

**FEC  
FORM 3X**

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

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00283135  
 3. IS THIS REPORT NEW (N) OR X AMENDED (A)  
 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on 11 05 2002 in the State of  
 (b) Monthly Report Due On:  
 (c) 12-Day PRE-Election Report for the: Primary (12P) X General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 10 01 2002 through 10 18 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: <sup>h</sup>10 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>10 <sup>d</sup>16 <sup>y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period .....	67117.88	
(c) Total Receipts (from Line 19) .....	6054.00	120143.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73171.88	187783.50
7. Total Disbursements (from Line 30) .....	23549.12	138160.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49622.76	49622.76
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: <sup>W</sup>10 <sup>D</sup>01 <sup>Y</sup>2002 To: <sup>W</sup>10 <sup>D</sup>16 <sup>Y</sup>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) .....	3880.00	
(ii) Unitemized .....	2174.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6054.00	119143.50
(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) .....	6054.00	119143.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	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) .....	6054.00	120143.50
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	6054.00	120143.50

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	4299.12	31654.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4299.12	31654.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19250.00	106506.00
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)..... ▶	23549.12	138160.74
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	23549.12	138160.74
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6054.00	119143.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6054.00	119143.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	4299.12	31654.74
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	4299.12	31654.74

**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 / 29	
	<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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

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

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) ▼ 260.00

Transaction ID: SA11A1.13733

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
7806 University Avenue #B  
City State Zip Code  
Lubbock TX 79423-2128

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) ▼ 350.00

Transaction ID: SA11A1.13734

**C.** Full Name (Last, First, Middle Initial)  
Dennis Butler

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2002

Mailing Address  
5851 South 59th Street Suite B  
City State Zip Code  
Lincoln NE 68516

Amount of Each Receipt this Period  
1000.00

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) ▼ 1000.00

Transaction ID: SA11A1.13878

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1120.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 29

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. Tim Byrne**

Mailing Address  
3113 W. Beltline Highway

City State Zip Code  
Madison WI 53713

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13746

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

Mailing Address  
445 E. 5th Avenue

City State Zip Code  
Anchorage AK 99501

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.1374B

Full Name (Last, First, Middle Initial)  
**C. Steve Clement**

Mailing Address  
3010 Fenwood Triangle

City State Zip Code  
Roswell GA 30075-4199

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
S.M.C. Consultants, Inc. President/Agent

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

Transaction ID: SA11A1.13755

**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 7 / 29	
	<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 Daubert**

Mailing Address  
5651 South 59th Street Suite B  
City Lincoln State NE Zip Code 68516

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 03 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Daubert & Buller Associates

Occupation  
Health Insurance Agent

Receipt For:  
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Transaction ID: SA11A1.13862

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

Mailing Address  
405 Gretna Blvd. #103 A  
City Gretna State LA Zip Code 70053-4945

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For:  
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Transaction ID: SA11A1.13766

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

Mailing Address  
2717 North 118th Circle  
City Omaha State NE Zip Code 68164-5872

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
United Healthcare Midlands

Occupation  
Health Insurance Agent

Receipt For:  
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Transaction ID: SA11A1.13769

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1080.00**

**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 8 / 29

(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. David L. Fear**

Mailing Address  
11180 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

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) ▼ 480.00

Transaction ID: SA11A1.13771

Full Name (Last, First, Middle Initial)  
**B. Linda K. Friedrich**

Mailing Address  
4435 O Street

City State Zip Code  
Lincoln NE 68510-1842

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13984

Full Name (Last, First, Middle Initial)  
**C. Patti 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  
10 / 02 / 2002

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) ▼ 570.00

Transaction ID: SA11A1.13778

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **125.00**

**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 / 29
	<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. Michael Gray** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
7431 O Street 10 / 02 / 2002

City State Zip Code  
Lincoln NE 68510-2444 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent
---	--------------------------------------

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

**Transaction ID: SA11A1.13779**

**B. Katherine Greene** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
802 N. Carancahua Suite 1700 10 / 02 / 2002

City State Zip Code  
Corpus Christi TX 78470-0182 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

**Transaction ID: SA11A1.13780**

**C. Leesa Hayes** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
9720 Bunsen Parkway 10 / 03 / 2002

City State Zip Code  
Louisville KY 40299-1802 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent
---	--------------------------------------

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

**Transaction ID: SA11A1.13989**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> 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:  
(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. 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  
10 / 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) ▼ 500.00

Transaction ID: SA11A1.13787

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  
10 / 02 / 2002

Amount of Each Receipt this Period  
75.00

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) ▼ 823.00

Transaction ID: SA11A1.14103

Full Name (Last, First, Middle Initial)  
**C. 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  
10 / 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) ▼ 400.00

Transaction ID: SA11A1.13790

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **165.00**

**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 / 29	
	<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)  
Ronald Hoffman

Mailing Address  
2D19 Industrial Drive

City State Zip Code  
Bethlehem PA 18017

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14115

**B.** Full Name (Last, First, Middle Initial)  
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  
10 / 02 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2200.00

Transaction ID: SA11A1.13804

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

Mailing Address  
2633 State Rte. 59 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 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) ▼ 690.00

Transaction ID: SA11A1.13805

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **480.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 29	
	<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)  
Mary B. Kramer

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
11508 Miracle Hills Drive, #102

City State Zip Code  
Omaha NE 68154-4447

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) ▼ 300.00

Transaction ID: SA11A1.13810

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

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) ▼ 900.00

Transaction ID: SA11A1.13811

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
180 Charlotte Highway

City State Zip Code  
Asheville NC 28803

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13815

**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 13 / 29	
	<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. Wesley Moore** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 604 10 02 2002

City State Zip Code  
Darlington SC 29540-0604 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 25.00

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

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

**Transaction ID: SA11A1.13820**

**B. Was Needham** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 4000 10 02 2002

City State Zip Code  
Clinton TN 37717-4000 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 10.00

Name of Employer Insurance Service Group	Occupation Health Insurance Group
---	--------------------------------------

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

**Transaction ID: SA11A1.13827**

**C. Paige Phillips** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 43350 10 02 2002

City State Zip Code  
Birmingham AL 35243-0350 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 30.00

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

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

**Transaction ID: SA11A1.13834**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>65.00</b>
<b>TOTAL</b> 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 / 29	
	<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  
N M / D E / Y Y Y Y  
10 / 02 / 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) ▼ 300.00

Transaction ID: SA11A1.13841

**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  
N M / D E / Y Y Y Y  
10 / 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) ▼ 350.00

Transaction ID: SA11A1.1407B

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

Mailing Address  
16000 Venutra Blvd, #1103

City State Zip Code  
Encino CA 91436-2767

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 02 / 2002

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.13847

**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 15 / 29	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
P.O. Box 4252

City State Zip Code  
Timonium MD 21094-4252

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13849

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 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 Occupation  
The Benefit Consultant Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13851

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
P.O. Box 355

City State Zip Code  
Apollo PA 15015-0355

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13856

**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: PAGE 16 / 29

(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 - HUPAC

**A. Stuart Shapiro** Date of Receipt  
Mailing Address  
P.O. Box 587  
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 Occupation  
Shapiro Financial Group, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00  
Transaction ID: SA11A1.13857

**B. Roger Skinner** Date of Receipt  
Mailing Address  
5546 Shorewood Drive  
City State Zip Code  
Indianapolis IN 46220  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 25.00  
Name of Employer Occupation  
GroupLink, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00  
Transaction ID: SA11A1.13858

**C. Jackie Spragins** Date of Receipt  
Mailing Address  
P.O. Box 2073  
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 Occupation  
Spragins Insurance Agency Owner/Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00  
Transaction ID: SA11A1.13864

**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: (check only one)		PAGE 17 / 29	
	<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)  
Ryan Thom

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 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) ▼ 805.00

Transaction ID: SA11A1.13869

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
P.O. Box 838

City State Zip Code  
Lilburn GA 30047-0638

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) ▼ 300.00

Transaction ID: SA11A1.13879

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2002

Mailing Address  
P.O. Box 925

City State Zip Code  
Jackson MS 39205-0925

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) ▼ 700.00

Transaction ID: SA11A1.13880

**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 18 / 29	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Sue Wilson**

Mailing Address  
**3555 NW 58th Street, Suite 31D**

City State Zip Code  
**Oklahoma City OK 73112**

Date of Receipt  
 N M / D E / Y Y Y Y  
**10 / 02 / 2002**

FEC ID number of contributing federal political committee. **25.00**

Amount of Each Receipt this Period

Name of Employer Occupation  
**Sue Wilson Brokerage, Inc. Health Insurance Agent**

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

Transaction ID: **SA11A1.13886**

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3880.00</b>

**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 19 / 29

<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) <b>A. National Association of Health Underwriters</b>		Date of Disbursement 10 / 06 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 598.50
Purpose of Disbursement September 2002 Operating Expenses		Transaction ID: SB21B.14000
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NOVA Information System</b>		Date of Disbursement 10 / 02 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 153.41
Purpose of Disbursement Monthly Credit Card Settlement Fee		Transaction ID: SB21B.14073
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. White House Gear</b>		Date of Disbursement 10 / 04 / 2002
Mailing Address 6905 West Clifton Street City: Tampa State: FL Zip Code: 33634		Amount of Each Disbursement this Period 3548.61
Purpose of Disbursement Hats for PAC fundraising		Transaction ID: SB21B.13998
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4298.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>4298.52</b>

**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 20 / 29

<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) <b>A. LAMAR ALEXANDER</b>			Date of Disbursement 10 / 08 / 2002	
Mailing Address PO BOX 121919 City: NASHVILLE State: TN Zip Code: 37212			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ALEXANDER FOR SENATE INC				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.14015	
State: TN District: 00				

Full Name (Last, First, Middle Initial) <b>B. HELEN DELICH BENTLEY</b>			Date of Disbursement 10 / 08 / 2002	
Mailing Address 408 CHAPELWOOD LANE City: LUTHERVILLE State: MD Zip Code: 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 Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.14004	
State: MD District: 02				

Full Name (Last, First, Middle Initial) <b>C. JOSIAH ROBIAS BONNER</b>			Date of Disbursement 10 / 09 / 2002	
Mailing Address 6910 PROVIDENCE ESTATE DRIVE City: MOBILE State: AL Zip Code: 36695			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JO BONNER FOR CONGRESS 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: SB23.14054	
State: AL District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> 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 21 / 29

<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) <b>A. BENJAMIN L CARDIN</b>		Date of Disbursement 10 / 09 / 2002	
Mailing Address 9 WHITEBRIDGE COURT City: BALTIMORE State: MD Zip Code: 21208		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BEN CARDIN 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: MD      District: 03	Transaction ID: SB23.14022		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL N CASTLE</b>		Date of Disbursement 10 / 09 / 2002	
Mailing Address 2001 KENTMERE PLACE City: WILMINGTON State: DE Zip Code: 19808		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CASTLE CAMPAIGN FUND			
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: DE      District: 00	Transaction ID: SB23.14044		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH CHRISTOPHER CHOCOLA</b>		Date of Disbursement 10 / 09 / 2002	
Mailing Address 20380 COUNTY ROAD 14 City: BRISTOL State: IN Zip Code: 46507		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHRIS CHOCOLA 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: IN      District: 02	Transaction ID: SB23.14050		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> 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 22 / 29

<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) <b>A. ROBERT E 'BUD' JR CRAMER</b>			Date of Disbursement 10 / 09 / 2002	
Mailing Address PO BOX 2621 City: HUNTSVILLE State: AL Zip Code: 35804			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF BUD CRAMER				
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: SB23.14026	
State: AL District: 05				

Full Name (Last, First, Middle Initial) <b>B. PHILIP M CRANE</b>			Date of Disbursement 10 / 09 / 2002	
Mailing Address 213 WETHINGTON DRIVE SOUTH City: WAUCONDA State: IL Zip Code: 60084			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CRANE 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: SB23.14032	
State: IL District: 08				

Full Name (Last, First, Middle Initial) <b>C. JOHN A CULBERSON</b>			Date of Disbursement 10 / 04 / 2002	
Mailing Address 14133 MEMORIAL DRIVE City: HOUSTON State: TX Zip Code: 77060			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CULBERSON 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) ▼		Transaction ID: SB23.14001	
State: TX District: 07				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> 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 23 / 29

<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) <b>A. RODNEY P FRELINGHUYSEN</b>		Date of Disbursement 10 / 10 / 2002	
Mailing Address 19 CATTANO AVENUE City MORRISTOWN State NJ Zip Code 07960		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRELINGHUYSEN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NJ District: 11	Transaction ID: SB23.14082		

Full Name (Last, First, Middle Initial) <b>B. SAMUEL B JR (SAM) GRAVES</b>		Date of Disbursement 10 / 09 / 2002	
Mailing Address 110 SOUTH 10TH City TARKIO State MO Zip Code 64481		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GRAVES FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: MO District: 05	Transaction ID: SB23.14019		

Full Name (Last, First, Middle Initial) <b>C. JOEL HEFLEY</b>		Date of Disbursement 10 / 08 / 2002	
Mailing Address 1625 W WOODMEN ROAD City COLORADO SPRINGS State CO Zip Code 80919		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HEFLEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CO District: 05	Transaction ID: SB23.14007		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> 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) <b>A. AMORY HOUGHTON</b>		Date of Disbursement 10 / 09 / 2002	
Mailing Address 33 EAST THIRD STREET City State Zip Code CORNING NY 14830		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF HOUGHTON			
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: 29	Transaction ID: SB23.14041		

Full Name (Last, First, Middle Initial) <b>B. TIM HUTCHINSON</b>		Date of Disbursement 10 / 08 / 2002	
Mailing Address PO BOX 998 City State Zip Code ROGERS AR 72757		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HUTCHINSON FOR SENATE			
Office Sought:     House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR     District: 00	Transaction ID: SB23.14013		

Full Name (Last, First, Middle Initial) <b>C. NANCY L JOHNSON</b>		Date of Disbursement 10 / 08 / 2002	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City State Zip Code NEW BRITAIN CT 06052		Amount of Each Disbursement this Period 4000.00	
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: 08	Transaction ID: SB23.14014		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5500.00</b>
<b>TOTAL</b> 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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. JERRY LEWIS</b>			Date of Disbursement 10 / 15 / 2002	
Mailing Address 1294 W SUNSET DR City: REDLANDS State: CA Zip Code: 92373			Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name LEWIS 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: SB23.14089	
State: CA District: 41				

Full Name (Last, First, Middle Initial) <b>B. BROSE A MCVEY</b>			Date of Disbursement 10 / 15 / 2002	
Mailing Address 5838 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) ▼		Transaction ID: SB23.14095	
State: IN District: 07				

Full Name (Last, First, Middle Initial) <b>C. CANDICE S MILLER</b>			Date of Disbursement 10 / 09 / 2002	
Mailing Address 28540 OLD NORTH RIVER ROAD City: HARRISON TOWNSHIP State: MI Zip Code: 48045			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CANDICE MILLER 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) ▼		Transaction ID: SB23.14057	
State: MI District: 10				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1250.00</b>
<b>TOTAL</b> 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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. DENNIS MOORE</b>		Date of Disbursement 10 <sup>M</sup> / 08 / 2002
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MOORE 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: KS District: 03	Transaction ID: SB23.14012

Full Name (Last, First, Middle Initial) <b>B. GEORGE RADANOVICH</b>		Date of Disbursement 10 <sup>M</sup> / 08 / 2002
Mailing Address 30151 TOMAS STREET City: RANCHO SANTA MARCA State: CA Zip Code: 92688		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RADANOVICH 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: CA District: 19	Transaction ID: SB23.14038

Full Name (Last, First, Middle Initial) <b>C. RICHARD GEORGE RENZI</b>		Date of Disbursement 10 <sup>M</sup> / 09 / 2002
Mailing Address 2063 Raintree Drive City: Flagstaff State: AZ Zip Code: 86004		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RENZI 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: AZ District: 01	Transaction ID: SB23.14060

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 - HUPAC

Full Name (Last, First, Middle Initial) <b>A. MICHAEL DENNIS ROGERS</b>			Date of Disbursement 10 <sup>M</sup> / 15 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 1304 QUINTARD AVENUE City ANNISTON State AL Zip Code 36201			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MIKE ROGERS FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.14086	
State: AL      District: 03				

Full Name (Last, First, Middle Initial) <b>B. MICHAEL K SIMPSON</b>			Date of Disbursement 10 <sup>M</sup> / 09 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 786 HOFF DRIVE City BLACKFOOT State ID Zip Code 83221			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name SIMPSON 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) ▼		Transaction ID: SB23.14047	
State: ID      District: 02				

Full Name (Last, First, Middle Initial) <b>C. JOHN SULLIVAN</b>			Date of Disbursement 10 <sup>M</sup> / 09 <sup>D</sup> / 2002 <sup>Y</sup>	
Mailing Address 1648 EAST 44 STREET City TULSA State OK Zip Code 74105			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JOHN SULLIVAN 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) ▼		Transaction ID: SB23.14035	
State: OK      District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. LEE R TERRY</b>		Date of Disbursement 10 / 08 / 2002
Mailing Address 11770 FARNAM STREET City: OMAHA State: NE Zip Code: 68154		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name LEE TERRY FOR CONGRESS	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: NE District: 02	Transaction ID: SB23.14018

Full Name (Last, First, Middle Initial) <b>B. W TODD TIAHRT</b>		Date of Disbursement 10 / 08 / 2002
Mailing Address 1329 AMITY City: CODDARD State: KS Zip Code: 67052		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name TIAHRT 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: KS District: 04	Transaction ID: SB23.14005

Full Name (Last, First, Middle Initial) <b>C. MARK UDALL</b>		Date of Disbursement 10 / 10 / 2002
Mailing Address 8890 WOLFF COURT #200 City: WESTMINSTER State: CO Zip Code: 80031		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MARK UDALL 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: CO District: 02	Transaction ID: SB23.14089

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

