

**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 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)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

03

09

2004

through

03

31

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, CAE

Signature of Treasurer

Electronically Filed by Kevin Corcoran, CAE

Date

04

15

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 - HUPAC

Report Covering the Period: From: ^H03 ^{: :}09 ^{Y (Y) Y}2004 To: ^H03 ^{: :}31 ^{Y (Y) Y}2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y) Y} 2004		44208.52
(b) Cash on Hand at Beginning of Reporting Period	31847.34	
(c) Total Receipts (from Line 19)	34477.50	64289.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66324.84	108498.02
<hr/>		
7. Total Disbursements (from Line 31)	27162.10	69335.28
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39162.74	39162.74
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^M03 ^D09 ^Y2004 To: ^M03 ^D31 ^Y2004

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)	12882.70	
(ii) Unitemized	21594.80	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	34477.50	64289.50
(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 33, page 5)	34477.50	64289.50
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 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from 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))	34477.50	64289.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34477.50	64289.50

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.....	162.10	2335.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	162.10	2335.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	67000.00
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. 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))..	27162.10	69335.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	27162.10	69335.28

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)	34477.50	64289.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34477.50	64289.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	162.10	2335.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162.10	2335.28

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

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

FOR LINE NUMBER: PAGE 6 / 35

(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	

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

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

Full Name (Last, First, Middle Initial) A. David S. Ayre		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.23261
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Robert Bishop		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 2785 E. Desert Inn Road #134		Transaction ID: SA11A1.23857
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer KJA Insurance	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Jo Anna Burita		Date of Receipt M / D / Y 03 / 20 / 2004
Mailing Address P.O. Box 251		Transaction ID: SA11A1.23714
City Sheboygan	State WI	Zip Code 53082-0251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer LMT Maritime Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	570.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 35

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. Jo Anne Buris		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address P.O. Box 251		Transaction ID: SA11A1.23684
City Sheboygan	State WI	Zip Code 53082-0251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer LMT Maritime Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Dorothy Cociu		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.23903
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Carol Cutler		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address One National City Center Suite 700-E		Transaction ID: SA11A1.23815
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N.C.I.G.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	▶	290.00
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 8 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Christopher Delorey		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 154 Wells Avenue		Transaction ID: SA11A1.23315
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Rush David Dixon		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.23320
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. George Dunker		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 4000 Westown Parkway Suite 204		Transaction ID: SA11A1.23869
City West Des Moines	State IA	Zip Code 50266-6705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Benefit Source Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	430.00
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 9 / 35

(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	

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

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

Full Name (Last, First, Middle Initial) A. Michael Dysart		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 2815 Camino Del Rio South Suite 255		Transaction ID: SA11A1.23905
City San Diego	State CA	Zip Code 92108-3815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Healthcare Solutions	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.23859
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.24022
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 285.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Eva Jean Fornalant		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 2500 Louisiana Blvd. NE, Ste. 300		Transaction ID: SA11A1.23954
City	State	Zip Code
Albuquerque	NM	87110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Delta Dental Plans of NM	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Charles Garten		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.23343
City	State	Zip Code
Toms River	NJ	08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.23347
City	State	Zip Code
New York	NY	10018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	665.00
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 11 / 35

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. Paul Goldman		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 37 Villa Road #411		Transaction ID: SA11A1.23939
City Greenville	State SC	Zip Code 29615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Rogers Benefit Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Gray		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 7431 O Street		Transaction ID: SA11A1.24002
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Gray		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 7431 O Street		Transaction ID: SA11A1.23825
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.90
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.90
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	300.90
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 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Chris Harrison		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.23805
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.23865
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gerald Hartman		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address P.O. Box 5718		Transaction ID: SA11A1.23598
City Boise	State ID	Zip Code 83705-0718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Insurance Network America, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	680.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Lisa Mary Hellman		Date of Receipt M / D / Y Y Y Y 03 / 20 / 2004	
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.23673	
City Alpharetta	State GA	Zip Code 30005-2054	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		
Full Name (Last, First, Middle Initial) B. Wade Harsperger, Jr.		Date of Receipt M / D / Y Y Y Y 03 / 16 / 2004	
Mailing Address 1909 Route 70 East Suite 307		Transaction ID: SA11A1.23605	
City Cherry Hill	State NJ	Zip Code 08003-4501	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Benefit Services, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Wade Harsperger, Jr.		Date of Receipt M / D / Y Y Y Y 03 / 30 / 2004	
Mailing Address 1909 Route 70 East Suite 307		Transaction ID: SA11A1.23800	
City Cherry Hill	State NJ	Zip Code 08003-4501	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Benefit Services, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

SUBTOTAL of Receipts This Page (optional) ► **690.00**

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 14 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Larry Hurst		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 10800 West Charleston Boulevard		Transaction ID: SA11A1.23811
City Las Vegas	State NV	Zip Code 89135-1014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NevadaCare, Inc.	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Walter W. Jacobs		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 9 Rushden Drive		Transaction ID: SA11A1.23965
City Greenville	State SC	Zip Code 29615-2426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Jacobs Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.23958
City Ravenna	State OH	Zip Code 44268-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 35

(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	

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

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

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: SA11A1.23822
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.90
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	410.90
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 1173 Brittmoores Road		Transaction ID: SA11A1.23897
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Ronald Levine		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.23953
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Complink	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	490.90
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 / 35

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A. Full Name (Last, First, Middle Initial) Ronald Levine Mailing Address 2480 Peach Tree Road, NW Suite 1514 City State Zip Code Atlanta GA 30305 FEC ID number of contributing federal political committee. C Name of Employer CompLink Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 530.00		Date of Receipt M / D / Y 03 / 31 / 2004 Transaction ID: SA11A1.23414 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) Maurice Lyons Mailing Address 301 Madison Avenue City State Zip Code New York NY 10107-6229 FEC ID number of contributing federal political committee. C Name of Employer The Medical Link Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M / D / Y 03 / 29 / 2004 Transaction ID: SA11A1.23881 Amount of Each Receipt this Period 480.00
C. Full Name (Last, First, Middle Initial) Dale Makony Mailing Address 1434 West Fairbanks Avenue City State Zip Code Winter Park FL 32789-4808 FEC ID number of contributing federal political committee. C Name of Employer Resource Group of Winter Park, Inc. Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M / D / Y 03 / 31 / 2004 Transaction ID: SA11A1.23424 Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **590.00**

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 17 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dale Maloney		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.24017
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Resource Group of Winter Park, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. John May		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.23431
City State Zip Code Worthington OH 43085-4773	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Christa McDonally		Date of Receipt M / D / Y Y Y Y 03 / 30 / 2004
Mailing Address 888 West Ventura Boulevard		Transaction ID: SA11A1.23755
City State Zip Code Camarillo CA 93010-6383	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Golden West Dental and Vision Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	230.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Wes Morgan Full Name (Last, First, Middle Initial) Mailing Address 284D Ryenolda Road City State Zip Code Winston Salem NC 27106-3817		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004 Transaction ID: SA11A1.23628 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ProBenefits, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	

B. John Nelson Full Name (Last, First, Middle Initial) Mailing Address 32110 Agoura Road City State Zip Code Westlake Village CA 91361-4026		Date of Receipt M / D / Y Y Y Y 03 / 28 / 2004 Transaction ID: SA11A1.23974 Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Warner Pacific Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 2500.00	

C. Jesse Patton Full Name (Last, First, Middle Initial) Mailing Address 2175 NW 86th. Street Suite 14 City State Zip Code DesMoines IA 50325-5557		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004 Transaction ID: SA11A1.23489 Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	2975.00
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 10 / 35

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. William 'Herb' Pennington		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 464D Woodbridge Drive		Transaction ID: SA11A1.23881
City Kernersville	State NC	Zip Code 27284-8850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Pennington Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Aline Roberts		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 509 Marin Street, #125		Transaction ID: SA11A1.23880
City Thousand Oaks	State CA	Zip Code 91360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Insurance Dimensions	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.23888
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	470.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 35

(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.23921
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1030.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Seaborn		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address P.O. Box 3045		Transaction ID: SA11A1.23962
City Asheville	State NC	Zip Code 28802-3045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Benefit Solutions, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Seeker		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 4843 East Thomas Road Suite 2		Transaction ID: SA11A1.23513
City Phoenix	State AZ	Zip Code 85018-7740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Summit Benefit Services	Occupation President	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1330.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Scott Shalek		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address P.O. Box 67		Transaction ID: SA11A1.23515
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob G. Shupe		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.23519
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Stanger		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 288 South Street		Transaction ID: SA11A1.23838
City Morristown	State NJ	Zip Code 07980-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 520.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. James Stenger		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 288 South Street		Transaction ID: SA11A1.23538
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	720.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dan Thompson		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.23551
City	State	Zip Code
Louisville	KY	40260-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Gerald Tomberlin		Date of Receipt M / D / Y Y Y Y 03 / 29 / 2004
Mailing Address 70 Woodfin Place Suite 122		Transaction ID: SA11A1.23843
City	State	Zip Code
Asheville	NC	28801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tomberlin Insurance Agency, Inc.	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	600.00
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 23 / 35

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

Full Name (Last, First, Middle Initial) A. Albert J. Trivasos		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 2255 Glades Road Suite 420-A		Transaction ID: SA11A1.23878
City Boca Raton	State FL	Zip Code 33431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer John Hancock Life Insurance Co.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Albert J. Trivasos		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 2255 Glades Road Suite 420-A		Transaction ID: SA11A1.23935
City Boca Raton	State FL	Zip Code 33431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer John Hancock Life Insurance Co.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bynum Tuttle		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address P.O. Box 1110		Transaction ID: SA11A1.23888
City Denton	State NC	Zip Code 27239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Employee Benefit Designs Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 35

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

Full Name (Last, First, Middle Initial) A. Charles Westmoreland		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address P.O. Box 925		Transaction ID: SA11A1.23826
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.90
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	Aggregate Year-to-Date ▼ 210.90
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven L. Wilson		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 1151 Red Mile Road		Transaction ID: SA11A1.23808
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Insurance Marketing	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.23580
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Aventi Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	110.90
TOTAL This Period (last page this line number only)	▶	12882.70

**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 25 / 35

<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

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

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

Full Name (Last, First, Middle Initial) A. AMEX		Transaction ID: SB21B.24030 Date of Disbursement 03 / 22 / 2004	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 54.88	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	[MEMO ITEM]
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.23201 Date of Disbursement 03 / 24 / 2004	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 162.10	
City Arlington State VA Zip Code 22201	Purpose of Disbursement February 2004 Operating Expenses	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Virginia Commerce Bank		Transaction ID: SB21B.24032 Date of Disbursement 03 / 30 / 2004	
Mailing Address 5350 Lee Highway		Amount of Each Disbursement this Period 25.00	
City Arlington State VA Zip Code 22207-1808	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	[MEMO ITEM]
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	162.10
TOTAL This Period (last page this line number only)	▶	162.10

**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 26 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. RODNEY ALEXANDER

Mailing Address PO Box 367

City QUITMAN State LA Zip Code 71268

Purpose of Disbursement
Political Contribution

Candidate Name
RODNEY ALEXANDER FOR CONGRESS INC.

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: LA District: D5

011
Category/
Type

Transaction ID: SB23.23239

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. BOB BEAUPREZ

Mailing Address 6329 DEFRAME WAY

City ARVADA State CO Zip Code 80004

Purpose of Disbursement
Political Contribution

Candidate Name
BOB BEAUPREZ FOR CONGRESS COMMITTEE

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: CO District: D7

011
Category/
Type

Transaction ID: SB23.23217

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. O MAXIE BURNS

Mailing Address 5417 NEWINGTON HWY

City SYLVANIA State GA Zip Code 30467

Purpose of Disbursement
Political Contribution

Candidate Name
BURNS FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: GA District: 12

011
Category/
Type

Transaction ID: SB23.23251

Date of Disbursement

03 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. JOSEPH CHRISTOPHER CHOCOLA

Mailing Address 20380 COUNTY ROAD 14

City BRISTOL State IN Zip Code 46507

Purpose of Disbursement
Political Contribution

Candidate Name
CHOCOLA FOR CONGRESS INC

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: IN District: D2

011
Category/
Type

Transaction ID: SB23.2322B

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. ROBERT E 'BUD' JR CRAMER

Mailing Address PO BOX 2621

City HUNTSVILLE State AL Zip Code 35804

Purpose of Disbursement
Political Contribution

Candidate Name
FRIENDS OF BUD CRAMER

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: AL District: D5

011
Category/
Type

Transaction ID: SB23.23235

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. JAMES W DEMINT

Mailing Address 132 COVENTRY ROAD

City GREENVILLE State SC Zip Code 29615

Purpose of Disbursement
Political Contribution

Candidate Name
DEMINT FOR SENATE COMMITTEE INC

Office Sought: House
 Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: SC District: D0

011
Category/
Type

Transaction ID: SB23.23254

Date of Disbursement

03 / 24 / 2004

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 28 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. JIM GERLACH

Mailing Address 806 HARBOUR RIDGE LANE

City State Zip Code
DOWNTOWN PA 19335

Purpose of Disbursement
Political Contribution

Candidate Name
JIM GERLACH FOR CONGRESS COMMITTEE

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

State: PA District: D6

011
Category/
Type

Transaction ID: SB23.23215
Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. J PHILLIP MD GINGREY

Mailing Address 632 N ST MARY'S LANE

City State Zip Code
MARIETTA GA 30064

Purpose of Disbursement
Political Contribution

Candidate Name
GINGREY FOR CONGRESS

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

State: GA District: 11

011
Category/
Type

Transaction ID: SB23.23242
Date of Disbursement

03 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. GRANGER, KAY

Mailing Address 715 JONES STREET

City State Zip Code
FORT WORTH TX 76102

Purpose of Disbursement
Political Contribution

Candidate Name
KAY GRANGER CAMPAIGN FUND

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

State: TX District: 12

011
Category/
Type

Transaction ID: SB23.23243
Date of Disbursement

03 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. SAMUEL B (SAM) GRAVES JR

Mailing Address 110 SOUTH 10TH

City TARKIO State MO Zip Code 64491

Purpose of Disbursement
Political Contribution

Candidate Name
GRAVES FOR CONGRESS

Office Sought: House
Senate
President

State: MO District D6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.23227

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KIRK HUMPHREYS

Mailing Address 19000 SADDLE RIVER DRIVE

City EDMOND State OK Zip Code 73003

Purpose of Disbursement
Political Contribution

Candidate Name
HUMPHREYS FOR SENATE INC

Office Sought: House
 Senate
President

State: OK District D0

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.23205

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KEEP OUR MAJORITY PAC (KOMPAC)

Mailing Address POST OFFICE BOX 20209

City ALEXANDRIA State VA Zip Code 22320

Purpose of Disbursement
Political Contribution

Candidate Name
J DENNIS HASTERT

Office Sought: House
Senate
President

State: IL District 14

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.23222

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 30 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. JOHN P KLINE JR

Mailing Address 10085 170TH ST W

City LAKEVILLE State MN Zip Code 55044

Purpose of Disbursement
Political Contribution

Candidate Name
KLINE FOR CONGRESS

Office Sought: House
Senate
President

State: MN District: D2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.2321B

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP ENCOURAGING EXCELLENCE PAC LEE PAC

Mailing Address 4451 BROOKFIELD CORP DR #200

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
Political Contribution

Candidate Name
NANCY L JOHNSON

Office Sought: House
Senate
President

State: CT District: D6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.2324B

Date of Disbursement

03 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JAMES DAVID MATHESON

Mailing Address 795 NORTH TERRACE HILLS DRIVE

City SALT LAKE CITY State UT Zip Code 84103

Purpose of Disbursement
Political Contribution

Candidate Name
MATHESON FOR CONGRESS

Office Sought: House
Senate
President

State: UT District: D2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.2323B

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. SUE MYRICK

Mailing Address P. O. Box 37091

City CHARLOTTE State NC Zip Code 28237

Purpose of Disbursement
Political Contribution

Candidate Name
SUE MYRICK FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NC District: D9

011
Category/
Type

Transaction ID: SB23.2323D

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. STEVE PEARCE

Mailing Address PO BOX 2696

City HOBBS State NM Zip Code 88241

Purpose of Disbursement
Political Contribution

Candidate Name
PEARCE FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NM District: D2

011
Category/
Type

Transaction ID: SB23.2324B

Date of Disbursement

03 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. JON PORTER SR

Mailing Address 801 WHITNEY RANCH DRIVE SUITE 18

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement
Political Contribution

Candidate Name
PORTER FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NV District: D3

011
Category/
Type

Transaction ID: SB23.23216

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. MICHAEL DENNIS ROGERS

Mailing Address 1304 QUINTARD AVENUE

City ANNISTON State AL Zip Code 36201

Purpose of Disbursement
Political Contribution

Candidate Name
MIKE ROGERS FOR CONGRESS

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

State: AL District: D3

011
Category/
Type

Transaction ID: SB23.23253

Date of Disbursement

03 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. DALE W SCHULTZ

Mailing Address 515 NORTH CENTRAL AVENUE

City RICHLAND CENTER State WI Zip Code 53581

Purpose of Disbursement
Political Contribution

Candidate Name
DALE SCHULTZ FOR CONGRESS

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

State: WI District: D3

011
Category/
Type

Transaction ID: SB23.23224

Date of Disbursement

03 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER SHAYS

Mailing Address 88 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Political Contribution

Candidate Name
CHRISTOPHER SHAYS FOR CONGRESS COMM.

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

State: CT District: D4

011
Category/
Type

Transaction ID: SB23.23208

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. ROBERT R SIMMONS

Mailing Address 268 NORTH MAIN STREET

City STONINGTON State CT Zip Code 06378

Purpose of Disbursement
Political Contribution

Candidate Name
SIMMONS FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: CT District: D2

011
Category/
Type

Transaction ID: SB23.23229

Date of Disbursement

03 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. C MICHAEL THOMPSON

Mailing Address 1438 KEARNEY ST

City ST HELENA State CA Zip Code 04574

Purpose of Disbursement
Political Contribution

Candidate Name
MIKE THOMPSON FOR CONGRESS

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: CA District: D1

011
Category/
Type

Transaction ID: SB23.23221

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. STANLEY J THOMPSON

Mailing Address 5523 GRAND AVENUE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
Political Contribution

Candidate Name
THOMPSON FOR CONGRESS INC

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: IA District: D3

011
Category/
Type

Transaction ID: SB23.23211

Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 35

<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
------------------------------------	------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

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

Full Name (Last, First, Middle Initial)
A. EDOLPHUS TOWNS

Mailing Address 286 HIGHLAND BOULEVARD

City State Zip Code
BROOKLYN NY 11207

Purpose of Disbursement
Political Contribution

Candidate Name
COMMITTEE TO RE-ELECT EDDOLPHUS TOWNS

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

State: NY District: 10

011
Category/
Type

Transaction ID: SB23.23237
Date of Disbursement

03 / 09 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. WELLER, GERALD C 'JERRY'

Mailing Address PO BOX 15283

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
Stop Payment Issued-10/17/2003 Check

Candidate Name
JERRY WELLER FOR CONGRESS INC

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

State: IL District: 11

Category/
Type

Transaction ID: SB23.23204
Date of Disbursement

03 / 30 / 2004

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

27000.00

Form/Schedule: ~~5B21 B~~
Transaction ID: ~~5B21 B.24030~~

The monthly credit card settlement fee is the monthly charge imposed on HUPAC by the credit card issuer for processing monthly contributions on personal credit cards.

Form/Schedule: ~~5B21 B~~
Transaction ID: ~~5B21 B.24032~~

The monthly credit card settlement fee is the monthly charge imposed on HUPAC by the credit card issuer for processing monthly contributions on personal credit cards.