

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

REGISTRATION  
FEDERAL ELECTION  
COMMISSION FORM 3X (REV. 9/93)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <span style="float: right;">PAC</span> The National Association of Health Underwriters	DEC 3 4 03 PM '98
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported 2000 N. 14th Street Suite 450 CITY, STATE and ZIP CODE Arlington, VA 22201	2. FEC IDENTIFICATION NUMBER C00283135
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on 11/3/98 in the State of N/A

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 3,984.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,425.89	
(c) Total Receipts (from Line 19)	\$ 2,839.18	\$ 35,484.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15,265.07	\$ 39,469.21
7. Total Disbursements (from Line 30)	\$ 9,204.11	\$ 33,408.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,060.96	\$ 6,060.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 P. Corcoran	
Signature of Treasurer 	Date 12/2/98

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

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**FEC FORM 3X**  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		PAC		REPORT COVERING PERIOD	
The National Association of Health Underwriters				FROM 10/15/98	TO: 11/23/98
				COLUMN A	COLUMN B
				Total This Period	Calendar Year
<b>I. Receipts</b>					
11.	Contributions (other than loans) From:				
a.	Individuals/Persons Other Than Political Committees			1,010.00	8,940.00
i.	Itemized (use Schedule A)				
ii.	Unitemized			1,829.18	26,420.01
ii.	Total (add i and ii) >			2,839.18	35,360.01
b.	Political Party Committees				
c.	Other Political Committees (such as PACs)				
d.	Total Contributions (add a ii, b and c) >			2,839.18	35,360.01
12.	Transfers From Affiliated/Other Party Committees				
13.	All Loans Received				
14.	Loan Repayments Received				
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)				124.54
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees				
17.	Other Federal Receipts (Dividends, Interest, etc.)				
18.	Transfers from Nonfederal Account for Joint Activity				
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			2,839.18	35,484.55
20.	Total Federal Receipts (subtract line 18 from line 19) >			2,839.18	35,484.55
<b>II. Disbursements</b>					
21.	Operating Expenditures:				
a.	Shared Federal/Non-Federal Activity (from Schedule H4)				
i.	Federal Share				
ii.	Non-Federal Share				
b.	Other Federal Operating Expenditures			204.11	12,908.25
c.	Total Operating Expenditures (add a i, a ii, and b) >			204.11	12,908.25
22.	Transfers to Affiliated/Other Party Committees				
23.	Contributions to Federal Candidates/Committees and Other Political Committees			9,000.00	20,250.00
24.	Independent Expenditures (use Schedule E)				
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				
26.	Loan Repayments Made				
27.	Loans Made				
28.	Refunds of Contributions To:				
a.	Individuals/Persons Other Than Political Committees				250.00
b.	Political Party Committees				
c.	Other Political Committees (such as PACs)				
d.	Total Contribution Refunds (add a, b and c) >				250.00
29.	Other Disbursements				
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			9,204.11	33,408.25
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			9,204.11	33,408.25
<b>III. Net Contributions/Operating Expenditures</b>					
32.	Total Contributions (other than loans)(from line 11d)			2,839.18	35,360.01
33.	Total Contribution Refunds (from line 28d)			-0-	250.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)			2,839.18	35,110.01
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			204.11	12,908.25
36.	Offsets to Operating Expenditures (from line 15)			-0-	124.54
37.	Net Operating Expenditures (subtract line 36 from 35) >			204.11	12,783.71

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(i)

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)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. David Dixon 11821 Parklawn Drive, Suite 210 Rockville, MD 20852	The Mather Companies	11/5/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Hendricks 4200 East Skelly Drive, Suite 835 Tulsa, OK 74135-3235	Business Planning Group of Oklahoma	11/2/98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 625.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Houkom 1000 S. Cleveland Massillon Road Suite 103 Akron, OH 44333-9204	Ruth L. Houkom Benefit Designs, Inc.	11/2/98	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insurance Agent Aggregate Year-to-Date > \$ 430.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tami L. Johnson 5401 Gamble Drive, Suite 100 Minneapolis, MN 55416	Schwarz Williams Companies	10/15/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G. Kaufman 1675 Willow Street San Jose, CA 95129	B.C.I. Insurance Services	10/20/98 11/5/98	100.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Matznick P.O. Box 38248 Greensboro, NC 27438-8248	Med/Flex Benefits Group	11/2/98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insurance Agent Aggregate Year-to-Date > \$ 225.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Greg Morelli 5645 S. Waterbury Way Suite D-202 Salt Lake City, UT 84121	AIM Administration	11/17/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional) .....

\$555.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Rowe 16000 Ventura Blvd., Suite 1103 Encino, CA 91436	The Rowe Group	11/2/98	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insurance Agent		Aggregate Year-to-Date > \$255.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Salamon 106 Old Court Road, Suite 310 Baltimore, MD 21208-4106	The Salamon Agency	11/23/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insurance Agent		Aggregate Year-to-Date > \$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey H. Seders 1038 Leigh Avenue, Suite 214 San Jose, CA 95126	Jeffrey H. Seders & Associates	11/17/98	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insurance Agent		Aggregate Year-to-Date > \$200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Caprice Simmons P.O. Box 10-1422 Anchorage, AK 99510	Calco, Inc.	11/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent		Aggregate Year-to-Date > \$200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sue Wilson 3555 NW 58th Street, Suite 310 Oklahoma City, OK 73112	Sue Wilson Brokerage Inc.	11/2/98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner-Insurance Agent		Aggregate Year-to-Date > \$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional) .....

\$455.00

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

\$1,010.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)**  
 The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall for Congress P.O. Box 711 Rockwall, TX 75087	Representative- 4th district of Texas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	\$500.00
Williams for Congress 454 Commonwealth Avenue Erlanger, KY 41018	Congr. Candidate- 4th district of Kentucky Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	\$500.00
Musser for Congress 6717 Odana Road, Suite 6 Madison, WI 53719	Congr. Candidate- 2nd district of Wisconsin Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	\$500.00
Bob Ney for Congress 146A West Main Street St. Clairsville, OH 43950	Representative- 18th district of Ohio Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/98	\$500.00
Matt Fong U.S. Senate Committee 889 South Fegueroa Street Suite 680 Los Angeles, CA 90017	Senate Candidate California Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$1,000.00
Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75120	Representative-6th district of Texas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	\$500.00
Wyden for Senate P.O. Box 3498 Portland, OR 97208	U.S. Senator Oregon Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	\$1,000.00
Northup for Congress 4006 Dutchmans Lane Louisville, KY 40207	Representative- 3rd district of Kentucky Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	\$500.00
Cardin for Congress P.O. Box 65056 Baltimore, MD 21209-0056	Representative- 3rd district of Maryland Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	\$500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$5,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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)**

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hossiers for Tim Roemer 135 South Lafayette Boulevard South Bend, IN 46601	Representative- 3rd district of Indiana Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	\$500.00
B. Full Name, Mailing Address and ZIP Code Upton for all of US .. 2214 South State Street St. Joseph, MI 49085	Representative- 6th district of Michigan Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	\$500.00
C. Full Name, Mailing Address and ZIP Code Talent for US Congress 1031 Executive Parkway, Suite 100 St. Louis, MO 63141	Representative- 2nd district of Missouri Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	\$500.00
D. Full Name, Mailing Address and ZIP Code Stupak for Congress 817 9th Avenue- P.O. Box 143 Menominee, MI 49858	Representative- 1st district of Michigan Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	\$500.00
E. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson P.O. Box 860096 Plano, TX 75806	Representative-3rd district of Texas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	\$500.00
F. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Committee 10707 Corporate Drive, Suite 130 Stafford, TX 77477	Representative-22th district of Texas Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	\$500.00
G. Full Name, Mailing Address and ZIP Code Aderholt for Congress P.O. Box 1158 Haleyville, AL 35565	Representative- 4th district of Alabama Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	\$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

\$3,500.00


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

\$9,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/3/98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/3/98 DATE PREPARED