



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Kevin P. Corcoran, Treasurer
National Association of Health Underwriters
PAC (HUPAC)
2000 14th Street 450
Arlington, VA 22201

FEB 18 2002

Identification Number: C00283135

Reference: Mid-Year (1/1/01-6/30/01) and Year End Reports (7/1/01-12/31/01)

Dear Mr. Corcoran:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the

excessive amount.

If your committee has met the criteria for multicandidate status, please file FEC FORM IM "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM IM prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

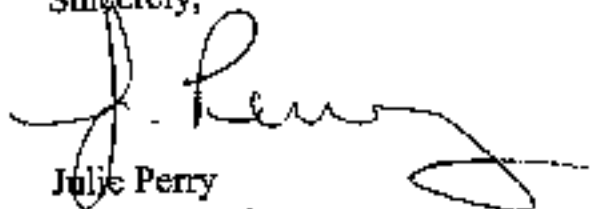
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Operating expenditures should be properly disclosed on a separate Schedule B, supporting Line 21(b) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Julie Perry
Reports Analyst
Reports Analysis Division

**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 52 / 58	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

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

Full Name (Last, First, Middle Initial) A. J D HAYWORTH FOR CONGRESS		Date of Disbursement 05 / 03 / 2001
Mailing Address 10789 N 90TH STREET SUITE 102		Amount of Each Disbursement this Period 1500.00
City SCOTTSDALE	State AZ	
Purpose of Disbursement Political Contribution		Category/Type
Candidate Name J D HAYWORTH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 06	Transaction ID: SB23.8057

Full Name (Last, First, Middle Initial) B. KELLER FOR CONGRESS		Date of Disbursement 06 / 26 / 2001
Mailing Address PO BOX 1453		Amount of Each Disbursement this Period 500.00
City ORLANDO	State FL	
Purpose of Disbursement Political Contribution		Category/Type
Candidate Name RICHARD ANTHONY KELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 06	Transaction ID: SB23.8077

Full Name (Last, First, Middle Initial) C. KENNEDY FOR CONGRESS		Date of Disbursement 02 / 06 / 2001
Mailing Address 11426 COUNTY RD 13 SE		Amount of Each Disbursement this Period 500.00
City WATERTOWN	State MN	
Purpose of Disbursement Political Contribution		Category/Type
Candidate Name MARK RAYMOND KENNEDY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 02	Transaction ID: SB23.8024

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 87 / 85
	<input type="checkbox"/> 21b 28 <input type="checkbox"/> 22 27 <input checked="" type="checkbox"/> 23 28a <input type="checkbox"/> 24 28b <input type="checkbox"/> 25 28c <input type="checkbox"/> 29	

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

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

A. Full Name (Last, First, Middle Initial) FLETCHER FOR CONGRESS		Date of Disbursement 08 / 09 / 2001
Mailing Address 3220 STOWERS DRIVE		Amount of Each Disbursement this Period 500.00
City MONROE	State LA	
Zip Code 71201		
Purpose of Disbursement Political Contribution		Category Type
Candidate Name ERNEST LEE FLETCHER		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9652
State: LA	District: 06	

B. Full Name (Last, First, Middle Initial) FLETCHER FOR CONGRESS		Date of Disbursement 10 / 05 / 2001
Mailing Address 3220 STOWERS DRIVE		Amount of Each Disbursement this Period 1500.00
City MONROE	State LA	
Zip Code 71201		
Purpose of Disbursement Political Contribution		Category Type
Candidate Name ERNEST LEE FLETCHER		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9869
State: LA	District: 05	

C. Full Name (Last, First, Middle Initial) JIM DAVIS FOR CONGRESS		Date of Disbursement 10 / 27 / 2001
Mailing Address PO BOX 18143		Amount of Each Disbursement this Period -250.00
City TAMPA	State FL	
Zip Code 33609		
Purpose of Disbursement Check was lost-Stop payment issued.		Category Type
Candidate Name JIM DAVIS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9731
State: FL	District: 11	

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

