

**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 - Health Underwriters PAC

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:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2004

in the State of

VA

(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

2004

through

10

13

2004

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

Type or Print Name of Treasurer

Kevin Corcoran

Signature of Treasurer

Electronically Filed by Kevin Corcoran

Date

10

21

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>10 <sup>D</sup>13 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>M</sup> <sup>D</sup>		44208.52
(b) Cash on Hand at Beginning of Reporting Period .....	11039.49	
(c) Total Receipts (from Line 19) .....	4678.34	174717.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15717.83	218925.72
<hr/>		
7. Total Disbursements (from Line 31) .....	5815.41	209023.30
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9902.42	9902.42
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: <sup>M</sup>10 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>10 <sup>-</sup>13 <sup>-</sup>2004

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) .....	3155.00	
(ii) Unitemized .....	1523.34	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	4678.34	171717.20
(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 33, page 5) .....	4678.34	171717.20
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 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4678.34	174717.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4678.34	174717.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	315.41	19473.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	315.41	19473.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	184500.00
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	50.00
(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	50.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5815.41	209023.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	5815.41	209023.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4678.34	171717.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4678.34	171667.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	315.41	19473.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	315.41	19473.30

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

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

FOR LINE NUMBER: PAGE 6 / 34

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stephen Andersen</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7431 O St		Transaction ID: 41021.C18562
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. William Anderson</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 498 Palm Springs Dr Suite 210		Transaction ID: 41021.C18564
City Altamonte Springs	State FL	Zip Code 32701-7829
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7808 University Ave		Transaction ID: 41021.C18566
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</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: PAGE 7 / 34

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Kelly Becerra</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 2921 Gold St		Transaction ID: 41021.C18571
City Omaha	State NE	Zip Code 68105-3223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Kelly Becerra	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Bel</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 1661 Shoreline Dr Suite 100		Transaction ID: 41021.C18572
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Lynda Berryhill</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 211 North Robinson Avenue One Leadership Square, Suite 450		Transaction ID: 41021.C18573
City Oklahoma City	State OK	Zip Code 73102-7109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Berryhill Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>55.00</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: PAGE 8 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Kris Biejack</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 8075 Poplar Ave Suite 221		Transaction ID: 41021.C18574
City Memphis	State TN	Zip Code 38119-4708
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Tracy Bradford</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 866 Ridgeway Loop Rd Suite 200		Transaction ID: 41021.C18579
City Memphis	State TN	Zip Code 38120-4033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Bundy-Cobb</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 1800 A St Suite 3D1		Transaction ID: 41021.C18583
City Anchorage	State AK	Zip Code 99501-5145
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>80.00</b>
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 9 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Byrne</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004
Mailing Address 3113 W Beltline Hwy		Transaction ID: 41021.C18584
City	State	Zip Code
Madison	WI	53713-2830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Mel- drum	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. D. Bailey Calvin</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 41021.C18586
City	State	Zip Code
Anchorage	AK	99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Pam Cearay</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004
Mailing Address 110 E Crockett St		Transaction ID: 41021.C18591
City	State	Zip Code
San Antonio	TX	78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Edr&w	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>85.00</b>
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 10 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Russ Childers</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address PD Box 1547		Transaction ID: 41021.C18593
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Steve Clement</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 301D Fenwood Triangle		Transaction ID: 41021.C18595
City Roswell	State GA	Zip Code 30075-4199
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer S.m.c. Consultants, Inc.	Occupation President/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon Diercks</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 41021.C18604
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>65.00</b>
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 11/34

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mike Dolins</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 844D Avondale Dr		Transaction ID: 41021.C18605
City Nichols Hills	State OK	Zip Code 73116-6416
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Dolins & Company, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Doucet</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 106 Oil Center Dr Suite 103		Transaction ID: 41021.C18606
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Insurance Resource Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Eugene Ebersole</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 41021.C18609
City Gretna	State LA	Zip Code 70053-4500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>90.00</b>
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 12 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas Evans</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 41021.C18613
City Omaha	State NE	Zip Code 68164-9688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. David Fear</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 11160 Sun Center Dr		Transaction ID: 41021.C18615
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Se- rv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Friedrich</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 4435 O St		Transaction ID: 41021.C18618
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</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: PAGE 13 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Bruce Gardner</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 1502 West Ave		Transaction ID: 41021.C18621
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Patsi Goldfarb</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 41021.C18624
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Goss</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 41021.C18625
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>230.00</b>
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 14 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Gray</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7431 O St		Transaction ID: 41021.C18627
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2185.90	

Full Name (Last, First, Middle Initial) <b>B. Katherine Greene</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 802 N Carancahua St Suite 1700		Transaction ID: 41021.C18628
City Corpus Christi	State TX	Zip Code 78470-0002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Grundman</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7412 Karl Dr		Transaction ID: 41021.C18629
City Lincoln	State NE	Zip Code 68510-4368
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 15 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Leesa Hayes</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 9720 Bunsen Plow		Transaction ID: 41021.C18635
City Louisville	State KY	Zip Code 40288-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. James Heldebrand</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 814D S 104th East Ave Suite 200		Transaction ID: 41021.C18636
City Tulsa	State OK	Zip Code 74133-1588
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Heldebrand & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Mary Helmen</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 3480 Preston Ridge Rd Suite 100		Transaction ID: 41021.C18637
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</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: PAGE 16 / 34

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Timothy Hendricks</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 41021.C18638
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Carolina Hessaline</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7272 Wurzbach Rd Suite 204		Transaction ID: 41021.C18640
City San Antonio	State TX	Zip Code 78240-4802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Associated Benefit Consul- tants	Occupation Employee Benefits Consultant	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Hill</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PO Box 724		Transaction ID: 41021.C18643
City Snelville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>170.00</b>
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 17 / 34

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Richard Hill</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 4435 O St		Transaction ID: 41021.C18644
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Suzy Johnson</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 8235 Morrison Blvd Suite 302		Transaction ID: 41021.C18654
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employees Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Karen Jones</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 5225 S Loop 289 Suite 111		Transaction ID: 41021.C18656
City Lubbock	State TX	Zip Code 79424-1363
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield Of	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
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 18 / 34

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 2833 State Route 5B		Transaction ID: 41021.C18659
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.90	

Full Name (Last, First, Middle Initial) <b>B. Thelma Kaczmarek</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 2833 State Rte. 5B Ste. B		Transaction ID: 41021.C18660
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Klejan</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PO Box 45279		Transaction ID: 41021.C18662
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>280.00</b>
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 10 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mary Kramer</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 11506 Miracle Hills Dr		Transaction ID: 41021.C18664
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Liechty</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 120 E Washington St		Transaction ID: 41021.C18667
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KJ Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Clark Loewe</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 12200 Northwest Fwy Suite 662		Transaction ID: 41021.C18669
City Houston	State TX	Zip Code 77062-4530
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</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: PAGE 20 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jennifer Mancer</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 3700 Colonnade Pkwy		Transaction ID: 41021.C18673
City	State	Zip Code
Birmingham	AL	35243-3216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Martin</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 180 Charlotte Hwy		Transaction ID: 41021.C18674
City	State	Zip Code
Asheville	NC	28803-9673
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Malzcek</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address PO Box 38905		Transaction ID: 41021.C18676
City	State	Zip Code
Greensboro	NC	27438-8505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>80.00</b>
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 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sharon McDermott</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 11919 P St		Transaction ID: 41021.C18677
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. David Moore</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address PO Box 1006		Transaction ID: 41021.C18681
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, Clu & Ass-oclat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. Wesley Moore</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address PO Box 604		Transaction ID: 41021.C18680
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>220.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:        PAGE 22 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Josh Nace</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 936 N 34th St Suite 208		Transaction ID: 41021.C18683
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Denial Health Services	Occupation Vice President Sales & Service	Receipt
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Norris</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 41021.C18682
City Franklin	State NC	Zip Code 28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>C. Ken Datameier</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 245 S 84th St Suite W100		Transaction ID: 41021.C18683
City Lincoln	State NE	Zip Code 68510-2680
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Aflac	Occupation Health Insurance Agent	Receipt
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</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:        PAGE 23 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. John Parker</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 41021.C18695
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Dannis Recker</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 971 N Perry St		Transaction ID: 41021.C18702
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Faydel, Lamdon, Recker & Asso	Occupation Health Insurance Agent	Receipt
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Glen Rienscha</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 415 5th St P.O. Box 664		Transaction ID: 41021.C18705
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary            General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</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: PAGE 24 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Joseph Roberts</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7431 O St		Transaction ID: 41021.C18709
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) <b>B. William Robinson</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 41021.C18710
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Eugene Rowe</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 18000 Ventura Blvd		Transaction ID: 41021.C18714
City Encino	State CA	Zip Code 91438-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>110.00</b>
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 25 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stephen Salamon</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address PD Box 4252		Transaction ID: 41021.C18716
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2380.00	

Full Name (Last, First, Middle Initial) <b>B. Tom Schilling</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 1205 Sherwood Forest St		Transaction ID: 41021.C18718
City	State	Zip Code
Houston	TX	77043-4635
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Core Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Schumacher</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 1804 N Shoreline Blvd		Transaction ID: 41021.C18721
City	State	Zip Code
Mountain View	CA	94043-1350
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Schumacher Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>50.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Sheffer</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PD Box 355		Transaction ID: 41021.C18722
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Stuart Shapiro</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PD Box 587		Transaction ID: 41021.C18723
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.90	

Full Name (Last, First, Middle Initial) <b>C. Roger Sidner</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 5548 Shorewood Dr		Transaction ID: 41021.C18725
City Indianapolis	State IN	Zip Code 46220-3650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>245.00</b>
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 27 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Patricia Smith</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 523 Kirkland Way		Transaction ID: 41021.C18728
City Kirkland	State WA	Zip Code 98033-6219
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Smith Meacham Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Jackie Spragins</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address PO Box 2073		Transaction ID: 41021.C18731
City Wichita Falls	State TX	Zip Code 76707-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Cynthia Tapia</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 2501 Buena Vista Dr SE		Transaction ID: 41021.C18735
City Albuquerque	State NM	Zip Code 87108-4281
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Presbyterian Health Plan	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Ryan Thom</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 10342 Springcrest Ln		Transaction ID: 41021.C18739
City South Jordan	State UT	Zip Code 84095-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.90	

Full Name (Last, First, Middle Initial) <b>B. Daniel Tompkins, III</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PO Box 1810		Transaction ID: 41021.C18740
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Toups</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PO Box 113113		Transaction ID: 41007.C17403
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director Of Marketing	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:        PAGE 28 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Marilyn Van Sant</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 271 US Highway 46 Ste. 6206		Transaction ID: 41021.C18743
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Wagner</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PO Box 9		Transaction ID: 41021.C18744
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Westmoreland</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address PO Box 925		Transaction ID: 41021.C18747
City Jackson	State MS	Zip Code 39205-0525
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Director Of Agency Development	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.90	

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
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 30 / 34  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sue Wilson</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 3555 NW 58th St		Transaction ID: 41021.C18751
City	State	Zip Code
Oklahoma City	OK	73112-4724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Wong</b>		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 411 W 4th Ave		Transaction ID: 41021.C18755
City	State	Zip Code
Anchorage	AK	99501-2343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefi- ts	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	50.00
TOTAL This Period (last page this line number only) .....	▶	3155.00

**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)

PAGE 31 / 34

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)

A. Nova Information System

Mailing Address 4020 University Dr

City State Zip Code  
Fairfax VA 22030-6802

Purpose of Disbursement  
MONTHLY CREDIT CARD SETTLEMENT FEE

Candidate Name

Office Sought:	House	Disbursement For:	
	Senate	Primary	General
	President	Other (specify) ▼	

State: District

Category/  
Type

Transaction ID: 41021.E1143

Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

281.19

MONTHLY CREDIT CARD SETTLEMENT FEE

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 281.19

TOTAL This Period (last page this line number only) ..... ▶ 281.19

**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 32 / 34

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Chris Dodd

Mailing Address PO Box 270701

City State Zip Code  
West Hartford CT 06127-0701

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
CHRISTOPHERJ DODD

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
President  
Other (specify) ▼

State: CT District: D0

Category/  
Type

Transaction ID: 41021.E1145  
Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Thelma Drake For Congress

Mailing Address PO Box 61480

City State Zip Code  
Virginia Beach VA 23466-1480

Purpose of Disbursement  
House Candidate (VA-2) C 05686

Candidate Name

Office Sought: House Disbursement For: 2004  
Senate Primary  General  
President  
Other (specify) ▼

State: District

DD4  
Category/  
Type

Transaction ID: 41021.E1147  
Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

500.00

HOUSE CANDIDATE (VA-2)  
C 05686

Full Name (Last, First, Middle Initial)  
C. Fortenberry for Congress

Mailing Address PO Box 30285

City State Zip Code  
Lincoln NE 68503-0285

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JEFFREYLANE FORTENBERRY

Office Sought:  House Disbursement For: 2004  
Senate Primary  General  
President  
Other (specify) ▼

State: NE District: 01

Category/  
Type

Transaction ID: 41021.E1149  
Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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)

PAGE 33 / 34

<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	<input type="checkbox"/> 30b

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. J D Hayworth for Congress</b>		Transaction ID: 41021.E1151 Date of Disbursement 10 / 13 / 2004	
Mailing Address 14300 N Northsight Blvd Ste. 105		Amount of Each Disbursement this Period 1000.00	
City Scottsdale State AZ Zip Code 85260-9873	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name JD HAYWORTH	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District 5	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Walter Jones for Congress</b>		Transaction ID: 41021.E1146 Date of Disbursement 10 / 04 / 2004	
Mailing Address PO Box 99667		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27624-0667	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name WALTERB JONES	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kolbe 2002</b>		Transaction ID: 41021.E1144 Date of Disbursement 10 / 04 / 2004	
Mailing Address PO Box 31568		Amount of Each Disbursement this Period -1000.00	
City Tucson State AZ Zip Code 85751-1568	Purpose of Disbursement VOIDED CHECK	Category/ Type VOIDED CHECK	
Candidate Name JAMEST KOLBE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District 08	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</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 34 / 34

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Latourette For Congress Committee

Mailing Address 320 Kenarden Dr

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
STEVEN C LATOURETTE

Office Sought:  House  
Senate  
President

State: OH District: 14

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41021.E1150  
Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address 10582 Canterbury Rd.  
Sta. 750

City Alexandria State VA Zip Code 22308

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
PATRICKTIMOTHY MCHENRY

Office Sought:  House  
Senate  
President

State: NC District: 10

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41021.E1148  
Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

5500.00