEZ TO CONG		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 12	Transaction ID: SB23.10947		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	22000.00