

**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

NEW (N) OR

X

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)

X 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

07

01

2003

through

12

31

2003

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: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^Y		48519.92
(b) Cash on Hand at Beginning of Reporting Period	52845.10	
(c) Total Receipts (from Line 19)	90733.75	199200.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143578.85	247720.75
<hr/>		
7. Total Disbursements (from Line 31)	99370.33	203512.23
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44208.52	44208.52
<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: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

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)	43900.00	
(ii) Unitemized	39333.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	83233.75	182200.83
(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)	83233.75	182200.83
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	7500.00	17000.00
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))	90733.75	199200.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90733.75	199200.83

DETAILED SUMMARY PAGE

of Disbursements

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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.....	20888.33	46059.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20888.33	46059.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75450.00	154410.34
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.....	32.00	42.00
(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))..... ▶	32.00	42.00
29. Other Disbursements.....	3000.00	3000.00
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))..	99370.33	203512.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	99370.33	203512.23

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)	83233.75	182200.83
34. Total Contribution Refunds (from Line 28(d))	32.00	42.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83201.75	182158.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20888.33	46059.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20888.33	46059.89

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

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

FOR LINE NUMBER: PAGE 6 / 306

(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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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. Terri D. Adams		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.19502
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Terri D. Adams		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.19713
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Terri D. Adams		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.19975
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Terri D. Adams		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.20221
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Terri D. Adams		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.20479
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Terri D. Adams		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.20731
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen Andersen		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.18958
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Stephen Andersen		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19142
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Stephen Andersen		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19328
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. William Anderson		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18429
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	260.00

Full Name (Last, First, Middle Initial) B. William Anderson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.19503
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	280.00

Full Name (Last, First, Middle Initial) C. William Anderson		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18800
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. William Anderson		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18776
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	320.00

Full Name (Last, First, Middle Initial) B. William Anderson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18959
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	340.00

Full Name (Last, First, Middle Initial) C. William Anderson		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.19143
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	360.00

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. William Anderson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.19327
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Plan	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Patrick Ashe		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 475 River Bend Road #500		Transaction ID: SA11A1.21528
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Health Insurance Agent	
Asha Benefits Group, Ltd.	Aggregate Year-to-Date ▼ 1020.00	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18430
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Health Insurance Agent	
Ashmore Agency	Aggregate Year-to-Date ▼ 700.00	
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.21020
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18601
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18777
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.18980
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.19144
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7808 University Avenue #B		Transaction ID: SA11A1.19328
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 306

(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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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. Ginger Ashton		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1900 Electric Road		Transaction ID: SA11A1.19145
City Salem	State VA	Zip Code 24153-7456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer HCA Hospitals Southwest Virginia	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ginger Ashton		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1900 Electric Road		Transaction ID: SA11A1.19329
City Salem	State VA	Zip Code 24153-7456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer HCA Hospitals Southwest Virginia	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Randy Ayers		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 2700 E. Dublin Granville #380		Transaction ID: SA11A1.21530
City Columbus	State OH	Zip Code 43231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer National United Brokers, Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 620.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	520.00
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 / 306
(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. David S. Ayre		Date of Receipt M / D / Y Y Y Y 08 / 28 / 2008
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.19718
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. David S. Ayre		Date of Receipt M / D / Y Y Y Y 09 / 28 / 2008
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.19978
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. David S. Ayre		Date of Receipt M / D / Y Y Y Y 10 / 30 / 2008
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.20225
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 306

(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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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 11 / 28 / 2003	
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.20482	
City Salt Lake City	State UT	Zip Code 84121	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. David S. Ayre		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.20734	
City Salt Lake City	State UT	Zip Code 84121	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Kety L. Becerra		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 2921 Gold Street		Transaction ID: SA11A1.19148	
City Omaha	State NE	Zip Code 68105-5223	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 / 306
(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. Kelly L. Becerra		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2921 Gold Street		Transaction ID: SA11A1.19332
City Omaha	State NE	Zip Code 68105-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ann Bel		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1881 Shoreline Drive Suite 100		Transaction ID: SA11A1.18965
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Ann Bel		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1881 Shoreline Drive Suite 100		Transaction ID: SA11A1.19149
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 / 306
(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. Ann Bell		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1881 Shoreline Drive Suite 100		Transaction ID: SA11A1.19333
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Robin H. Bennett		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 201 Executive Center Drive Suite 300		Transaction ID: SA11A1.20490
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Robin H. Bennett		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 201 Executive Center Drive Suite 300		Transaction ID: SA11A1.20742
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	55.00
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 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Kris Biejack		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 8075 Poplar Avenue Suite 221		Transaction ID: SA11A1.19151
City Memphis	State TN	Zip Code 38119-0113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Kris Biejack		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 8075 Poplar Avenue Suite 221		Transaction ID: SA11A1.19335
City Memphis	State TN	Zip Code 38119-0113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Treay Q. Bradford		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.19518
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	600.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	▶	60.00
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 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Tracy Q. Bradford		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.19737
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. Tracy Q. Bradford		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.19994
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. Tracy Q. Bradford		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.20240
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	60.00
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 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Tracy Q. Bradford		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 866 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.20499
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. Tracy Q. Bradford		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 866 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.20751
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Shawn Breathers		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 110 Old Padonia Road Suite 2D1		Transaction ID: SA11A1.20500
City Cockeysville	State MD	Zip Code 21030-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wye/Oak Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	60.00
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 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Shawn Brashears		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 110 Old Padonia Road Suite 201		Transaction ID: SA11A1.20752
City Cockeysville	State MD	Zip Code 21030-4849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wye/Oak Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. D.Richard Broadbent		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 40 West Cache Valley Blvd. Suite 3-A		Transaction ID: SA11A1.20501
City Logan	State UT	Zip Code 84341-8450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Broadbent Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. D.Richard Broadbent		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 40 West Cache Valley Blvd. Suite 3-A		Transaction ID: SA11A1.20753
City Logan	State UT	Zip Code 84341-8450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Broadbent Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Eleanor M. Brockhurst		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 1212 East Osborn Road Suite 110		Transaction ID: SA11A1.21453
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Eleanor M. Brockhurst		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 1212 East Osborn Road Suite 110		Transaction ID: SA11A1.21026
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Leroy Bryant		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 36210		Transaction ID: SA11A1.20754
City Richmond	State VA	Zip Code 23235-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Bryant Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
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 / 306
(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. Thomas Bryon		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 878D Mastin Street Suite F		Transaction ID: SA11A1.20755
City Overland Park	State KS	Zip Code 66212-4789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SS & G and Associates, In- c.	Occupation President/Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anthony Buechler		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1203 Colonil Circle		Transaction ID: SA11A1.20505
City Papillion	State NE	Zip Code 68046-6109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Buechler Insurance Serv- es	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anthony Buechler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1203 Colonil Circle		Transaction ID: SA11A1.20756
City Papillion	State NE	Zip Code 68046-6109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Buechler Insurance Serv- es	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	40.00
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 25 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Joan Bumgarner		Date of Receipt M / D / Y 08 / 13 / 2003	
Mailing Address 16830 Ventura Blvd. Suite 360		Transaction ID: SA11A1.21506	
City State Zip Code Encino CA 91436-1711	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Word & Brown Insurance Ad- ministrators Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) B. Jennifer Bundy-Cobb		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 1600 A Street Suite 3D1		Transaction ID: SA11A1.19158	
City State Zip Code Anchorage AK 99501-5148	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Wilson Agency, LLC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00		
Full Name (Last, First, Middle Initial) C. Jennifer Bundy-Cobb		Date of Receipt M / D / Y 12 / 02 / 2003	
Mailing Address 1600 A Street Suite 3D1		Transaction ID: SA11A1.19342	
City State Zip Code Anchorage AK 99501-5148	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Wilson Agency, LLC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 26 / 306

(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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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. Christine F. Burns		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 4300 S. I-10 Service Road West #216		Transaction ID: SA11A1.21566
City Metairie	State LA	Zip Code 70001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Comprehensive Insurance Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. Lesley H. Burnham		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 46700		Transaction ID: SA11A1.20506
City Greensboro	State NC	Zip Code 27420-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare of North Carolina Receipt For: Primary General Other (specify) ▼	Occupation Small Business Account Executive Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Lesley H. Burnham		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 46700		Transaction ID: SA11A1.20757
City Greensboro	State NC	Zip Code 27420-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare of North Carolina Receipt For: Primary General Other (specify) ▼	Occupation Small Business Account Executive Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Jo Anne Burris		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address P.O. Box 251		Transaction ID: SA11A1.21969
City Sheboygan	State WI	Zip Code 53082-0251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LMT Maritime Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 205.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul Butler		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 253B North Lincoln Avenue		Transaction ID: SA11A1.21551
City Chicago	State IL	Zip Code 60614-2332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Serpe Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tim Byme		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.18791
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morlenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	360.00
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 28 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Tim Byme		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.18976
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Tim Byme		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.19159
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	275.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Tim Byme		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.19344
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 28 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. D. Bailey Calvin		Date of Receipt M / D / Y 07 / 02 / 2003	
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18447	
City Anchorage	State AK	Zip Code 99501	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Calco, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M / D / Y 08 / 04 / 2003	
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18618	
City Anchorage	State AK	Zip Code 99501	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Calco, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		
Full Name (Last, First, Middle Initial) C. D. Bailey Calvin		Date of Receipt M / D / Y 09 / 02 / 2003	
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18794	
City Anchorage	State AK	Zip Code 99501	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Calco, Inc.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 306
(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. D. Bailey Calvin		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18979
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.19162
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. D. Bailey Calvin		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.19348
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sarah Canez		Date of Receipt M / D / Y 07 / 03 / 2003	
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.21489	
City State Zip Code San Antonio TX 78209-3220	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Canez Gunter Insurance & Benefits Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 290.00		
Full Name (Last, First, Middle Initial) B. Sarah Canez		Date of Receipt M / D / Y 07 / 30 / 2003	
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.19524	
City State Zip Code San Antonio TX 78209-3220	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Canez Gunter Insurance & Benefits Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 310.00		
Full Name (Last, First, Middle Initial) C. Sarah Canez		Date of Receipt M / D / Y 08 / 28 / 2003	
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.19745	
City State Zip Code San Antonio TX 78209-3220	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Canez Gunter Insurance & Benefits Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sarah Canez		Date of Receipt M / D / Y 09 / 20 / 2003	
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20003	
City State Zip Code San Antonio TX 78209-3220	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Canez Gunter Insurance & Benefits	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) B. Sarah Canez		Date of Receipt M / D / Y 10 / 30 / 2003	
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20247	
City State Zip Code San Antonio TX 78209-3220	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Canez Gunter Insurance & Benefits	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		
Full Name (Last, First, Middle Initial) C. Sarah Canez		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20508	
City State Zip Code San Antonio TX 78209-3220	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Canez Gunter Insurance & Benefits	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 33 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Sarah Canez		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20759
City San Antonio	State TX	Zip Code 78209-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	Aggregate Year-to-Date ▼ 410.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Prant Castle		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 104 Vivian Street		Transaction ID: SA11A1.21564
City Lafayette	State LA	Zip Code 70508-8129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Fidelity Assurance Company	Occupation Comp. Rep. - Ass'n & Worksite Division	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pam Cearley		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 110 East Crockett Street		Transaction ID: SA11A1.19189
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer EDW&W	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

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 34 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Pam Cearley		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 110 East Crockett Street		Transaction ID: SA11A1.19351
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer EDW&W	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Jeff Chicots		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 383B North Causeway Blvd. Suite 2100		Transaction ID: SA11A1.20511
City Metairie	State LA	Zip Code 70002-8305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Jeff Chicots		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 383B North Causeway Blvd. Suite 2100		Transaction ID: SA11A1.20782
City Metairie	State LA	Zip Code 70002-8305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	60.00
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 35 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Russ Childers		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.18900
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Russ Childers		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.18996
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Russ Childers		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.19170
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 36 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Russ Childers		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.19352
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Steve Clement		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 301D Fenwood Triangle		Transaction ID: SA11A1.19172
City Roswell	State GA	Zip Code 30075-4199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer S.M.C. Consultants, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President/Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Steve Clement		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 301D Fenwood Triangle		Transaction ID: SA11A1.19354
City Roswell	State GA	Zip Code 30075-4199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer S.M.C. Consultants, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President/Agent Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dorothy Cociu</p> <p>Mailing Address P.O. Box 6677</p> <p>City State Zip Code Fullerton CA 92834-6677</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td style="width:65%;"> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">470.00</p> </td> </tr> </table>	<p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">470.00</p>	<p>Date of Receipt M / D / Y Y Y Y 07 / 30 / 2003</p> <p>Transaction ID: SA11A1.19531</p> <p>Amount of Each Receipt this Period 80.00</p>
<p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">470.00</p>		

<p>B. Full Name (Last, First, Middle Initial) Dorothy Cociu</p> <p>Mailing Address P.O. Box 6677</p> <p>City State Zip Code Fullerton CA 92834-6677</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td style="width:65%;"> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">550.00</p> </td> </tr> </table>	<p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">550.00</p>	<p>Date of Receipt M / D / Y Y Y Y 08 / 28 / 2003</p> <p>Transaction ID: SA11A1.19753</p> <p>Amount of Each Receipt this Period 80.00</p>
<p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">550.00</p>		

<p>C. Full Name (Last, First, Middle Initial) Dorothy Cociu</p> <p>Mailing Address P.O. Box 6677</p> <p>City State Zip Code Fullerton CA 92834-6677</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td style="width:65%;"> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">630.00</p> </td> </tr> </table>	<p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">630.00</p>	<p>Date of Receipt M / D / Y Y Y Y 09 / 29 / 2003</p> <p>Transaction ID: SA11A1.20010</p> <p>Amount of Each Receipt this Period 80.00</p>
<p>Name of Employer Advanced Benefit Consulting</p> <p>Receipt For: Primary General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">630.00</p>		

<p>SUBTOTAL of Receipts This Page (optional) ▶</p>	<p>240.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER: PAGE 38 / 306
(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. Dorothy Cociu		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20254
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	710.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dorothy Cociu		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20515
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	790.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dorothy Cociu		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20766
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	870.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Susan E. Cook		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.21192
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	220.00

Full Name (Last, First, Middle Initial) B. Susan E. Cook		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.19758
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

Full Name (Last, First, Middle Initial) C. Susan E. Cook		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.20258
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	280.00

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 306
(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. Susan E. Cook		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.20519
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. E. Jay Coon		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address P.O. Box 7839		Transaction ID: SA11A1.21586
City Des Moines	State IA	Zip Code 50322-7839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Access Benefit Consultants, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Audrey Cramer		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 300 South Saint Louis Blvd. Suite 200		Transaction ID: SA11A1.21242
City South Bend	State IN	Zip Code 46617-3044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Gibson Insurance Group	Occupation Account Manager - Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	185.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 306
(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. Audrey Cramer		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 300 South Saint Louis Blvd. Suite 200		Transaction ID: SA11A1.21429
City South Bend	State IN	Zip Code 46617-3044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00
Name of Employer Gibson Insurance Group	Occupation Account Manager - Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. Carol Cutler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address One National City Center Suite 700-E		Transaction ID: SA11A1.20772
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer N.C.I.G.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. John Dalris		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 6280 South Valley View Blvd. Suite 522		Transaction ID: SA11A1.21191
City Las Vegas	State NV	Zip Code 89118-6829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer JD Benefit Services, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 306
(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. Gina Dalton		Date of Receipt M / D / Y 08 / 02 / 2008
Mailing Address 50 South Main Street Suite 530		Transaction ID: SA11A1.21206
City Salt Lake City	State UT	Zip Code 84144-2044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Benefits Unlimited	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Thomas J. Daniels		Date of Receipt M / D / Y 09 / 13 / 2008
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.21571
City Iselin	State NJ	Zip Code 08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer WellChoice	Occupation Health Insurance Agent	410.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Thomas J. Daniels		Date of Receipt M / D / Y 09 / 29 / 2008
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20017
City Iselin	State NJ	Zip Code 08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	430.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Thomas J. Daniels		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20261
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Thomas J. Daniels		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20523
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. Thomas J. Daniels		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20773
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 44 / 306
(check only one)
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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Teresa DeBruin		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 400 Interstate N. Parkway #1700		Transaction ID: SA11A1.20775
City Atlanta	State GA	Zip Code 30339-5047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher Deloray		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 154 Wells Avenue		Transaction ID: SA11A1.20526
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	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Christopher Deloray		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 154 Wells Avenue		Transaction ID: SA11A1.20776
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	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Thomas Devine		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 8800 France Avenue South Suite 350		Transaction ID: SA11A1.21968
City Edina	State MN	Zip Code 55435-2007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer David Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rush David Dixon		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.19541
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	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rush David Dixon		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.19785
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	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 46 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Rush David Dixon		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.21905
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Rush David Dixon		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.20023
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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. Rush David Dixon		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.20287
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 ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 47 / 306

(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 - HUPAC

A. Full Name (Last, First, Middle Initial) Rush David Dixon Mailing Address 1375 Piccard Drive Suite 375 City State Zip Code Rockville MD 20852-4346 FEC ID number of contributing federal political committee. C Name of Employer Early, Cassidy & Schilling Occupation VP of EE Benefits Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00		Date of Receipt M / D / Y 11 / 28 / 2003 Transaction ID: SA11A1.20529 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Rush David Dixon Mailing Address 1375 Piccard Drive Suite 375 City State Zip Code Rockville MD 20852-4346 FEC ID number of contributing federal political committee. C Name of Employer Early, Cassidy & Schilling Occupation VP of EE Benefits Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00		Date of Receipt M / D / Y 12 / 30 / 2003 Transaction ID: SA11A1.20779 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Claudia S. Dodge Mailing Address P.O. Box 1737D City State Zip Code Richmond VA 23228 FEC ID number of contributing federal political committee. C Name of Employer BB&T Benefit Consultants of Virginia Occupation Sales Consultant Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M / D / Y 11 / 28 / 2003 Transaction ID: SA11A1.20530 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **210.00**

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

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

Use separate schedule(s)
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(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Claudia S. Dodge		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 17370		Transaction ID: SA11A1.20780
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Jay Donnell		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address One Riverway #2200		Transaction ID: SA11A1.20781
City Houston	State TX	Zip Code 77056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Willis of Texas, Inc.	Occupation Vice President Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Cynthia Doucet		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 106 Oil Center Drive Suite 103		Transaction ID: SA11A1.18997
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 48 / 306

(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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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. Cynthia Doucet		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 106 Oil Center Drive Suite 103		Transaction ID: SA11A1.19182
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource group	Occupation Health Insurance Agent	230.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Cynthia Doucet		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 106 Oil Center Drive Suite 103		Transaction ID: SA11A1.19364
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource group	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18482
City Gretna	State LA	Zip Code 70053-4545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	80.00
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 50 / 306
(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. Eugene Ebersole		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18633
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Date of Receipt M / D / Y 08 / 23 / 2008
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.21269
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 505.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 08 / 02 / 2008
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18821
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 545.00	

SUBTOTAL of Receipts This Page (optional)	145.00
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 51 / 306
(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. Eugene Ebersole		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18998
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.19183
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.19365
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 52 / 306
(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. Thomas M. Evans		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.18466
City State Zip Code Omaha NE 68164-9672	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Evans		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.18637
City State Zip Code Omaha NE 68164-9672	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Thomas M. Evans		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.18825
City State Zip Code Omaha NE 68164-9672	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Thomas M. Evans		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.19002
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Evans		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.21597
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 665.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Thomas M. Evans		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.19187
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

SUBTOTAL of Receipts This Page (optional)	145.00
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 54 / 306

(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. Thomas M. Evans		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.19369
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) B. Nicole Fairbairn		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 147D1 Cumberland Road Suite 180		Transaction ID: SA11A1.20275
City Noblesville	State IN	Zip Code 46060-8715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Nicole Fairbairn		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 147D1 Cumberland Road Suite 180		Transaction ID: SA11A1.20538
City Noblesville	State IN	Zip Code 46060-8715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 55 / 306
(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. Nicole Fairbairn		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 147D1 Cumberland Road Suite 180		Transaction ID: SA11A1.20786
City Noblesville	State IN	Zip Code 46060-8715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.18468
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 385.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.18839
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 56 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. David L. Fear		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.18827
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 495.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.19004
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 10 / 07 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.21583
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. David L. Fear		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.19189
City	State	Zip Code
Rancho Cordova	CA	95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	705.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.19371
City	State	Zip Code
Rancho Cordova	CA	95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	780.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Eva Jean Fomalon		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2003
Mailing Address 2500 Louisiana Blvd. NE, Ste. 300		Transaction ID: SA11A1.20978
City	State	Zip Code
Albuquerque	NM	87110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Delta Dental Plans of NM	Occupation Health Insurance Agent	1800.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	710.00
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 58 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Eva Jean Fornalant		Date of Receipt M / D / Y 12 / 12 / 2003
Mailing Address 2500 Louisiana Blvd. NE, Ste. 300		Transaction ID: SA11A1.21614
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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18470
City	State	Zip Code
Lincoln	NE	68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18841
City	State	Zip Code
Lincoln	NE	68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

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 58 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y 09 / 02 / 2003	
Mailing Address 4435 O Street		Transaction ID: SA11A1.18831	
City Lincoln	State NE	Zip Code 68510-1842	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 330.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y 10 / 02 / 2003	
Mailing Address 4435 O Street		Transaction ID: SA11A1.19008	
City Lincoln	State NE	Zip Code 68510-1842	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 370.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 4435 O Street		Transaction ID: SA11A1.19192	
City Lincoln	State NE	Zip Code 68510-1842	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 410.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19374
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	450.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. John Gaglione		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 2111 West Plum Street Suite 374		Transaction ID: SA11A1.21254
City Aurora	State IL	Zip Code 60506-3267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CIMS	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Bruce Gardner		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.18472
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 61 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Bruce Gardner		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2008
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.18843
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Bruce Gardner		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2009
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.18833
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Bruce Gardner		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2009
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.19010
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	560.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Bruce Gardner		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.19194	
City Austin	State TX	Zip Code 78701-1530	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		
Full Name (Last, First, Middle Initial) B. Bruce Gardner		Date of Receipt M / D / Y 12 / 02 / 2003	
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.19376	
City Austin	State TX	Zip Code 78701-1530	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		
Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 07 / 03 / 2003	
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.21012	
City Toms River	State NJ	Zip Code 08754-1268	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 63 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Charles Garten		Date of Receipt M / D / Y 07 / 30 / 2003	
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.19552	
City Toms River	State NJ	Zip Code 08754-1268	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		
Full Name (Last, First, Middle Initial) B. Charles Garten		Date of Receipt M / D / Y 08 / 28 / 2003	
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.19777	
City Toms River	State NJ	Zip Code 08754-1268	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00		
Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 09 / 13 / 2003	
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.21574	
City Toms River	State NJ	Zip Code 08754-1268	Amount of Each Receipt this Period 155.00
FEC ID number of contributing federal political committee. C			
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00		

SUBTOTAL of Receipts This Page (optional) ► **195.00**

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 64 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Garten		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20035
City Toms River	State NJ	Zip Code 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	Aggregate Year-to-Date ▼ 605.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Garten		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20281
City Toms River	State NJ	Zip Code 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	Aggregate Year-to-Date ▼ 645.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20542
City Toms River	State NJ	Zip Code 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	Aggregate Year-to-Date ▼ 685.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Charles Gartin		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20792
City Toms River	State NJ	Zip Code 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	725.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Jeffrey W. Gennaro		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address PO Box 10315		Transaction ID: SA11A1.19554
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Jeffrey W. Gennaro		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address PO Box 10315		Transaction ID: SA11A1.19779
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	80.00
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 66 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey W. Gennaro		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20037
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Jeffrey W. Gennaro		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20283
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jeffrey W. Gennaro		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20544
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 67 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey W. Gennaro		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20794
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gerard Garshonowitz		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 405 Tarrytown Road, PMB773		Transaction ID: SA11A1.20284
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gerard Garshonowitz		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 405 Tarrytown Road, PMB773		Transaction ID: SA11A1.20545
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Gerard Gershanowitz		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 405 Tarrytown Road, PMB773		Transaction ID: SA11A1.20795
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	275.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.18475
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	450.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19558
City New York	State NY	Zip Code 10016
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	475.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	100.00
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 68 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Patti Goldfarb		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.18646
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	525.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19781
City New York	State NY	Zip Code 10016
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	550.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.18836
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	600.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 70 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Patti Goldfarb		Date of Receipt M / D / Y 09 / 29 / 2003	
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20039	
City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Link	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 625.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 10 / 02 / 2003	
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19013	
City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Link	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 675.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 10 / 30 / 2003	
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20285	
City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Link	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 700.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 71 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Patti Goldfarb		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19197
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	750.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20546
City New York	State NY	Zip Code 10016
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	775.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19379
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	825.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 72 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Patsi Goldfarb		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20796
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Ink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Carolyn L. Goodwin		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.19557
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) C. Carolyn L. Goodwin		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.19782
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 73 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Carolyn L. Goodwin		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20040
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 265.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carolyn L. Goodwin		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20286
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carolyn L. Goodwin		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20547
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 315.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	75.00
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 74 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Carolyn L. Goodwin		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20797
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	340.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Michael Gray		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.18476
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	1040.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Michael Gray		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.18847
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	1240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	425.00
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 75 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Gray		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2003	
Mailing Address 7431 O Street		Transaction ID: SA11A1.18837	
City Lincoln	State NE	Zip Code 68510-2444	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00		
Full Name (Last, First, Middle Initial) B. Michael Gray		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003	
Mailing Address 7431 O Street		Transaction ID: SA11A1.19014	
City Lincoln	State NE	Zip Code 68510-2444	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1840.00		
Full Name (Last, First, Middle Initial) C. Michael Gray		Date of Receipt M / D / Y Y Y Y 10 / 09 / 2003	
Mailing Address 7431 O Street		Transaction ID: SA11A1.21585	
City Lincoln	State NE	Zip Code 68510-2444	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1835.00		

SUBTOTAL of Receipts This Page (optional) ▶ **595.00**

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 76 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Gray		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19198
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2035.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Gray		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19380
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2235.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Katherine Greene		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 802 N. Carancahua Suite 1700		Transaction ID: SA11A1.19199
City Corpus Christi	State TX	Zip Code 78470-0182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	420.00
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 77 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Katherine Greene		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 802 N. Carancahua Suite 1700		Transaction ID: SA11A1.19381
City Corpus Christi	State TX	Zip Code 78470-0182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Jeffrey Grossnickle		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1405 North College Avenue		Transaction ID: SA11A1.20552
City Bloomington	State IN	Zip Code 47404-2417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Insurance Group, In- c.	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Jeffrey Grossnickle		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1405 North College Avenue		Transaction ID: SA11A1.20803
City Bloomington	State IN	Zip Code 47404-2417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Insurance Group, In- c.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 78 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Robert Grundman		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.19016
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Grundman		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.21591
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 305.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Grundman		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.19200
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Robert Grundman		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.19382
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 345.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cynthia Gudy		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20046
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cynthia Gudy		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20293
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 80 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Cynthia Gudy		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20554
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Cynthia Gudy		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20805
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	270.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.21498
City Nevada City	State CA	Zip Code 95559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 81 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Anthony Halby		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.19564
City Nevada City	State CA	Zip Code 95858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Anthony Halby		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.19790
City Nevada City	State CA	Zip Code 95858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	520.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20048
City Nevada City	State CA	Zip Code 95858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	540.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 82 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Anthony Halby		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20295
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anthony Halby		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20556
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20807
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
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 83 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Water Hole Mailing Address 211 East Church Street City State Zip Code Morrilton AR 72110-3419 FEC ID number of contributing federal political committee. C Name of Employer Hawkins Insurance Agency Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M / D / Y 08 / 28 / 2008 Transaction ID: SA11A1.19791 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) B. Water Hole Mailing Address 211 East Church Street City State Zip Code Morrilton AR 72110-3419 FEC ID number of contributing federal political committee. C Name of Employer Hawkins Insurance Agency Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M / D / Y 09 / 28 / 2008 Transaction ID: SA11A1.20049 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) C. Water Hole Mailing Address 211 East Church Street City State Zip Code Morrilton AR 72110-3419 FEC ID number of contributing federal political committee. C Name of Employer Hawkins Insurance Agency Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M / D / Y 10 / 30 / 2008 Transaction ID: SA11A1.20298 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional) ▶		60.00
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 84 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Water Hale		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 211 East Church Street		Transaction ID: SA11A1.20557
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	320.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Water Hale		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 211 East Church Street		Transaction ID: SA11A1.20808
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	340.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.21018
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	670.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 85 / 306

(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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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 07 / 30 / 2003	
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.19587	
City Fayetteville	State NC	Zip Code 28305-5511	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Employee Benefit Systems, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 08 / 28 / 2003	
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.19796	
City Fayetteville	State NC	Zip Code 28305-5511	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Employee Benefit Systems, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 830.00		
Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 09 / 29 / 2003	
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20053	
City Fayetteville	State NC	Zip Code 28305-5511	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Employee Benefit Systems, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 910.00		

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

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

FOR LINE NUMBER: PAGE 86 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Chris Harrison		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20900
City	State	Zip Code
Fayetteville	NC	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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20561
City	State	Zip Code
Fayetteville	NC	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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20812
City	State	Zip Code
Fayetteville	NC	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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 87 / 306
(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. Thomas Harte		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.19589
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.19798
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 580.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas Harte		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20055
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 88 / 306
(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. Thomas Harte		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20902
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	740.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20563
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	820.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Thomas Harte		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20814
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	800.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 88 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. William J. Hartman		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 8270		Transaction ID: SA11A1.20903
City Fort Wayne	State IN	Zip Code 46808-8270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insurance Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William J. Hartman		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 8270		Transaction ID: SA11A1.20564
City Fort Wayne	State IN	Zip Code 46808-8270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insurance Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pamela Harwell		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 4109 Ducan Drive		Transaction ID: SA11A1.20815
City Annandale	State VA	Zip Code 22003-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Complink	Occupation Implementation Manager	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	200.00
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 00 / 306

(check only one)

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

Full Name (Last, First, Middle Initial) A. Leesa Hayes		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19203
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leesa Hayes		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19385
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lori Headley		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.21809
City Portland	State OR	Zip Code 97253-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 01 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Lori Headley		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.20586
City Portland	State OR	Zip Code 97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 285.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lori Headley		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.19386
City Portland	State OR	Zip Code 97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 295.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lori Headley		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.20818
City Portland	State OR	Zip Code 97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	40.00
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 02 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. James Heldebrand		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 814D S. 104th East Avenue Suite 200		Transaction ID: SA11A1.19205
City Tulsa	State OK	Zip Code 74133-1588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Heldebrand & Associates	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. James Heldebrand		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 814D S. 104th East Avenue Suite 200		Transaction ID: SA11A1.19387
City Tulsa	State OK	Zip Code 74133-1588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Heldebrand & Associates	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Lisa Mary Helmen		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.18484
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 03 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Lisa Mary Hellman		Date of Receipt M / D / Y 08 / 04 / 2003	
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.18855	
City Alpharetta	State GA	Zip Code 30005-2054	Amount of Each Receipt this Period 20.00
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 ▼ 260.00		
Full Name (Last, First, Middle Initial) B. Lisa Mary Hellman		Date of Receipt M / D / Y 08 / 18 / 2003	
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.21203	
City Alpharetta	State GA	Zip Code 30005-2054	Amount of Each Receipt this Period 75.00
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 ▼ 335.00		
Full Name (Last, First, Middle Initial) C. Lisa Mary Hellman		Date of Receipt M / D / Y 08 / 02 / 2003	
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.18845	
City Alpharetta	State GA	Zip Code 30005-2054	Amount of Each Receipt this Period 20.00
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 ▼ 355.00		

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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 04 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Lisa Mary Hellman		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.19022
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Lisa Mary Hellman		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.19206
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) C. Lisa Mary Hellman		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.19388
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 05 / 306
(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. Timothy Hendricks		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.18485
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Timothy Hendricks		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.18656
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Timothy Hendricks		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.18846
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 06 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Timothy Hendricks		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.19023
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Timothy Hendricks		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.19207
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Timothy Hendricks		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.19389
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 07 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Hugh Hendrickson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 820 A Street Suite 220		Transaction ID: SA11A1.19390
City Tacoma	State WA	Zip Code 98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Hugh Hendrickson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 820 A Street Suite 220		Transaction ID: SA11A1.20818
City Tacoma	State WA	Zip Code 98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. W. Richard Herd		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.19572
City Salt Lake City	State UT	Zip Code 84108-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
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 08 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. W. Richard Herd		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.19802
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. W. Richard Herd		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20060
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. W. Richard Herd		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20309
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 08 / 306
(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. W. Richard Herd		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20589
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	310.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. W. Richard Herd		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20819
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	330.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Porter Hicks		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address P.O. Box 2480		Transaction ID: SA11A1.21400
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	140.00
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 100 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Porter Hicks</p> <p>Mailing Address P.O. Box 2480</p> <hr/> <p>City State Zip Code Cornelius NC 28031-2480</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 10 / 30 / 2003</p> <p>Transaction ID: SA11A1.20312</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
<p>Name of Employer Hicks, Kohler & Associates</p> <p>Occupation Health Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	

<p>B. Full Name (Last, First, Middle Initial) Porter Hicks</p> <p>Mailing Address P.O. Box 2480</p> <hr/> <p>City State Zip Code Cornelius NC 28031-2480</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 11 / 28 / 2003</p> <p>Transaction ID: SA11A1.20571</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
<p>Name of Employer Hicks, Kohler & Associates</p> <p>Occupation Health Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p>	

<p>C. Full Name (Last, First, Middle Initial) Porter Hicks</p> <p>Mailing Address P.O. Box 2480</p> <hr/> <p>City State Zip Code Cornelius NC 28031-2480</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2003</p> <p>Transaction ID: SA11A1.20821</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
<p>Name of Employer Hicks, Kohler & Associates</p> <p>Occupation Health Insurance Agent</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>	

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

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

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

FOR LINE NUMBER: PAGE 101 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Donna HI		Date of Receipt M / D / Y 07 / 02 / 2003	
Mailing Address PD Box 724		Transaction ID: SA11A1.18489	
City Snellville	State GA	Zip Code 30078	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer DDH Associates	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		
Full Name (Last, First, Middle Initial) B. Donna HI		Date of Receipt M / D / Y 08 / 04 / 2003	
Mailing Address PD Box 724		Transaction ID: SA11A1.18660	
City Snellville	State GA	Zip Code 30078	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer DDH Associates	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) C. Donna HI		Date of Receipt M / D / Y 09 / 02 / 2003	
Mailing Address PD Box 724		Transaction ID: SA11A1.18850	
City Snellville	State GA	Zip Code 30078	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer DDH Associates	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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 102 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Donna HI		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.19027
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Donna HI		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.19211
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Donna HI		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.19393
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 103 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Richard Hill		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18490
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	310.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Richard Hill		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18661
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	380.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Richard Hill		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18851
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	410.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 104 / 306

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

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

Full Name (Last, First, Middle Initial) A. Richard Hill		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19028
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 460.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Hill		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19212
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 510.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Hill		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19394
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
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 105 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Denise Hodges		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3089 Royal Hannah Drive NE		Transaction ID: SA11A1.20314
City	State	Zip Code
Rockford	MI	49341-7885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
	Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	210.00

Full Name (Last, First, Middle Initial) B. Danisa Hodges		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3089 Royal Hannah Drive NE		Transaction ID: SA11A1.20573
City	State	Zip Code
Rockford	MI	49341-7885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
	Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	230.00

Full Name (Last, First, Middle Initial) C. Danlee Hodges		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 3089 Royal Hannah Drive NE		Transaction ID: SA11A1.20823
City	State	Zip Code
Rockford	MI	49341-7885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
	Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

SUBTOTAL of Receipts This Page (optional)	60.00
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 106 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sheri Hokin		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2003	
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.21462	
City Northbrook	State IL	Zip Code 60062-2328	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 245.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Sheri Hokin		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2003	
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.19577	
City Northbrook	State IL	Zip Code 60062-2328	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 285.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Sheri Hokin		Date of Receipt M / D / Y Y Y Y 08 / 28 / 2003	
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.19808	
City Northbrook	State IL	Zip Code 60062-2328	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 285.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

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

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

FOR LINE NUMBER: PAGE 107 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sheri Hokin		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20064
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 305.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sheri Hokin		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20017
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sheri Hokin		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20074
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 345.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
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 108 / 306

(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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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. Sheri Hokin		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20824	
City Northbrook	State IL	Zip Code 60062-2328	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hokin Stenberg Insurance Services	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
Full Name (Last, First, Middle Initial) B. Gloria Danica Hopper		Date of Receipt M / D / Y 07 / 01 / 2003	
Mailing Address 6400 Fairview Road		Transaction ID: SA11A1.20977	
City Charlotte	State NC	Zip Code 28210-3237	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
Full Name (Last, First, Middle Initial) C. Gloria Danica Hopper		Date of Receipt M / D / Y 07 / 30 / 2003	
Mailing Address 6400 Fairview Road		Transaction ID: SA11A1.19579	
City Charlotte	State NC	Zip Code 28210-3237	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 100 / 306

(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. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.21204
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.21205
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.19810
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 110 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Gloria Denise Hopper		Date of Receipt M / D / Y 09 / 20 / 2003	
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20089	
City Charlotte	State NC	Zip Code 28210-3237	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 520.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gloria Denise Hopper		Date of Receipt M / D / Y 10 / 30 / 2003	
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20321	
City Charlotte	State NC	Zip Code 28210-3237	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 540.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gloria Denise Hopper		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20578	
City Charlotte	State NC	Zip Code 28210-3237	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 560.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 111 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Gloria Denise Hopper		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20328
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20071
City Orem	State UT	Zip Code 84058-6976
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. S. David Jackson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20323
City Orem	State UT	Zip Code 84058-6976
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 112 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. S. David Jackson		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20580	
City Orem	State UT	Zip Code 84058-6876	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20830	
City Orem	State UT	Zip Code 84058-6876	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Lisa Jacobs		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 12315 Huston Street		Transaction ID: SA11A1.19220	
City Valley Village	State CA	Zip Code 91607-3618	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer The United States Life Insur. Company	Occupation Senior Sales Executive	Aggregate Year-to-Date ▼ 220.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 113 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lisa Jacobs		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 12315 Huston Street		Transaction ID: SA11A1.19402
City Valley Village	State CA	Zip Code 91607-3618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The United States Life Insur. Company	Occupation Senior Sales Executive	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Art Jetter		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 11305 Chicago Circle		Transaction ID: SA11A1.21616
City Omaha	State NE	Zip Code 68154-2676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Art Jetter & Company	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.19583
City Duluth	State GA	Zip Code 30098-4847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2540.00
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 114 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y 08 / 16 / 2008
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.21228
City Duluth	State GA	Zip Code 30096-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 410.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.19813
City Duluth	State GA	Zip Code 30096-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 08 / 29 / 2008
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20073
City Duluth	State GA	Zip Code 30096-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 470.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 115 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20326
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20582
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 530.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20832
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 116 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Jill Johnson		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 5851 South 59th Street suite C		Transaction ID: SA11A1.21341
City Lincoln	State NE	Zip Code 68516-2388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer First Concord Benefits Group, LLC	Occupation Managing Director	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Suzy Johnson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 6235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.19584
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Suzy Johnson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 6235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.19815
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	300.00
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 117 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Suzy Johnson		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20075
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Suzy Johnson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20328
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Suzy Johnson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20584
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 118 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Suzy Johnson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20834
City State Zip Code Charlotte NC 28211-3508	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Karan D. Jones		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 5225 South Loop 289 Suite 111		Transaction ID: SA11A1.19224
City State Zip Code Lubbock TX 79424-1319	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of IL Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Karan D. Jones		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 5225 South Loop 289 Suite 111		Transaction ID: SA11A1.19408
City State Zip Code Lubbock TX 79424-1319	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of IL Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 110 / 306

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

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

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2003
Mailing Address 2833 State Route 50, Suite B		Transaction ID: SA11A1.21405
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 050.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2003
Mailing Address 2833 State Route 50, Suite B		Transaction ID: SA11A1.18512
City	State	Zip Code
Ravenna	OH	44266-1684
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	Aggregate Year-to-Date ▼ 1050.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2003
Mailing Address 2833 State Route 50, Suite B		Transaction ID: SA11A1.18878
City	State	Zip Code
Ravenna	OH	44266-1684
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	Aggregate Year-to-Date ▼ 1150.00
Receipt For: Primary General Other (specify) ▼		

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 120 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.21539
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.18866
City	State	Zip Code
Ravenna	OH	44266-1684
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 ▼ 1360.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.19043
City	State	Zip Code
Ravenna	OH	44266-1684
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 ▼ 1460.00	

SUBTOTAL of Receipts This Page (optional)	▶	310.00
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 121 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003	
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.19227	
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Kaczmarek Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1560.00		
Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2003	
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.19417	
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Kaczmarek Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1680.00		
Full Name (Last, First, Middle Initial) C. Thelma Kaczmarek		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2003	
Mailing Address 2833 State Rta. 58 Ste. B		Transaction ID: SA11A1.18513	
City State Zip Code Ravenna OH 44266-1684	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00	
Name of Employer Kaczmarek Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00		

SUBTOTAL of Receipts This Page (optional) ▶ **280.00**

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 122 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thelma Kaczmarek		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.18877
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.18867
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Thelma Kaczmarek		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.19044
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 123 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thelma Kaczmarek		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.19228
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.19418
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jack Kekoy		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 3501 State Highway 66		Transaction ID: SA11A1.21575
City Neptune	State NJ	Zip Code 07754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Health Net of the Northeast, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	400.00
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 124 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Alan Katz, JD		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 2000 Corporate Center Drive		Transaction ID: SA11A1.21498
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Cross of California	Occupation Senior Vice President, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.19591
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) C. Thomas Kaufman		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.21540
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

SUBTOTAL of Receipts This Page (optional)	▶	385.00
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 125 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.19822
City	State	Zip Code
San Jose	CA	95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.20081
City	State	Zip Code
San Jose	CA	95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00	

Full Name (Last, First, Middle Initial) C. Thomas Kaufman		Date of Receipt M / D / Y 10 / 15 / 2008
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.21399
City	State	Zip Code
San Jose	CA	95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

SUBTOTAL of Receipts This Page (optional)	175.00
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 126 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1675 Willow Street		Transaction ID: SA11A1.20334
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 805.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1675 Willow Street		Transaction ID: SA11A1.20588
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 890.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph Kellher		Date of Receipt M / D / Y 09 / 14 / 2003
Mailing Address P.O. Box 1657		Transaction ID: SA11A1.21310
City Salem	State VA	Zip Code 24153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BGI Brokerage	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	270.00
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 127 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark D. Kennedy		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.19594
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.19825
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Mark D. Kennedy		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.20084
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts TNs Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 128 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark D. Kennedy		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1173 Brittnmoore Road		Transaction ID: SA11A1.20337
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1173 Brittnmoore Road		Transaction ID: SA11A1.20332
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Mark D. Kennedy		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1173 Brittnmoore Road		Transaction ID: SA11A1.20341
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 129 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Kielan		Date of Receipt M / D / Y 07 / 02 / 2003	
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.18514	
City Omaha	State NE	Zip Code 68145-0279	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) B. Michael Kielan		Date of Receipt M / D / Y 08 / 04 / 2003	
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.18678	
City Omaha	State NE	Zip Code 68145-0279	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		
Full Name (Last, First, Middle Initial) C. Michael Kielan		Date of Receipt M / D / Y 09 / 02 / 2003	
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.18868	
City Omaha	State NE	Zip Code 68145-0279	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 130 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Michael Kielan</p> <p>Mailing Address P.O. Box 45279</p> <hr/> <p>City Omaha State NE Zip Code 68145-0279</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer Harry Koch Insurance Co. </td> <td style="width:35%; border: none;"> Occupation Health Insurance Agent </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 270.00 </td> </tr> </table>	Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	270.00	<p>Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003</p> <hr/> <p>Transaction ID: SA11A1.19045</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	270.00					

<p>B. Full Name (Last, First, Middle Initial) Michael Kielan</p> <p>Mailing Address P.O. Box 45279</p> <hr/> <p>City Omaha State NE Zip Code 68145-0279</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer Harry Koch Insurance Co. </td> <td style="width:35%; border: none;"> Occupation Health Insurance Agent </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 335.00 </td> </tr> </table>	Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	335.00	<p>Date of Receipt M / D / Y Y Y Y 10 / 09 / 2003</p> <hr/> <p>Transaction ID: SA11A1.21592</p> <hr/> <p>Amount of Each Receipt this Period 65.00</p>
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	335.00					

<p>C. Full Name (Last, First, Middle Initial) Michael Kielan</p> <p>Mailing Address P.O. Box 45279</p> <hr/> <p>City Omaha State NE Zip Code 68145-0279</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer Harry Koch Insurance Co. </td> <td style="width:35%; border: none;"> Occupation Health Insurance Agent </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 355.00 </td> </tr> </table>	Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	355.00	<p>Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003</p> <hr/> <p>Transaction ID: SA11A1.19229</p> <hr/> <p>Amount of Each Receipt this Period 20.00</p>
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	355.00					

SUBTOTAL of Receipts This Page (optional)	105.00
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 131 / 306
(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. Michael Kielan		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 4527B		Transaction ID: SA11A1.19419
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Laurie Kohls		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 1150 Springhurst Drive #140		Transaction ID: SA11A1.21370
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Laurie Kohls		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1150 Springhurst Drive #140		Transaction ID: SA11A1.20340
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 132 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Laurie Kohls		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 115D Springhurst Drive #140		Transaction ID: SA11A1.20595	
City Green Bay	State WI	Zip Code 54304	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 275.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Laurie Kohls		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 115D Springhurst Drive #140		Transaction ID: SA11A1.20844	
City Green Bay	State WI	Zip Code 54304	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 285.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y 07 / 02 / 2003	
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.18517	
City Omaha	State NE	Zip Code 68154-4447	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 133 / 306
(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. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2008
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.18681
City	State	Zip Code
Omaha	NE	68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2009
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.18871
City	State	Zip Code
Omaha	NE	68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2009
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.19048
City	State	Zip Code
Omaha	NE	68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 134 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 10 / 09 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.21964
City State Zip Code Omaha NE 68154-4447	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) B. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.19232
City State Zip Code Omaha NE 68154-4447	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.19422
City State Zip Code Omaha NE 68154-4447	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 135 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kenneth Kuhn		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 40 North 100 East		Transaction ID: SA11A1.21186
City	State	Zip Code
Provo	UT	84606-3100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First West Brokerage Service	Occupation Health Insurance Agent	430.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Drew Lamb		Date of Receipt M / D / Y 11 / 27 / 2003
Mailing Address 5925 Carnegie Blvd. Suite 400		Transaction ID: SA11A1.21426
City	State	Zip Code
Charlotte	NC	28209-4659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BB&T Insurance Services, Inc.	Occupation AVP - Employee Benefits	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Kirk Lawless		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 317 RR 620 South Suite 3D1		Transaction ID: SA11A1.20598
City	State	Zip Code
Austin	TX	78734-4700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Insurance Company	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	270.00
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 136 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kirk Lavalée		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 317 RR 620 South Suite 301		Transaction ID: SA11A1.20847
City Austin	State TX	Zip Code 78734-4700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Insurance Co- mpany	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Robert Lay		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.21468
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	350.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Robert Lay		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.19800
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	375.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	245.00
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 137 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Lay		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.19715
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Robert Lay		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20089
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Robert Lay		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20348
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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 138 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Lay		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20800
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	475.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Robert Lay		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20849
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Lance Ledbetter		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 5881 Glenridge Drive, NE Suite 250		Transaction ID: SA11A1.20802
City Atlanta	State GA	Zip Code 30328-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Allstate Financial	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Lance Ledbetter		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 5881 Glenridge Drive, NE Suite 250		Transaction ID: SA11A1.20851
City Atlanta	State GA	Zip Code 30328-6169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Allstate Financial	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.21469
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CompLink	Occupation Health Insurance Agent	330.00
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 07 / 30 / 2003
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.19803
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CompLink	Occupation Health Insurance Agent	350.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 140 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ronald Levine		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.19834
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	380.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20093
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	410.00
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 10 / 30 / 2008
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20350
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	440.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 141 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Ronald Levine		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 248D Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20804
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	470.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 248D Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20853
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Brian Lechly		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.18518
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	580.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
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 142 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Brian Liechty		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.18682
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian Liechty		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.18872
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 720.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian Liechty		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.19049
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 143 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Brian Liechty		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.19233
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian Liechty		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.19423
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Clark Loewe		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.18874
City Houston	State TX	Zip Code 77062-4527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	185.00
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 144 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Clark Loewe		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.19051
City Houston	State TX	Zip Code 77062-4827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Clark Loewe		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.19235
City Houston	State TX	Zip Code 77062-4827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Clark Loewe		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.19425
City Houston	State TX	Zip Code 77062-4827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 145 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sandra Longacre		Date of Receipt M / D / Y 08 / 22 / 2008
Mailing Address 500 North Akard Street Suite 1800		Transaction ID: SA11A1.21278
City Dallas	State TX	Zip Code 75201-6671
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer Morris Temple Financial Services, Inc.	Occupation Health Insurance Agent	580.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dale Maloney		Date of Receipt M / D / Y 07 / 30 / 2008
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.19610
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	580.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dale Maloney		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.19842
City Winter Park	State FL	Zip Code 32789-4808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	640.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	640.00
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 146 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Dale Maloney		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20099
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Dale Maloney		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20358
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dale Maloney		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20811
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 147 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Dale Maloney		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20360
City	State	Zip Code
Winter Park	FL	32789-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 060.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jennifer Manceer		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3700 Colonnade Parkway		Transaction ID: SA11A1.19237
City	State	Zip Code
Birmingham	AL	35243-3216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer Manceer		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3700 Colonnade Parkway		Transaction ID: SA11A1.19427
City	State	Zip Code
Birmingham	AL	35243-3216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.18523
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.18687
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Kimberly Martin		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.21214
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 140 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.18877
City	State	Zip Code
Asheville	NC	28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.19054
City	State	Zip Code
Asheville	NC	28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Kimberly Martin		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.19238
City	State	Zip Code
Asheville	NC	28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 150 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.19428
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donald Mathem		Date of Receipt M / D / Y 08 / 03 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.21188
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Donald Mathem		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.19843
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 151 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Donald Mathern		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 785D Cherrywood Drive		Transaction ID: SA11A1.20100
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Donald Mathern		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 785D Cherrywood Drive		Transaction ID: SA11A1.20359
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Donald Mathern		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 785D Cherrywood Drive		Transaction ID: SA11A1.20812
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	270.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
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 152 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Donald Mathem		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 785D Cherrywood Drive		Transaction ID: SA11A1.20361
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carol Malzniek		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 38905		Transaction ID: SA11A1.19056
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carol Malzniek		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 38905		Transaction ID: SA11A1.19240
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

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

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

FOR LINE NUMBER: PAGE 153 / 306

(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. Carol Matznick		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 38905		Transaction ID: SA11A1.19430
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Matznick		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.19612
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 735.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Matznick		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.19844
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	210.00
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 154 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Meterick		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.20101
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 805.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Meterick		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.20360
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 890.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Meterick		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.20813
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1075.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	255.00
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 155 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. John May		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.19813
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. John May		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.19845
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. John May		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.20102
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 156 / 306

(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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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 May		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.20961
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 480.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John May		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.209614
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 560.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John May		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.20862
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 640.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

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

FOR LINE NUMBER: PAGE 157 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Donna S. McCright		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.21567
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark McWright		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.19620
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	700.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Mark McWright		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.19853
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	800.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	440.00
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 158 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mark McWright		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20109
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark McWright		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20368
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark McWright		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20821
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 150 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark McWright		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20369
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Alex Mercer		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address P.O. Box 2369		Transaction ID: SA11A1.21358
City Matthews	State NC	Zip Code 28106-2369
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Mercer Insurance Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffrey R. Miles		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 520 Washington Boulevard Suite 8D1		Transaction ID: SA11A1.21500
City Marina del Rey	State CA	Zip Code 90252-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	460.00
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 160 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey R. Miles		Date of Receipt M / D / Y 08 / 09 / 2003
Mailing Address 520 Washington Boulevard Suite 801		Transaction ID: SA11A1.21170
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 655.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David R. Moore		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.18692
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David R. Moore		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.21219
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 161 / 306

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

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

Full Name (Last, First, Middle Initial) A. David R. Moore		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.18886
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David R. Moore		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.19066
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. David R. Moore		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.19246
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 162 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. David R. Moore		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.19436
City	State	Zip Code
Burlington	NC	27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 310.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wesley Moore		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.18529
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wesley Moore		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.18893
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 163 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Wesley Moore		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.18687
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Wesley Moore		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.19064
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Wesley Moore		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.19247
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 164 / 306

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

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

Full Name (Last, First, Middle Initial) A. Wesley Moore		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.19437
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	Aggregate Year-to-Date ▼ 525.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dave Mardo		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 718 River Road		Transaction ID: SA11A1.21308
City Fair Haven	State NJ	Zip Code 07704-3359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Walsh Benefits	Occupation Brokers Rep.	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dave Mardo		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 718 River Road		Transaction ID: SA11A1.21309
City Fair Haven	State NJ	Zip Code 07704-3359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Walsh Benefits	Occupation Brokers Rep.	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

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 165 / 306

(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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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. Carolynne E. Muldoon		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 457 Main Street		Transaction ID: SA11A1.20873
City Longmont	State CO	Zip Code 80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Colorado Employee Benefit Group, Inc.	Occupation Owner	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Josh Naca		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 936 North 34th Street Suite 208		Transaction ID: SA11A1.19067
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Josh Naca		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 936 North 34th Street Suite 208		Transaction ID: SA11A1.19250
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 166 / 306

(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. Josh Nace		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 936 North 34th Street Suite 208		Transaction ID: SA11A1.19440
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Denial Health Services	Occupation Vice President Sales & Service	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Linda New		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address PO Box 82326		Transaction ID: SA11A1.20117
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capital Financial Resources	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Linda New		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address PO Box 82326		Transaction ID: SA11A1.20378
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capital Financial Resources	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 167 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Newbold		Date of Receipt M / D / Y 08 / 10 / 2003	
Mailing Address 1208 North Lincoln, Suite 200		Transaction ID: SA11A1.21174	
City Spokane	State WA	Zip Code 99201	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Corkery & Jones Benefits, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ron J. Neuk		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address P.O. Box 82307		Transaction ID: SA11A1.20878	
City Lafayette	State LA	Zip Code 70506-2307	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Global Financial Resources, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kirby Nielsen		Date of Receipt M / D / Y 07 / 30 / 2003	
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.19827	
City Columbus	State OH	Zip Code 43229-1550	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	540.00
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 168 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Kirby Nielsen		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.19887
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	270.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Kirby Nielsen		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20120
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	290.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Kirby Nielsen		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20379
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	310.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 169 / 306

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

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

Full Name (Last, First, Middle Initial) A. Kirby Nielsen		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20831
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Kirby Nielsen		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20879
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Patricia Norbet		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 220748		Transaction ID: SA11A1.20883
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 170 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Frank Novy		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.21474
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Qualified Administrative Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Frank Novy		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.19630
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Frank Novy		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.19870
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 171 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Frank Novy		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20123
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Frank Novy		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20382
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Frank Novy		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20834
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	30.00
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 172 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Frank Nowy		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20884	
City Strongsville	State OH	Zip Code 44148-0261	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Qualified Administrative Services, Inc Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 290.00		
Full Name (Last, First, Middle Initial) B. Ken Dalameier		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 245 South B4th Street Suite W100		Transaction ID: SA11A1.19256	
City Lincoln	State NE	Zip Code 68510-2697	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFLAC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00		
Full Name (Last, First, Middle Initial) C. Ken Dalameier		Date of Receipt M / D / Y 12 / 02 / 2003	
Mailing Address 245 South B4th Street Suite W100		Transaction ID: SA11A1.19448	
City Lincoln	State NE	Zip Code 68510-2697	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFLAC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00		
SUBTOTAL of Receipts This Page (optional) ▶		50.00	
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 173 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.19836
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.19879
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20131
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 440.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 174 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20392
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20643
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	520.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20893
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	560.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 175 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Bobbie Payne		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 1118 Kingspark Drive		Transaction ID: SA11A1.21005
City	State	Zip Code
Tyler	TX	75703-3839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Payne Insurance Sales	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paige Phillips		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.18542
City	State	Zip Code
Birmingham	AL	35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paige Phillips		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.18708
City	State	Zip Code
Birmingham	AL	35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	310.00
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 176 / 306
(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. Paige Phillips		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.18900
City	State	Zip Code
Birmingham	AL	35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Paige Phillips		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.19077
City	State	Zip Code
Birmingham	AL	35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Paige Phillips		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.19280
City	State	Zip Code
Birmingham	AL	35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 177 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Paige Phillips		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.19450
City Birmingham	State AL	Zip Code 35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Diana Popson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 305 Douglas Avenue		Transaction ID: SA11A1.20729
City Altamonte Springs	State FL	Zip Code 32714-3332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fringe Benefit Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Diana Popson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 305 Douglas Avenue		Transaction ID: SA11A1.20900
City Altamonte Springs	State FL	Zip Code 32714-3332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fringe Benefit Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 178 / 306

(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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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 B. Prewit		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 428 Harwood Road		Transaction ID: SA11A1.20852	
City Bedford	State TX	Zip Code 76021-4150	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼	220.00	
Full Name (Last, First, Middle Initial) B. David B. Prewit		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 428 Harwood Road		Transaction ID: SA11A1.20903	
City Bedford	State TX	Zip Code 76021-4150	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼	240.00	
Full Name (Last, First, Middle Initial) C. Alberta Priest		Date of Receipt M / D / Y 08 / 02 / 2003	
Mailing Address P.O. Box 3753		Transaction ID: SA11A1.21187	
City Albuquerque	State NM	Zip Code 87150-3753	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMP Consultants, Inc.	Occupation Health Insurance Agent Aggregate Year-to-Date ▼	300.00	

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 179 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.21478
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Rash		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.19647
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1050.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Susan Rash		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.19889
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 180 / 306

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

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

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20146
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1150.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Rash		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20406
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Susan Rash		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20854
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
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 181 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20905	
City Richmond	State VA	Zip Code 23235-5291	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Benefit Consultants of VA, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1300.00		
Full Name (Last, First, Middle Initial) B. Kenneth Ray		Date of Receipt M / D / Y 07 / 01 / 2003	
Mailing Address P.O. box 14207		Transaction ID: SA11A1.21479	
City Jackson	State MS	Zip Code 39235-4207	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bancorp South Insurance Services Receipt For: Primary General Other (specify) ▼	Occupation Director of Marketing Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) C. Danna J. Recker		Date of Receipt M / D / Y 08 / 04 / 2003	
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.18709	
City Ottawa	State OH	Zip Code 45875-1218	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fawcett, Lemmon, Recker & Associates Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ► **190.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 306
(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. Dennis J. Recker		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.18905
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Dennis J. Recker		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.19081
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Dennis J. Recker		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.19284
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 183 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dennis J. Recker		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.19454
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammion, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Glen Rienscha		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 415 5th. Street P.O. Box 864		Transaction ID: SA11A1.18713
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Advanced Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Glen Rienscha		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 415 5th. Street P.O. Box 864		Transaction ID: SA11A1.18908
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Advanced Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 185 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Glen Riensche		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.19457
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Advanced Financial Services, Inc.	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark Riley		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 290305		Transaction ID: SA11A1.20661
City Columbia	State SC	Zip Code 29229-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group, LLC	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Mark Riley		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 290305		Transaction ID: SA11A1.20912
City Columbia	State SC	Zip Code 29229-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group, LLC	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 186 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Rivera		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 12200 Northwest Freeway #882		Transaction ID: SA11A1.21555
City	State	Zip Code
Houston	TX	77062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.18911
City	State	Zip Code
Lincoln	NE	68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.19087
City	State	Zip Code
Lincoln	NE	68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	160.00
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 187 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Joseph K. Roberts		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.19270	
City Lincoln	State NE	Zip Code 68510	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 290.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y 12 / 02 / 2003	
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.19460	
City Lincoln	State NE	Zip Code 68510	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Aggregate Year-to-Date ▼ 320.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bill Robinson		Date of Receipt M / D / Y 07 / 08 / 2003	
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.21130	
City Martinsville	State IN	Zip Code 46151-2033	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 225.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 188 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Bill Robinson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.19858
City State Zip Code Martinsville IN 46151-2033	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Community Mutual Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Bill Robinson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.19902
City State Zip Code Martinsville IN 46151-2033	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Community Mutual Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Bill Robinson		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.20157
City State Zip Code Martinsville IN 46151-2033	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Community Mutual Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	30.00
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 180 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Bill Robinson</p> <p>Mailing Address 739 East Jackson Street</p> <hr/> <p>City Martinsville State IN Zip Code 46151-2033</p> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer American Community Mutual Insurance </td> <td style="width:35%; border: none;"> Occupation Health Insurance Agent </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 265.00 </td> </tr> </table>	Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	265.00	<p>Date of Receipt M / D / Y Y Y Y 10 / 30 / 2003</p> <hr/> <p>Transaction ID: SA11A1.20417</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	265.00					

<p>B. Full Name (Last, First, Middle Initial) Bill Robinson</p> <p>Mailing Address 739 East Jackson Street</p> <hr/> <p>City Martinsville State IN Zip Code 46151-2033</p> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer American Community Mutual Insurance </td> <td style="width:35%; border: none;"> Occupation Health Insurance Agent </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 275.00 </td> </tr> </table>	Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	275.00	<p>Date of Receipt M / D / Y Y Y Y 11 / 28 / 2003</p> <hr/> <p>Transaction ID: SA11A1.20664</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	275.00					

<p>C. Full Name (Last, First, Middle Initial) Bill Robinson</p> <p>Mailing Address 739 East Jackson Street</p> <hr/> <p>City Martinsville State IN Zip Code 46151-2033</p> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer American Community Mutual Insurance </td> <td style="width:35%; border: none;"> Occupation Health Insurance Agent </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 285.00 </td> </tr> </table>	Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	285.00	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2003</p> <hr/> <p>Transaction ID: SA11A1.20915</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	285.00					

<p>SUBTOTAL of Receipts This Page (optional) ▶</p>	<p>30.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER: PAGE 180 / 306
(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. William T. Robinson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 100 South Sunrise Way PMB 364		Transaction ID: SA11A1.19089
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 100 South Sunrise Way PMB 364		Transaction ID: SA11A1.19274
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	230.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. William T. Robinson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 100 South Sunrise Way PMB 364		Transaction ID: SA11A1.19483
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	60.00
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 101 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Ernest G. Robison		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.19857
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	450.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ernest G. Robison		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.19901
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Ernest G. Robison		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.21580
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 185.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	685.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	285.00
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 102 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Ernest G. Robison		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20156
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	715.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ernest G. Robison		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20416
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	785.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Ernest G. Robison		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20863
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	815.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 183 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Ernest G. Robison</p> <p>Mailing Address 430 Eraste Landry Road</p> <p>City Lafayette State LA Zip Code 70506</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brokers-Givens Insurance, Inc. Occupation Health Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 865.00</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2003</p> <p>Transaction ID: SA11A1.20914</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Sharon Ross</p> <p>Mailing Address 623D Fairview Road Suite 315</p> <p>City Charlotte State NC Zip Code 28210-3253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer United HealthCare Occupation Health Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00</p>	<p>Date of Receipt M / D / Y Y Y Y 08 / 18 / 2003</p> <p>Transaction ID: SA11A1.21521</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Sharon Ross</p> <p>Mailing Address 623D Fairview Road Suite 315</p> <p>City Charlotte State NC Zip Code 28210-3253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer United HealthCare Occupation Health Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 325.00</p>	<p>Date of Receipt M / D / Y Y Y Y 08 / 28 / 2003</p> <p>Transaction ID: SA11A1.19908</p> <p>Amount of Each Receipt this Period 25.00</p>
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SUBTOTAL of Receipts This Page (optional)	175.00
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 184 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sharon Ross		Date of Receipt M / D / Y 09 / 20 / 2003	
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20161	
City Charlotte	State NC	Zip Code 28210-3253	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) B. Sharon Ross		Date of Receipt M / D / Y 10 / 30 / 2003	
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20421	
City Charlotte	State NC	Zip Code 28210-3253	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
Full Name (Last, First, Middle Initial) C. Sharon Ross		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20668	
City Charlotte	State NC	Zip Code 28210-3253	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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 185 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Sharon Ross		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20919
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Eugene Rowe		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.18557
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Eugene Rowe		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.18729
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 186 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Eugene Rowe		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.18915
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Eugene Rowe		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.19091
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Eugene Rowe		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.19275
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 107 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Eugene Rowe		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 18000 Venutra Blvd, #1103		Transaction ID: SA11A1.19464
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 360.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Salaman		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18559
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Salaman		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18731
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2380.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 188 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Receipt M / D / Y 09 / 02 / 2003	
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18917	
City Timonium	State MD	Zip Code 21064-4252	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2370.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Stephen Salamon		Date of Receipt M / D / Y 10 / 02 / 2003	
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.19093	
City Timonium	State MD	Zip Code 21064-4252	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2380.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stephen Salamon		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.19277	
City Timonium	State MD	Zip Code 21064-4252	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2390.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	30.00
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 100 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.19466
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 2400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raymar Sale		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.21482
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 380.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raymar Sale		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.19885
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 410.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
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 200 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Raymer Sale		Date of Receipt M / D / Y Y Y Y 08 / 28 / 2008
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.19909
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Raymer Sale		Date of Receipt M / D / Y Y Y Y 09 / 28 / 2008
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20165
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. Raymer Sale		Date of Receipt M / D / Y Y Y Y 10 / 30 / 2008
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20425
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 201 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Raymer Sale		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20672
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) B. Raymer Sale		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20923
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Tom Schilling		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1205 Sherwood Forest		Transaction ID: SA11A1.19278
City Houston	State TX	Zip Code 77043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Core Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

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

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

FOR LINE NUMBER: PAGE 202 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Tom Schilling		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1205 Sherwood Forest		Transaction ID: SA11A1.19467
City Houston	State TX	Zip Code 77043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Core Benefits	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark Schlange		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 810 Tara Plaza		Transaction ID: SA11A1.18561
City Papillion	State NE	Zip Code 68046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Mark Schlange		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 810 Tara Plaza		Transaction ID: SA11A1.18733
City Papillion	State NE	Zip Code 68046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	30.00
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 203 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mark Schlang		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 810 Tara Plaza		Transaction ID: SA11A1.18919
City	State	Zip Code
Papillion	NE	68046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 4088		Transaction ID: SA11A1.19668
City	State	Zip Code
Wilmington	NC	28408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mel Schlesinger		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address P.O. Box 4088		Transaction ID: SA11A1.21522
City	State	Zip Code
Wilmington	NC	28408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	170.00
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 204 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mel Schlesinger		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.19912
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, PUs	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20167
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, PUs	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Mel Schlesinger		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20427
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, PUs	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 205 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mel Schlesinger		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20674
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20925
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Kenneth Gehring		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 200 North Broadway Suite 1400		Transaction ID: SA11A1.21563
City St. Louis	State MO	Zip Code 63102-2755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Marsh Advantage America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
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 206 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Schumacher		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1804 North Shoreline Blvd #220		Transaction ID: SA11A1.19281
City	State	Zip Code
Mountain View	CA	94043-1350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Schumacher Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Schumacher		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1804 North Shoreline Blvd #220		Transaction ID: SA11A1.19470
City	State	Zip Code
Mountain View	CA	94043-1350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Schumacher Insurance Agency	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Seeker		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 4843 East Thomas Road Suite 2		Transaction ID: SA11A1.19871
City	State	Zip Code
Phoenix	AZ	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 ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 207 / 306

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kevin Seeker		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 4643 East Thomas Road Suite 2		Transaction ID: SA11A1.19915
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Greg Seiferl		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 916 Main St		Transaction ID: SA11A1.20169
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Greg Seiferl		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 916 Main St		Transaction ID: SA11A1.20430
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
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 208 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Greg Seifer		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 918 Main St		Transaction ID: SA11A1.20677
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	275.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mark Sheffer		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.18564
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	1480.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Mark Sheffer		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.21014
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	1580.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	325.00
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 200 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Sheffer		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2003	
Mailing Address P.O. Box 355		Transaction ID: SA11A1.18736	
City Apollo	State PA	Zip Code 15613-0355	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Executive Benefit Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1760.00		
Full Name (Last, First, Middle Initial) B. Mark Sheffer		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2003	
Mailing Address P.O. Box 355		Transaction ID: SA11A1.18923	
City Apollo	State PA	Zip Code 15613-0355	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Executive Benefit Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1860.00		
Full Name (Last, First, Middle Initial) C. Mark Sheffer		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003	
Mailing Address P.O. Box 355		Transaction ID: SA11A1.19098	
City Apollo	State PA	Zip Code 15613-0355	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Executive Benefit Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 2160.00		

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 210 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Sheffer		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.19282
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2360.00	

Full Name (Last, First, Middle Initial) B. Mark Sheffer		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.19471
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2580.00	

Full Name (Last, First, Middle Initial) C. Scott Shelek		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address P.O. Box 67		Transaction ID: SA11A1.21545
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Shelek Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2545.00	

SUBTOTAL of Receipts This Page (optional)	▶	455.00
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 211 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Stuart Shapiro		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 587		Transaction ID: SA11A1.19283
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stuart Shapiro		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 587		Transaction ID: SA11A1.19472
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Shemil		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 427 CenterPointe Circle Suite 1B41		Transaction ID: SA11A1.20171
City Altamonte Springs	State FL	Zip Code 32701-5448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Shemil Insurance Brokerage, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 212 / 306

(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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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 Sherril		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 427 CenterPointe Circle Suite 1841		Transaction ID: SA11A1.20432
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sherril Insurance Brokerage, Inc.	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. David Sherril		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 427 CenterPointe Circle Suite 1841		Transaction ID: SA11A1.20679
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sherril Insurance Brokerage, Inc.	Occupation Health Insurance Agent	230.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. David Sherril		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 427 CenterPointe Circle Suite 1841		Transaction ID: SA11A1.20929
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sherril Insurance Brokerage, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
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 213 / 306

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

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

Full Name (Last, First, Middle Initial) A. Bob G. Shupe		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.19676
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Bob G. Shupe		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.19920
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Bob G. Shupe		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20173
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts TN's Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 214 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Bob G. Shupe		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20434
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Bob G. Shupe		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20681
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Bob G. Shupe		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20931
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 215 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. DeWayne Simpson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 11503 Rocky Valley Drive		Transaction ID: SA11A1.20682
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. DeWayne Simpson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 11503 Rocky Valley Drive		Transaction ID: SA11A1.20932
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Roger Sidner		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 5548 Shorewood Drive		Transaction ID: SA11A1.18925
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	225.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 216 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Roger Skinner		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 5548 Sharewood Drive		Transaction ID: SA11A1.19100
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Roger Skinner		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 5548 Sharewood Drive		Transaction ID: SA11A1.19284
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Roger Skinner		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 5548 Sharewood Drive		Transaction ID: SA11A1.19473
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 217 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey Slater		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 309B Highland Drive Suite 363		Transaction ID: SA11A1.20686
City Salt lake City	State UT	Zip Code 84106-6000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Utah Benefits Insurance, Inc.	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Jeffrey Slater		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 309B Highland Drive Suite 363		Transaction ID: SA11A1.20936
City Salt lake City	State UT	Zip Code 84106-6000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Utah Benefits Insurance, Inc.	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Gregory S. Smith		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20179
City Lincoln	State IL	Zip Code 62658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 218 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Gregory S. Smith		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20440
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Gregory S. Smith		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20687
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Gregory S. Smith		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20997
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
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 210 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Nat Smith		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 5311 77 Center Drive #72		Transaction ID: SA11A1.21986
City	State	Zip Code
Charlotte	NC	28217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rogers Benefit Group Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patricia Smith		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 523 Kirkland Way		Transaction ID: SA11A1.19287
City	State	Zip Code
Kirkland	WA	98033-6219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Smith Meacham Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patricia Smith		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 523 Kirkland Way		Transaction ID: SA11A1.19478
City	State	Zip Code
Kirkland	WA	98033-6219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Smith Meacham Insurance	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	140.00
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 220 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jackie Spragins		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.18743
City	State	Zip Code
Wichita Falls	TX	76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Jackie Spragins		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.18930
City	State	Zip Code
Wichita Falls	TX	76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jackie Spragins		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.19105
City	State	Zip Code
Wichita Falls	TX	76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 221 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Jackie Spragins		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.19289
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Jackie Spragins		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.19478
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James Stanger		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.21002
City Morristown	State NJ	Zip Code 07980-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 222 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. James Stenger		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.19687
City Morristown	State NJ	Zip Code 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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) B. James Stenger		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.19931
City Morristown	State NJ	Zip Code 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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

Full Name (Last, First, Middle Initial) C. James Stenger		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.20184
City Morristown	State NJ	Zip Code 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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00	

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 223 / 306
(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

<p>A. Full Name (Last, First, Middle Initial) James Stenger</p> <p>Mailing Address 288 South Street</p> <hr/> <p>City Morristown State NJ Zip Code 07960-6019</p> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer NAS Financial Services </td> <td style="border: none;"> Occupation Health Insurance Agent </td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none; text-align: right;"> Aggregate Year-to-Date ▼ 2250.00 </td> </tr> </table>	Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	<p>Date of Receipt M / D / Y Y Y Y 10 / 30 / 2003</p> <hr/> <p>Transaction ID: SA11A1.20445</p> <hr/> <p>Amount of Each Receipt this Period 200.00</p>
Name of Employer NAS Financial Services	Occupation Health Insurance Agent				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00				

<p>B. Full Name (Last, First, Middle Initial) James Stenger</p> <p>Mailing Address 288 South Street</p> <hr/> <p>City Morristown State NJ Zip Code 07960-6019</p> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer NAS Financial Services </td> <td style="border: none;"> Occupation Health Insurance Agent </td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none; text-align: right;"> Aggregate Year-to-Date ▼ 2450.00 </td> </tr> </table>	Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	<p>Date of Receipt M / D / Y Y Y Y 11 / 28 / 2003</p> <hr/> <p>Transaction ID: SA11A1.20692</p> <hr/> <p>Amount of Each Receipt this Period 200.00</p>
Name of Employer NAS Financial Services	Occupation Health Insurance Agent				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00				

<p>C. Full Name (Last, First, Middle Initial) James Stenger</p> <p>Mailing Address 288 South Street</p> <hr/> <p>City Morristown State NJ Zip Code 07960-6019</p> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer NAS Financial Services </td> <td style="border: none;"> Occupation Health Insurance Agent </td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none; text-align: right;"> Aggregate Year-to-Date ▼ 2650.00 </td> </tr> </table>	Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	<p>Date of Receipt M / D / Y Y Y Y 12 / 30 / 2003</p> <hr/> <p>Transaction ID: SA11A1.20942</p> <hr/> <p>Amount of Each Receipt this Period 200.00</p>
Name of Employer NAS Financial Services	Occupation Health Insurance Agent				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00				

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 224 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mike Stephens		Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address 7712 S. Yale Ave., #200		Transaction ID: SA11A1.21615	
City Tulsa	State OK	Zip Code 74136-8226	Amount of Each Receipt this Period 190.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Medical Security	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) B. Juliana Stevenson		Date of Receipt M / D / Y 07 / 30 / 2003	
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.19688	
City Fallon	State NV	Zip Code 89407-1476	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		
Full Name (Last, First, Middle Initial) C. Juliana Stevenson		Date of Receipt M / D / Y 08 / 28 / 2003	
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.19932	
City Fallon	State NV	Zip Code 89407-1476	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		

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 225 / 306
(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. Juliana Stevenson		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20185
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	720.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Juliana Stevenson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20446
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	800.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Juliana Stevenson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20893
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	850.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 226 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Juliana Stevenson		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20943	
City Fallon	State NV	Zip Code 89407-1476	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Burley Strader		Date of Receipt M / D / Y 12 / 02 / 2003	
Mailing Address P.O. Box 7803D		Transaction ID: SA11A1.21436	
City Greensboro	State NC	Zip Code 27427-8030	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Aggregate Year-to-Date ▼ 480.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Don Thompson		Date of Receipt M / D / Y 07 / 30 / 2003	
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19893	
City Louisville	State KY	Zip Code 40259-1802	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 350.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
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13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dan Thompson		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19941
City	State	Zip Code
Louisville	KY	40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dan Thompson		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20193
City	State	Zip Code
Louisville	KY	40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dan Thompson		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20452
City	State	Zip Code
Louisville	KY	40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dan Thompson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20700
City	State	Zip Code
Louisville	KY	40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dan Thompson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20950
City	State	Zip Code
Louisville	KY	40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.18577
City	State	Zip Code
South Jordan	UT	84065-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 395.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

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

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(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Ryan Thom		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2008	
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.18752	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thom Insurance Planning, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 415.00		
Full Name (Last, First, Middle Initial) B. Ryan Thom		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2009	
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.18937	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thom Insurance Planning, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 435.00		
Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y Y Y Y 09 / 25 / 2009	
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.21318	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thom Insurance Planning, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 490.00		

SUBTOTAL of Receipts This Page (optional) ▶ **95.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ryan Thom		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003	
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.19112	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thom Insurance Planning, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 510.00		
Full Name (Last, First, Middle Initial) B. Ryan Thom		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2003	
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.19296	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thom Insurance Planning, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 530.00		
Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y Y Y Y 12 / 02 / 2003	
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.19485	
City State Zip Code South Jordan UT 84095-4538	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ryan P. Thom Insurance Planning, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 231 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Danny Tompkins		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20702
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	210.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Danny Tompkins		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20952
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	230.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.18578
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19696
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.18753
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19944
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	60.00
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 233 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.18938
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20196
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19113
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 340.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 234 / 306
(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. Daniel R. Tompkins III		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20455
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19297
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20703
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 235 / 306
(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. Daniel R. Tompkins III		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19486
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	420.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20953
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	440.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Jennifer Toups		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 113113		Transaction ID: SA11A1.19298
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director of Marketing	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	60.00
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 236 / 306

(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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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. Jennifer Toups		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 113113		Transaction ID: SA11A1.19487
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director of Marketing	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Robert Tretter		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.21157
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	215.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Robert Tretter		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.19897
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	235.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
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 237 / 306
(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. Robert Tretter		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.19945
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Robert Tretter		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20197
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Robert Tretter		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20458
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 238 / 306
(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. Robert Tretter		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20704
City	State	Zip Code
Indianapolis	IN	46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Robert Tretter		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20954
City	State	Zip Code
Indianapolis	IN	46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) C. Bynum Tuttle		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address P.O. Box 1110		Transaction ID: SA11A1.21525
City	State	Zip Code
Denton	NC	27239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Employee Benefit Designs Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	140.00
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 230 / 306
(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. Marilyn Van Sant		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.19117
City	State	Zip Code
Iselin	NJ	08830-3009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AmeriHealth	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Marilyn Van Sant		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.19301
City	State	Zip Code
Iselin	NJ	08830-3009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AmeriHealth	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Marilyn Van Sant		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.19490
City	State	Zip Code
Iselin	NJ	08830-3009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AmeriHealth	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 240 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Thomas J. Verich		Date of Receipt M / D / Y 08 / 20 / 2003	
Mailing Address 1412 Royal Palm Square Boulevard Unit 101		Transaction ID: SA11A1.21279	
City State Zip Code Fort Myers FL 33919-1075	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Verich Insurance Agency, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) B. E. Hector Villareal		Date of Receipt M / D / Y 10 / 30 / 2003	
Mailing Address 7272 Wurbach Road Suite 104		Transaction ID: SA11A1.20458	
City State Zip Code San Antonio TX 78240-4802	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Benefit Consul- tants, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) C. E. Hector Villareal		Date of Receipt M / D / Y 11 / 28 / 2003	
Mailing Address 7272 Wurbach Road Suite 104		Transaction ID: SA11A1.20708	
City State Zip Code San Antonio TX 78240-4802	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Benefit Consul- tants, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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 241 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Charles G. Wagner		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 9		Transaction ID: SA11A1.18943
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charles G. Wagner		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 9		Transaction ID: SA11A1.19118
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Charles G. Wagner		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 9		Transaction ID: SA11A1.19303
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 242 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Charles G. Wagner		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 9		Transaction ID: SA11A1.19492
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Michael Wardrip		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 638		Transaction ID: SA11A1.19306
City Lilbum	State GA	Zip Code 30047-0638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Family Protection Agency Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Michael Wardrip		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 638		Transaction ID: SA11A1.19495
City Lilbum	State GA	Zip Code 30047-0638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Family Protection Agency Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 243 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Amy Webb		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 810 South Saratoga Drive		Transaction ID: SA11A1.20958
City Moorestown	State NJ	Zip Code 08057-3831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, LLC	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jessica L. Wenner		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 7406 Christie Chapel Road		Transaction ID: SA11A1.20714
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer IBSI	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jessica L. Wenner		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 7406 Christie Chapel Road		Transaction ID: SA11A1.20961
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer IBSI	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 244 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Charles Westmoreland		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.18588
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Charles Westmoreland		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.18763
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Charles Westmoreland		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.21528
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional)	210.00
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 245 / 306

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Charles Westmoreland		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.18947
City	State	Zip Code
Jackson	MS	39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Charles Westmoreland		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.19122
City	State	Zip Code
Jackson	MS	39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) C. Charles Westmoreland		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.19307
City	State	Zip Code
Jackson	MS	39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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
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FOR LINE NUMBER: PAGE 246 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Charles Westmoreland		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.19496
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	710.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Richard Wheeler		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 617 Highway 71 Building 2-B		Transaction ID: SA11A1.19955
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	220.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Richard Wheeler		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 617 Highway 71 Building 2-B		Transaction ID: SA11A1.20208
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 247 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Richard Wheeler		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 817 Highway 71 Building 2-6		Transaction ID: SA11A1.20465
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	260.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Richard Wheeler		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 817 Highway 71 Building 2-6		Transaction ID: SA11A1.20715
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	280.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Richard Wheeler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 817 Highway 71 Building 2-6		Transaction ID: SA11A1.20962
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 248 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. David B. Wills		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20210
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. David B. Wills		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20469
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. David B. Wills		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20719
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	60.00
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 249 / 306

(check only one)

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

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

A. Full Name (Last, First, Middle Initial) David B. Wills Mailing Address 902 Brynwood Drive City State Zip Code Chattanooga TN 37415-3306 FEC ID number of contributing federal political committee. C Name of Employer D.B. Wills & Co. Occupation President Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2003 Transaction ID: SA11A1.20966 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Steven L. Wilson Mailing Address 1151 Red Mile Road City State Zip Code Lexington KY 40504-2645 FEC ID number of contributing federal political committee. C Name of Employer Benefit Insurance Marketing Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2003 Transaction ID: SA11A1.20967 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Sue Wilson Mailing Address 3555 NW 58th Street, Suite 310 City State Zip Code Oklahoma City OK 73112 FEC ID number of contributing federal political committee. C Name of Employer Sue Wilson Brokerage, Inc. Occupation Health Insurance Agent Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2003 Transaction ID: SA11A1.18952 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts TN's Page (optional) ▶ **95.00**

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 250 / 306
(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. Sue Wilson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.19127
City	State	Zip Code
Oklahoma City	OK	73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Sue Wilson		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.19312
City	State	Zip Code
Oklahoma City	OK	73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	275.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Sue Wilson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.19501
City	State	Zip Code
Oklahoma City	OK	73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	75.00
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 251 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Barbara Wong		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.18812
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Barbara Wong		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.19131
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barbara Wong		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.19318
City	State	Zip Code
Anchorage	AK	99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	75.00
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 252 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Barbara Wong		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.19410
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen J. Woolston		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20985
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer First Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen J. Woolston		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.19989
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 253 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Stephen J. Woolston		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20217
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 370.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen J. Woolston		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20476
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 390.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen J. Woolston		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20728
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 410.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	60.00
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 254 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen J. Woolston		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20972
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) B. Dennis Wright		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: SA11A1.21550
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer D. Edward Wright, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Constance Zerkowski		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.19711
City Westlake Village	State CA	Zip Code 91361-2421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

SUBTOTAL of Receipts This Page (optional)	▶	215.00
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 255 / 306
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Constance Zarkowski		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.19971
City State Zip Code Westlake Village CA 91361-2421	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. Constance Zarkowski		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.20219
City State Zip Code Westlake Village CA 91361-2421	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 785.00	

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 07 / 03 / 2008
Mailing Address 17 North Delmor Avenue		Transaction ID: SA11A1.21001
City State Zip Code Morrisville PA 19067-6278	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Aventi Insurance & Financial Serv. Inc. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 256 / 306

(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 - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Ziff		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.19712
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 660.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Ziff		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.19972
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 740.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20220
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 257 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Robert Ziff		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20478
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Ziff		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20728
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 880.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20974
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 1080.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	43900.00

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

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

FOR LINE NUMBER: PAGE 258 / 306

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

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

Full Name (Last, First, Middle Initial) A. BROWN-WHITE FOR CONGRESS		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 249B CURBREATH RD		Transaction ID: SA16.21824
City BROOKSVILLE	State FL	Zip Code 34602
FEC ID number of contributing federal political committee. C C00367680		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. CASTLE CAMPAIGN FUND		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address P.O Box 133		Transaction ID: SA16.21903
City Wilmington	State DE	Zip Code 19860
FEC ID number of contributing federal political committee. C CD0254838		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. CHOCOLA FOR CONGRESS INC		Date of Receipt M / D / Y 10 / 16 / 2003
Mailing Address PO BOX 6728		Transaction ID: SA16.21904
City SOUTH BEND	State IN	Zip Code 46860
FEC ID number of contributing federal political committee. C CD0384958		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
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 250 / 306
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. DUTCH RUPPERSBERGER FOR CONGRESS		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 22 West Padonia Road Suite A307		Transaction ID: SA16.21892
City Timonium	State MD	Zip Code 21083
FEC ID number of contributing federal political committee. C C00376673		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. HOFFEL FOR CONGRESS COMMITTEE		Date of Receipt M / D / Y 12 / 28 / 2003
Mailing Address 14 WEST MARSHALL STREET		Transaction ID: SA16.21868
City NORRISTOWN	State PA	Zip Code 19401
FEC ID number of contributing federal political committee. C CD0314120		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN BREAUX COMMITTEE		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address POST OFFICE BOX 4042		Transaction ID: SA16.21888
City BATON ROUGE	State LA	Zip Code 70821
FEC ID number of contributing federal political committee. C CD0215830		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
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 260 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MARY BONO COMMITTEE		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address PD BOX 3370		Transaction ID: SA16.21867
City	State	Zip Code
PALM SPRINGS	CA	92263
FEC ID number of contributing federal political committee. C C00332890		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. NORTHUP FOR CONGRESS		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address PD BOX 7313		Transaction ID: SA16.21825
City	State	Zip Code
LOUISVILLE	KY	40207
FEC ID number of contributing federal political committee. C C00364448		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. PORTMAN FOR CONGRESS COMMITTEE		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 2385		Transaction ID: SA16.21870
City	State	Zip Code
Cincinnati	OH	45202
FEC ID number of contributing federal political committee. C C00279299		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
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 261 / 306

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RE-ELECT NANCY JOHNSON TO CONG. COMM.		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. BOX 1986		Transaction ID: SA16.21863
City	State	Zip Code
NEW BRITAIN	CT	06050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SNOWE FOR SENATE		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address P.O. BOX 2000		Transaction ID: SA16.21820
City	State	Zip Code
PORTLAND	ME	04104
FEC ID number of contributing federal political committee. C CD0291855		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	7500.00

**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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Transaction ID: SB21B.24152 Date of Disbursement 07 / 21 / 2003	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 102.08	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	
Candidate Name		Office Sought: House Senate President State: District	
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. AMEX		Transaction ID: SB21B.24153 Date of Disbursement 08 / 21 / 2003	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 34.22	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	
Candidate Name		Office Sought: House Senate President State: District	
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. AMEX		Transaction ID: SB21B.24154 Date of Disbursement 09 / 22 / 2003	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 58.13	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	
Candidate Name		Office Sought: House Senate President State: District	
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ► **194.43**

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Transaction ID: SB21B.24156 Date of Disbursement 10 / 21 / 2003	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 59.17	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	
Candidate Name		Office Sought: House Senate President State: District	
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. AMEX		Transaction ID: SB21B.24157 Date of Disbursement 11 / 21 / 2003	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 42.32	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	
Candidate Name		Office Sought: House Senate President State: District	
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. AMEX		Transaction ID: SB21B.24158 Date of Disbursement 12 / 22 / 2003	
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 40.61	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Monthly Credit Card Settlement Fee	Category/ Type	
Candidate Name		Office Sought: House Senate President State: District	
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶ **136.10**

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)

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<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
<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Bruderle		Transaction ID: SB21B.21637 Date of Disbursement 07 / 17 / 2003	
Mailing Address 2000 North 14th Street, Suite 450		Amount of Each Disbursement this Period 395.00	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement FEC Conference Registration			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. G. Scott Condos		Transaction ID: SB21B.21645 Date of Disbursement 08 / 14 / 2003	
Mailing Address P.O. Box 80987		Amount of Each Disbursement this Period 608.93	
City Las Vegas	State NV	Zip Code 89180-0987	Category/ Type
Purpose of Disbursement Region 8 Meeting Expenses			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. G. Scott Condos		Transaction ID: SB21B.21659 Date of Disbursement 10 / 14 / 2003	
Mailing Address P.O. Box 80987		Amount of Each Disbursement this Period 214.50	
City Las Vegas	State NV	Zip Code 89180-0987	Category/ Type
Purpose of Disbursement Portland AHU Airfare Reimbursement			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ► **1218.43**

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Illinois State AHU		Transaction ID: SB21B.21688 Date of Disbursement 10 / 06 / 2003	
Mailing Address P.O. Box 9135		Amount of Each Disbursement this Period 1234.43	
City Maperville State IL Zip Code 60567-9135	Purpose of Disbursement Stu Shapiro's Travel Reimbursement Candidate Name	Category/ Type	
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.21642 Date of Disbursement 07 / 17 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 276.45	
City Arlington State VA Zip Code 22201	Purpose of Disbursement June 2003 HUPAC Operating Expenses Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Transaction ID: SB21B.21643 Date of Disbursement 08 / 08 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 232.77	
City Arlington State VA Zip Code 22201	Purpose of Disbursement July 2003 HUPAC Operating Expenses Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1745.65
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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.21650 Date of Disbursement 09 / 15 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 486.26	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement August 2003 HUPAC Operating Expenses			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.21658 Date of Disbursement 10 / 10 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 135.11	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement September 2003 HUPAC Operating Expenses			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Transaction ID: SB21B.21664 Date of Disbursement 11 / 14 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 705.88	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement October 2003 HUPAC Operating Expenses			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ▶	1327.26
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)

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<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
<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 - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.21685 Date of Disbursement 12 / 03 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 8250.00	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement Reimbursement for Aristotle Software			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Transaction ID: SB21B.24143 Date of Disbursement 07 / 02 / 2003	
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period 183.08	
City Fairfax	State VA	Zip Code 22030	Category/ Type
Purpose of Disbursement Monthly Credit Card Settlement Fee			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. NOVA Information System		Transaction ID: SB21B.24144 Date of Disbursement 08 / 04 / 2003	
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period 470.21	
City Fairfax	State VA	Zip Code 22030	Category/ Type
Purpose of Disbursement Monthly Credit Card Settlement Fee			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ▶ **6903.29**

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)

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<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 - HUPAC

<p>Full Name (Last, First, Middle Initial) A. NOVA Information System</p> <p>Mailing Address 4020 University Avenue</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Monthly Credit Card Settlement Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.24145 Date of Disbursement 09 / 03 / 2003</p> <p>Amount of Each Disbursement this Period 331.44</p>
--	--

<p>Full Name (Last, First, Middle Initial) B. NOVA Information System</p> <p>Mailing Address 4020 University Avenue</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Monthly Credit Card Settlement Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.24148 Date of Disbursement 10 / 02 / 2003</p> <p>Amount of Each Disbursement this Period 250.28</p>
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<p>Full Name (Last, First, Middle Initial) C. NOVA Information System</p> <p>Mailing Address 4020 University Avenue</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Monthly Credit Card Settlement Fee</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.24147 Date of Disbursement 11 / 04 / 2003</p> <p>Amount of Each Disbursement this Period 250.53</p>
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SUBTOTAL of Disbursements This Page (optional) ▶ **841.25**

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)

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<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
<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. NOVA Information System

Mailing Address 4020 University Avenue

City Fairfax State VA Zip Code 22030

Purpose of Disbursement
Monthly Credit Card Settlement Fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.24148
Date of Disbursement
12 / 02 / 2003

Amount of Each Disbursement this Period
197.66

Full Name (Last, First, Middle Initial)
B. White House Gear

Mailing Address 6905 West Clifton Street

City Tampa State FL Zip Code 33634

Purpose of Disbursement
Air Force One Shirts for Fundraiser

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.21644
Date of Disbursement
08 / 08 / 2003

Amount of Each Disbursement this Period
840.25

Full Name (Last, First, Middle Initial)
C. White House Gear

Mailing Address 6905 West Clifton Street

City Tampa State FL Zip Code 33634

Purpose of Disbursement
Air Force One Shirts for Fundraiser

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.21654
Date of Disbursement
10 / 03 / 2003

Amount of Each Disbursement this Period
4554.77

SUBTOTAL of Disbursements This Page (optional) ▶

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

5592.68

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

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

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(check only one)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. White House Gear		Transaction ID: SB21B.21663 Date of Disbursement 10 / 14 / 2003	
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 390.64	
City Tampa State FL Zip Code 33634	Purpose of Disbursement Air Force One Shirts for Fundraiser	Category/ Type	
Candidate Name	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District			

Full Name (Last, First, Middle Initial) B. White House Gear		Transaction ID: SB21B.21663 Date of Disbursement 12 / 05 / 2003	
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 784.25	
City Tampa State FL Zip Code 33634	Purpose of Disbursement Air Force One Shirts for Fundraiser	Category/ Type	
Candidate Name	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District			

Full Name (Last, First, Middle Initial) C. White House Gear		Transaction ID: SB21B.21667 Date of Disbursement 12 / 15 / 2003	
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 1411.00	
City Tampa State FL Zip Code 33634	Purpose of Disbursement Air Force One Shirts for Fundraiser	Category/ Type	
Candidate Name	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District			

SUBTOTAL of Disbursements This Page (optional)	2585.89
TOTAL This Period (last page this line number only)	20544.98

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

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

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(check only one)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMERICA'S FOUNDATION FKA FIGHT - PAC		Transaction ID: SB23.21882 Date of Disbursement 12 / 11 / 2003	
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Political Contribution	Category/ Type	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Candidate Name	
State: District			

Full Name (Last, First, Middle Initial) B. AMERICA'S MAJORITY TRUST		Transaction ID: SB23.21874 Date of Disbursement 12 / 05 / 2003	
Mailing Address 1155 21ST STREET NW SUITE 300		Amount of Each Disbursement this Period 500.00	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Political Contribution	Category/ Type	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Candidate Name	
State: District			

Full Name (Last, First, Middle Initial) C. AMERICANS FOR A REPUB. MAJ. (ARMPAC)		Transaction ID: SB23.21871 Date of Disbursement 07 / 08 / 2003	
Mailing Address 1155 - 21ST STREET NW SUITE 300		Amount of Each Disbursement this Period 2500.00	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Political Contribution	Category/ Type	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Candidate Name	
State: District			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. ANDREWS FOR CONGRESS COMMITTEE

Transaction ID: SB23.21727

Date of Disbursement

08 / 20 / 2003

Mailing Address 215 FOURTH AVENUE
SUITE 200

City HADDON HEIGHTS State NJ Zip Code 08035

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT E ANDREWS

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NJ District: D1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. ANNE NORTHUP FOR CONGRESS

Transaction ID: SB23.21840

Date of Disbursement

11 / 14 / 2003

Mailing Address PO BOX 7313

City LOUISVILLE State KY Zip Code 40257

Purpose of Disbursement
Political Contribution

Candidate Name
ANNE NORTHUP

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: KY District: D3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. BEN CARDIN FOR CONGRESS

Transaction ID: SB23.21750

Date of Disbursement

09 / 16 / 2003

Mailing Address 100 EAST PRATT STREET 27TH FLOOR

City BALTIMORE State MD Zip Code 21202

Purpose of Disbursement
Political Contribution

Candidate Name
BENJAMIN L CARDIN

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: MD District: D3

Amount of Each Disbursement this Period

500.00

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. BERKLEY FOR CONGRESS

Mailing Address 3069 CONQUISTA COURT

City LAS VEGAS State NV Zip Code 89121

Purpose of Disbursement
Political Contribution

Candidate Name
SHELLEY BERKLEY

Office Sought: House
Senate
President
State: NV District: D1

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21726

Date of Disbursement

08 / 20 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. BLUEGRASS COMMITTEE

Mailing Address 400 North Capitol Street NW #585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21841

Date of Disbursement

11 / 14 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. BOEHNER, JOHN A

Mailing Address 7908-I CINCINNATI DAYTON RD

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement
Political Contribution

Candidate Name
FRIENDS OF JOHN BOEHNER

Office Sought: House
Senate
President
State: OH District: 08

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21879

Date of Disbursement

08 / 11 / 2003

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. BROWN-WAITE, VIRGINIA 'GINNY'

Mailing Address 2499 CULBREATH RD

City State Zip Code
BROOKSVILLE FL 34602

Purpose of Disbursement
Political Contribution

Candidate Name
BROWN-WAITE FOR CONGRESS

Category/
Type

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

State: FL District: D5

Transaction ID: SB23.21844

Date of Disbursement

11 / 14 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BUNNING, JIM

Mailing Address 1717 DIXIE HWY

City State Zip Code
FORT WRIGHT KY 41011

Purpose of Disbursement
Political Contribution

Candidate Name
CITIZENS FOR BUNNING

Category/
Type

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

State: KY District: D0

Transaction ID: SB23.21795

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CARTER, JOHN RICE

Mailing Address 1144 RED BUD LANE

City State Zip Code
ROUND ROCK TX 78664

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN RICE CARTER

Category/
Type

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

State: TX District: 31

Transaction ID: SB23.21711

Date of Disbursement

08 / 20 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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

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

Full Name (Last, First, Middle Initial) A. CASTLE CAMPAIGN FUND		Transaction ID: SB23.21702 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 500.00	
City Wilmington	State DE	Zip Code 19899	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name MICHAEL N CASTLE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: DE District: D0			

Full Name (Last, First, Middle Initial) B. CITIZENS FOR TOM PETRI		Transaction ID: SB23.21799 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 500.00	
City FOND DU LAC	State WI	Zip Code 54635	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name THOMAS E PETRI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: D6			

Full Name (Last, First, Middle Initial) C. COLE FOR CONGRESS		Transaction ID: SB23.21835 Date of Disbursement 11 / 03 / 2003	
Mailing Address P.O. Box 722258		Amount of Each Disbursement this Period 500.00	
City Norman	State OK	Zip Code 73070	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name TOM COLE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OK District: D4			

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. CONGRESSIONAL MAJORITY COMMITTEE (FKA) 96TH CLUB CAMPAIGN COMMITTEE

Mailing Address 3 WEST LENOX ST

City CHEVY CHASE State MD Zip Code 20815

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21861
Date of Disbursement
11 / 16 / 2003

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address PO BOX 1444

City ENNIS State TX Zip Code 75120

Purpose of Disbursement
Political Contribution

Candidate Name
JOE LINUS BARTON

Office Sought: House Senate President
State: TX District 06

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21800
Date of Disbursement
10 / 17 / 2003

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)
C. CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address PO BOX 1444

City ENNIS State TX Zip Code 75120

Purpose of Disbursement
Political Contribution

Candidate Name
JOE LINUS BARTON

Office Sought: House Senate President
State: TX District 06

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21837
Date of Disbursement
11 / 03 / 2003

Amount of Each Disbursement this Period
1000.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. CULBERSON FOR CONGRESS

Mailing Address 2232 SUNSET BLVD

City HOUSTON State TX Zip Code 77005

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN A CULBERSON

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: TX District: D7

Category/
Type

Transaction ID: SB23.21734

Date of Disbursement

08 / 20 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. DEMINT FOR SENATE COMMITTEE INC

Mailing Address POST OFFICE BOX 10407

City GREENVILLE State SC Zip Code 29603

Purpose of Disbursement
Political Contribution

Candidate Name
JAMES W DEMINT

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: SC District: D0

Category/
Type

Transaction ID: SB23.21786

Date of Disbursement

10 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. DOYLE FOR CONGRESS COMMITTEE

Mailing Address 2227 HAMPTON STREET

City PITTSBURGH State PA Zip Code 15218

Purpose of Disbursement
Political Contribution

Candidate Name
MIKE DOYLE

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: PA District: 18

Category/
Type

Transaction ID: SB23.21675

Date of Disbursement

07 / 24 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. DREIER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1110

City COVINA State CA Zip Code 91722

Purpose of Disbursement
Political Contribution

Candidate Name
DAVID DREIER

Category/
Type

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

State: CA District: 28

Transaction ID: SB23.21785

Date of Disbursement

10 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite A307

City Timonium State MD Zip Code 21003

Purpose of Disbursement
Political Contribution

Candidate Name
C.A. DUTCH RUPPERSBERGER

Category/
Type

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

State: MD District: 02

Transaction ID: SB23.21751

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Political Contribution

Candidate Name
BLANCHE LAMBERT LINCOLN

Category/
Type

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

State: AR District: 00

Transaction ID: SB23.21721

Date of Disbursement

08 / 20 / 2003

Amount of Each Disbursement this Period

1000.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. FRIENDS OF CHRIS DODD 2004

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement
Political Contribution

Candidate Name
CHRISTOPHER J DODD

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

State: CT District: D0

Category/
Type

Transaction ID: SB23.21747

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DUKE CUNNINGHAM

Mailing Address 4710 FOURTH ST #100

City LA MESA State CA Zip Code 01041

Purpose of Disbursement
Political Contribution

Candidate Name
RANDY CUNNINGHAM

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

State: CA District: 50

Category/
Type

Transaction ID: SB23.21879

Date of Disbursement

12 / 11 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF JEB HENSARLING

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Political Contribution

Candidate Name
THOMAS JEB HENSARLING

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

State: TX District: 5

Category/
Type

Transaction ID: SB23.21082

Date of Disbursement

08 / 12 / 2003

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. FRIENDS OF JOHN PETERSON

Mailing Address 114 W STATE ST
PO BOX 285

City PLEASANTVILLE State PA Zip Code 16341

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN E PETERSON

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: PA District: D5

Transaction ID: SB23.21673

Date of Disbursement

07 / 24 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF MARK FOLEY

Mailing Address 1316 LAKE VICTORIA DR

City LAKE WORTH State FL Zip Code 33461

Purpose of Disbursement
Political Contribution

Candidate Name
MARK FOLEY

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: FL District: 16

Transaction ID: SB23.21742

Date of Disbursement

09 / 04 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF SAM JOHNSON

Mailing Address PO BOX 860098

City PLANO State TX Zip Code 75086

Purpose of Disbursement
Political Contribution

Candidate Name
SAMUEL ROBERT JOHNSON

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: TX District: 03

Transaction ID: SB23.21839

Date of Disbursement

11 / 12 / 2003

Amount of Each Disbursement this Period

1000.00

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial) A. GIBBONS FOR CONGRESS		Transaction ID: SB23.21746 Date of Disbursement 09 / 04 / 2003	
Mailing Address 542 1/2 Plumas St		Amount of Each Disbursement this Period 500.00	
City Reno State NV Zip Code 89509	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name JAMES A GIBBONS	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NV District: D2			

Full Name (Last, First, Middle Initial) B. HASTERT FOR CONGRESS COMMITTEE		Transaction ID: SB23.21707 Date of Disbursement 08 / 19 / 2003	
Mailing Address P. O. Box 625		Amount of Each Disbursement this Period 500.00	
City Batavia State IL Zip Code 60510	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name J DENNIS HASTERT	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IL District: 14			

Full Name (Last, First, Middle Initial) C. HERGER, WALTER WILLIAM (WALLY) JR		Transaction ID: SB23.21809 Date of Disbursement 10 / 17 / 2003	
Mailing Address P.O. BOX 1500		Amount of Each Disbursement this Period 500.00	
City CHICO State CA Zip Code 95928	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name WALLY HERGER FOR CONGRESS COMMITTEE	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 02			

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

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

Full Name (Last, First, Middle Initial)

A. HOEFFEL FOR SENATE COMMITTEE

Mailing Address 610 HARPER AVENUE

City JENKINTOWN State PA Zip Code 19046

Purpose of Disbursement
Political Contribution

Candidate Name
JOSEPH M HOEFFEL

Category/
Type

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

State: PA District: D0

Transaction ID: SB23.21792

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN BREAUX COMMITTEE

Mailing Address POST OFFICE BOX 4042

City BATON ROUGE State LA Zip Code 70821

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN B BREAUX

Category/
Type

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

State: LA District: D0

Transaction ID: SB23.21899

Date of Disbursement

08 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN SHADEGG FOR CONGRESS

Mailing Address P O BOX 45444

City PHOENIX, State AZ Zip Code 85064

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN BARDEN SHADEGG

Category/
Type

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

State: AZ District: D4

Transaction ID: SB23.21775

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

500.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. KELLER FOR CONGRESS

Mailing Address PO BOX 1453

City ORLANDO State FL Zip Code 32802

Purpose of Disbursement
Political Contribution

Candidate Name
RICHARD ANTHONY KELLER

Office Sought: House Senate President
State: FL District D8

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21812
Date of Disbursement
10 / 28 / 2003

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)
B. LAMUTT FOR CONGRESS

Mailing Address 4667 JEFFERSON TOWNSHIP PLACE

City MARIETTA State GA Zip Code 30066

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT BRUCE LAMUTT

Office Sought: House Senate President
State: GA District D6

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21847
Date of Disbursement
11 / 18 / 2003

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)
C. LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

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: SB23.21767
Date of Disbursement
09 / 16 / 2003

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

1500.00

**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)

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

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

Full Name (Last, First, Middle Initial)
A. LEWIS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 247

City REDLANDS State CA Zip Code 92373

Purpose of Disbursement
Political Contribution

Candidate Name
JERRY LEWIS

Category/
Type

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

State: CA District: 41

Transaction ID: SB23.21834

Date of Disbursement

11 / 03 / 2003

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. MANZULLO, DONALD A

Mailing Address 792 E LIGHTSVILLE ROAD

City EGAN State IL Zip Code 61047

Purpose of Disbursement
Political Contribution

Candidate Name
DONALD A. MANZULLO FOR CONGRESS

Category/
Type

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

State: IL District: 16

Transaction ID: SB23.21774

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Political Contribution

Candidate Name
MARSHA W BLACKBURN

Category/
Type

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

State: TN District: 07

Transaction ID: SB23.21739

Date of Disbursement

09 / 04 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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)

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

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

Full Name (Last, First, Middle Initial) A. MARY BONO COMMITTEE		Transaction ID: SB23.21817 Date of Disbursement 10 / 29 / 2003	
Mailing Address PO BOX 3370		Amount of Each Disbursement this Period 500.00	
City PALM SPRINGS	State CA	Zip Code 92263	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name MARY BONO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARY BONO COMMITTEE		Transaction ID: SB23.21873 Date of Disbursement 12 / 02 / 2003	
Mailing Address PO BOX 3370		Amount of Each Disbursement this Period 500.00	
City PALM SPRINGS	State CA	Zip Code 92263	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name MARY BONO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MATHESON FOR CONGRESS		Transaction ID: SB23.21787 Date of Disbursement 10 / 14 / 2003	
Mailing Address 677 SOUTH 200 WEST SUITE A		Amount of Each Disbursement this Period 500.00	
City SALT LAKE CITY	State UT	Zip Code 84101	Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name JAMES DAVID MATHESON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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

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

Full Name (Last, First, Middle Initial)
A. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Political Contribution

Candidate Name
MICHAEL D CRAPO

Category/
Type

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

State: ID District: D0

Transaction ID: SB23.21696

Date of Disbursement

08 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. MIKE HONDA FOR CONGRESS

Mailing Address 50 W. San Fernando St. Ste. 350

City San Jose State CA Zip Code 95113

Purpose of Disbursement
Political Contribution

Candidate Name
MIKE HONDA

Category/
Type

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

State: CA District: 15

Transaction ID: SB23.21857

Date of Disbursement

11 / 18 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 360

City PRESCOTT State AR Zip Code 71857

Purpose of Disbursement
Political Contribution

Candidate Name
ROSS, MICHAEL AVERY

Category/
Type

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

State: AR District: 04

Transaction ID: SB23.21724

Date of Disbursement

08 / 20 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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

Full Name (Last, First, Middle Initial) A. MOORE FOR CONGRESS		Transaction ID: SB23.21798 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 14631		Amount of Each Disbursement this Period 1000.00	
City SHAWNEE MISSION State KS Zip Code 66285	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name DENNIS MOORE		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KS District: D3		

Full Name (Last, First, Middle Initial) B. MURTHA, JOHN P		Transaction ID: SB23.21877 Date of Disbursement 07 / 24 / 2003	
Mailing Address 109 COLGAGE AVENUE		Amount of Each Disbursement this Period 500.00	
City JOHNSTOWN State PA Zip Code 15805	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name MURTHA FOR CONGRESS COMMITTEE		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12		

Full Name (Last, First, Middle Initial) C. MUSGRAVE FOR CONGRESS		Transaction ID: SB23.21880 Date of Disbursement 08 / 11 / 2003	
Mailing Address 15484 RD 18 1/2		Amount of Each Disbursement this Period 1000.00	
City FORT MORGAN State CO Zip Code 80701	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name MARILYN N MUSGRAVE		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04		

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)

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

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

Full Name (Last, First, Middle Initial)
A. NETHERCUTT FOR SENATE

Mailing Address 601 W RIVERSIDE #1800

City SPOKANE State WA Zip Code 99201

Purpose of Disbursement
Political Contribution

Candidate Name
GEORGE R JR NETHERCUTT

Category/
Type

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

State: WA District: D0

Transaction ID: SB23.21704

Date of Disbursement

08 / 19 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. NETHERCUTT FOR SENATE

Mailing Address 601 W RIVERSIDE #1800

City SPOKANE State WA Zip Code 99201

Purpose of Disbursement
Political Contribution

Candidate Name
GEORGE R JR NETHERCUTT

Category/
Type

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

State: WA District: D0

Transaction ID: SB23.21886

Date of Disbursement

12 / 11 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. NUSSLE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 324

City Manchester State IA Zip Code 52057

Purpose of Disbursement
Political Contribution

Candidate Name
JAMES ALLEN NUSSLE

Category/
Type

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

State: IA District: D1

Transaction ID: SB23.21745

Date of Disbursement

09 / 04 / 2003

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)

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

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

Full Name (Last, First, Middle Initial)
A. OTTER FOR IDAHO

Mailing Address PO BOX 1456

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Political Contribution

Candidate Name
C L BUTCH OTTER

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: ID District: D1

Category/
Type

Transaction ID: SB23.2183B

Date of Disbursement

11 / 03 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. OXLEY FOR CONGRESS

Mailing Address P.O. BOX 2002

City FINDLAY State OH Zip Code 45830

Purpose of Disbursement
Political Contribution

Candidate Name
MICHAEL G OXLEY

Office Sought: House
Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: OH District: D4

Category/
Type

Transaction ID: SB23.2173B

Date of Disbursement

09 / 02 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. PAT TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
Political Contribution

Candidate Name
PATRICK JOSEPH TOOMEY

Office Sought: House
 Senate
President

Disbursement For: 2004
 Primary General
Other (specify) ▼

State: PA District: 00

Category/
Type

Transaction ID: SB23.21876

Date of Disbursement

12 / 11 / 2003

Amount of Each Disbursement this Period

1000.00

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)

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

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

A. PICKERING FOR CONGRESS

Full Name (Last, First, Middle Initial)
PICKERING FOR CONGRESS

Mailing Address P.O. Box 6440

City Laurel State MS Zip Code 39441

Purpose of Disbursement
Political Contribution

Candidate Name
CHARLES W 'CHIP' JR PICKERING

Office Sought: House Senate President
State: MS District: D3

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.2176B
Date of Disbursement
09 / 16 / 2003

Amount of Each Disbursement this Period
500.00

B. POMEROY, EARL RALPH

Full Name (Last, First, Middle Initial)
POMEROY, EARL RALPH

Mailing Address PO BOX 746

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Political Contribution

Candidate Name
EARL POMEROY FOR CONGRESS

Office Sought: House Senate President
State: ND District: D0

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.2177B
Date of Disbursement
09 / 17 / 2003

Amount of Each Disbursement this Period
1200.00

C. PORTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
PORTER FOR CONGRESS

Mailing Address 6905 Pony Cir

City Las Vegas State NV Zip Code 89145

Purpose of Disbursement
Political Contribution

Candidate Name
JON PORTER SR

Office Sought: House Senate President
State: NV District: D03

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21681
Date of Disbursement
08 / 12 / 2003

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2200.00**

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)

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

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

Full Name (Last, First, Middle Initial)
A. PORTMAN, ROBERT J

Mailing Address PO BOX 2365

City State Zip Code
CINCINNATI OH 45202

Purpose of Disbursement
Political Contribution

Candidate Name
PORTMAN FOR CONGRESS COMMITTEE

Category/
Type

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

State: OH District: D2

Transaction ID: SB23.21801

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. PRYCE FOR CONGRESS

Mailing Address 145 E. Rich Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Political Contribution

Candidate Name
DEBORAH PRYCE

Category/
Type

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

State: OH District: 15

Transaction ID: SB23.21765

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. RADANOVICH FOR CONGRESS

Mailing Address 30151 TOMAS STREET

City State Zip Code
RANCHO SANTA MARG CA 92688

Purpose of Disbursement
Political Contribution

Candidate Name
GEORGE RADANOVICH

Category/
Type

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

State: CA District: 19

Transaction ID: SB23.21808

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. RE-ELECT NANCY JOHNSON TO CONG. COMM.

Mailing Address P.O. BOX 1988

City NEW BRITAIN State CT Zip Code 06050

Purpose of Disbursement
Political Contribution - Reissue

Candidate Name
NANCY L JOHNSON

Office Sought: House Senate President
State: CT District: D8

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21872
Date of Disbursement
12 / 02 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. RELY ON YOUR BELIEFS POLITICAL ACTION COMMITTEE

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21855
Date of Disbursement
11 / 18 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. REPUBLICAN PARTY OF LOUISIANA

Mailing Address 7916 Wrenwood Blvd. Suite E

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
Political Contribution

Candidate Name
REPUBLICAN PARTY OF LOUISIANA

Office Sought: House Senate President
State: District:

Disbursement For: 2003
 Primary General
Other (specify) ▼
Special-General

Category/
Type

Transaction ID: SB23.21890
Date of Disbursement
11 / 03 / 2003

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)

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

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

Full Name (Last, First, Middle Initial)
A. RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement
Political Contribution

Candidate Name
RICHARD BURR

Category/
Type

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

State: NC District: D0

Transaction ID: SB23.21845

Date of Disbursement

11 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. ROB BISHOP FOR CONGRESS

Mailing Address PO BOX 2002

City BRIGHAM CITY State UT Zip Code 84302

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT WILLIAM BISHOP

Category/
Type

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

State: UT District: D1

Transaction ID: SB23.21860

Date of Disbursement

11 / 18 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. RYAN, PAUL D

Mailing Address PO BOX 191B

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement
Political Contribution

Candidate Name
RYAN FOR CONGRESS

Category/
Type

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

State: WI District: D1

Transaction ID: SB23.21761

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. SESSIONS FOR CONGRESS

Mailing Address PO BOX 710

City ROANOKE State TX Zip Code 76262

Purpose of Disbursement
Political Contribution

Candidate Name
PETE SESSIONS

Office Sought: House
Senate
President

State: TX District: 28

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21776

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
Political Contribution

Candidate Name
RICHARD C SHELBY

Office Sought: House
 Senate
President

State: AL District: 00

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21728

Date of Disbursement

08 / 20 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. SNOWE FOR SENATE

Mailing Address P.O. BOX 2000

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement
Political Contribution

Candidate Name
OLYMPIA J SNOWE

Office Sought: House
 Senate
President

State: ME District: 00

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21731

Date of Disbursement

08 / 20 / 2003

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)

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<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 - HUPAC

Full Name (Last, First, Middle Initial)
A. SUE KELLY FOR CONGRESS

Mailing Address 700 WHITE PLAINS ROAD SUITE 301

City SCARSDALE State NY Zip Code 10583

Purpose of Disbursement
Political Contribution

Candidate Name
SUE N KELLY

Office Sought: House
Senate
President
State: NY District 19

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.2176D
Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. TAUSCHER, ELLEN O

Mailing Address 75 CANDLESTON PLACE

City ALAMO State CA Zip Code 04507

Purpose of Disbursement
Political Contribution

Candidate Name
ELLEN TAUSCHER FOR CONGRESS

Office Sought: House
Senate
President
State: CA District 10

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.2176B
Date of Disbursement

10 / 14 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. TALIZIN, W J BILLY

Mailing Address B13 HIGHWAY 2D

City THIBODAUX State LA Zip Code 70301

Purpose of Disbursement
Political Contribution

Candidate Name
BILLY TAUZIN CONGRESSIONAL COM

Office Sought: House
Senate
President
State: LA District 03

Disbursement For: 2003
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21766
Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. THOMPSON FOR CONGRESS INC

Mailing Address 5523 GRAND AVENUE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
Political Contribution

Candidate Name
STANLEY J THOMPSON

Office Sought: House
Senate
President

State: IA District D3

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21846

Date of Disbursement

11 / 14 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. TIBERI FOR CONGRESS

Mailing Address 2021 E DUBLIN GRANVILLE RD # 2000

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement
Political Contribution

Candidate Name
PATRICK JOSEPH TIBERI

Office Sought: House
Senate
President

State: OH District 12

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21803

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. TIM MURPHY FOR CONGRESS

Mailing Address PO Box 11721

City Pittsburgh State PA Zip Code 15228

Purpose of Disbursement
Political Contribution

Candidate Name
TIM MURPHY

Office Sought: House
Senate
President

State: PA District 18

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21674

Date of Disbursement

07 / 24 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. TOGETHER FOR OUR MAJORITY PAC (TOMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21735
Date of Disbursement
09 / 02 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. UPTON, FREDERICK STEPHEN

Mailing Address 285 RIDGEWAY
P O BOX 900

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement
Political Contribution

Candidate Name
UPTON FOR ALL OF US

Office Sought: House Senate President
State: MI District D6

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21876
Date of Disbursement
07 / 24 / 2003

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. NYDIA M VELAZQUEZ

Mailing Address 32 Varet Street

City Brooklyn State NY Zip Code 11208

Purpose of Disbursement
Political Contribution

Candidate Name
CM TO RE-ELECT NYDIA VELAZQUEZ TO CNG

Office Sought: House Senate President
State: NY District 12

Disbursement For: 2004
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.21783
Date of Disbursement
09 / 29 / 2003

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)

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

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

Full Name (Last, First, Middle Initial)

A. VOLUNTEER PAC

Mailing Address P.O. Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

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

State: District

Transaction ID: SB23.21813

Date of Disbursement

10 / 28 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VOLUNTEER PAC

Mailing Address P.O. Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

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

State: District

Transaction ID: SB23.21875

Date of Disbursement

12 / 08 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS INC

Mailing Address PO Box 10B1

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Political Contribution

Candidate Name
GREGORY PAUL WALDEN

Category/
Type

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

State: OR District 2

Transaction ID: SB23.21762

Date of Disbursement

09 / 16 / 2003

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. WELCH FOR WISCONSIN

Mailing Address PO BOX 523

City REDGRANITE State WI Zip Code 54970

Purpose of Disbursement
Political Contribution

Candidate Name
ROBERT T WELCH

Category/
Type

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

State: WI District: D0

Transaction ID: SB23.2178D

Date of Disbursement

09 / 29 / 2003

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 15283

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name
JERRY WELLER FOR CONGRESS INC

Category/
Type

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

State: IL District: 11

Transaction ID: SB23.21805

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. WYDEN FOR SENATE

Mailing Address 123 NE 3RD SUITE 321

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Political Contribution

Candidate Name
RONALD LEE WYDEN

Category/
Type

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

State: OR District: 00

Transaction ID: SB23.21789

Date of Disbursement

10 / 17 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

75450.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Barbour for Governor		Transaction ID: SB29.21691 Date of Disbursement 08 / 12 / 2003	
Mailing Address P.O. Box 1499		Amount of Each Disbursement this Period 1000.00	
City Yazoo City State MS Zip Code 39194	Purpose of Disbursement Contribution to Gubernatorial Candidate	Category/ Type	
Candidate Name Haley Barbour	Office Sought: House Senate President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: MS District			

Full Name (Last, First, Middle Initial) B. Fletcher for Governor		Transaction ID: SB29.21758 Date of Disbursement 09 / 16 / 2003	
Mailing Address P.O. Box 910504		Amount of Each Disbursement this Period 1000.00	
City Lexington State KY Zip Code 40501-0504	Purpose of Disbursement Contribution to Gubernatorial Candidate	Category/ Type	
Candidate Name Ernie Fletcher	Office Sought: House Senate President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: KY District			

Full Name (Last, First, Middle Initial) C. Friends of Bobby Jindal		Transaction ID: SB29.21693 Date of Disbursement 08 / 12 / 2003	
Mailing Address P.O. Box 44290		Amount of Each Disbursement this Period 1000.00	
City Baton Rouge State LA Zip Code 70804-4290	Purpose of Disbursement Contribution to Gubernatorial Candidate	Category/ Type	
Candidate Name Bobby Jindal	Office Sought: House Senate President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: LA District			

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

Form/Schedule: ~~5B21 B~~
Transaction ID: ~~5B21 B.24152~~

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.24153~~

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.24154~~

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.24156~~

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.24157~~

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.24158~~

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.24143~~

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.24144~~

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.24145~~

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.24146~~

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.24147~~

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.24148~~

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.