

**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 Political Action Committee - 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** C00283135  
3. **IS THIS REPORT** NEW (N) OR X AMENDED (A)  
CITY STATE ZIP CODE

4. **TYPE OF REPORT (Choose One)**  
(a) Quarterly Reports:  
April 15 Quarterly Report(Q1)  
X July 15 Quarterly Report(Q2)  
October 15 Quarterly Report(Q3)  
January 31 Quarterly Report(YE)  
July 31 Mid-Year Report(Non-election Year Only) (MY)  
Termination Report (TER)  
(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
(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 04 01 2002 through 06 30 2002

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 10 15 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: <sup>h</sup>04 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>06 <sup>d</sup>30 <sup>y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period .....	80765.10	
(c) Total Receipts (from Line 19) .....	36363.50	83253.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	117128.60	150893.50
7. Total Disbursements (from Line 30) .....	29047.32	62812.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88081.28	88081.28
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: <sup>MM</sup>04 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>06 <sup>DD</sup>30 <sup>YYYY</sup>2002

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) .....	15233.00	
(ii) Unitemized .....	21130.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	36363.50	83253.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	36363.50	83253.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	36363.50	83253.50
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	36363.50	83253.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6041.32	17806.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6041.32	17806.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23006.00	45006.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	29047.32	62812.22
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	29047.32	62812.22
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	36363.50	83253.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	36363.50	83253.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	6041.32	17806.22
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	6041.32	17806.22

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)  
**A. Jo Anne Buris**

Mailing Address  
P.O. Box 251  
City: Sheboygan State: WI Zip Code: 53082-0251

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: LMT Maritime Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 460.00

Transaction ID: SA11A1.12313

Full Name (Last, First, Middle Initial)  
**B. D. Bailey Calvin**

Mailing Address  
445 E. 5th Avenue  
City: Anchorage State: AK Zip Code: 99501

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer: Calco. Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.12083

Full Name (Last, First, Middle Initial)  
**C. Jon Cameron**

Mailing Address  
P.O. Box 695  
City: Collierville State: TN Zip Code: 38027-0695

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer: Cameron Benefits, LLC Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.11922

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **330.00**

**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:  
(check only one)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters Political Action Committee - HUPAC

**A.** Full Name (Last, First, Middle Initial)  
Dorothy Cociu

Mailing Address  
P.O. Box 6677

City State Zip Code  
Fullerton CA 92834-6677

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advanced Benefit Consulting Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 225.00

Transaction ID: SA11A1.12390

**B.** Full Name (Last, First, Middle Initial)  
Dan Crook

Mailing Address  
3118 Honey Tree Lane

City State Zip Code  
Austin TX 78746

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dan Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.12293

**C.** Full Name (Last, First, Middle Initial)  
Dan Crook

Mailing Address  
3118 Honey Tree Lane

City State Zip Code  
Austin TX 78746

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dan Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 290.00

Transaction ID: SA11A1.11929

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **230.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Don Crook**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Mailing Address  
3118 Honey Tree Lane

City State Zip Code  
Austin TX 78746

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 120.00

Name of Employer Occupation  
Don Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 410.00

Transaction ID: SA11A1.12410

Full Name (Last, First, Middle Initial)  
**B. Lisa DeRycke**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Mailing Address  
4833 South Sheridan Suite 407

City State Zip Code  
Tulsa OK 74145-5718

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation  
Benefit Designs of Oklahoma Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 210.00

Transaction ID: SA11A1.12425

Full Name (Last, First, Middle Initial)  
**C. George Dunk**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Mailing Address  
4000 Westown Parkway Suite 204

City State Zip Code  
West Des Moines IA 50266-6705

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 240.00

Name of Employer Occupation  
Benefit Source Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.12363

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Eugene Ebersole

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11790

**B.** Full Name (Last, First, Middle Initial)  
Eugene Ebersole

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2002

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12388

**C.** Full Name (Last, First, Middle Initial)  
Eugene Ebersole

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ebersole & Associates, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 360.00

Transaction ID: SA11A1.12101

**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: (check only one)				PAGE 9 / 69
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas M. Evans**

Mailing Address  
2717 North 118th Circle

City State Zip Code  
Omaha NE 68164-9672

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Healthcare Midlands Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11802

Full Name (Last, First, Middle Initial)  
**B. Thomas M. Evans**

Mailing Address  
2717 North 118th Circle

City State Zip Code  
Omaha NE 68164-9672

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Healthcare Midlands Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 280.00

Transaction ID: SA11A1.12105

Full Name (Last, First, Middle Initial)  
**C. David L. Fear**

Mailing Address  
11160 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95870

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 225.00

Transaction ID: SA11A1.12107

**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: (check only one)		PAGE 10 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Fishback**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 2

Mailing Address  
736 Johnson Ferry Road Building C-200  
City State Zip Code  
Marietta GA 30068-5618

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation  
Purchasing Alliance Solutions, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 580.00

Transaction ID: SA11A1.12352

Full Name (Last, First, Middle Initial)  
**B. Eva Jean Fomelont**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 2

Mailing Address  
2500 Louisiana Blvd. NE , Ste. 300  
City State Zip Code  
Albuquerque NM 87110

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1200.00

Name of Employer Occupation  
Delta Dental Plans of NM Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2400.00

Transaction ID: SA11A1.12281

Full Name (Last, First, Middle Initial)  
**C. Charles Garten**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 2

Mailing Address  
1010 Commons Way Bldg. G P.O. Box 1266  
City State Zip Code  
Toms River NJ 08754-1266

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation  
BenefitPort, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00

Transaction ID: SA11A1.12431

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**

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

**A.** Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt  
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y  
04 02 2002  
City New York State NY Zip Code 10016 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00

Name of Employer Medical Link Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 220.00

Transaction ID: SA11A1.11077

**B.** Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt  
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y  
05 02 2002  
City New York State NY Zip Code 10016 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00

Name of Employer Medical Link Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 270.00

Transaction ID: SA11A1.11481

**C.** Full Name (Last, First, Middle Initial) Pati Goldfarb Date of Receipt  
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y  
06 03 2002  
City New York State NY Zip Code 10016 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00

Name of Employer Medical Link Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 320.00

Transaction ID: SA11A1.11812

**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: (check only one)		PAGE 12 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Pats Goldfarb**

Mailing Address  
3D1 Madison Avenue

City State Zip Code  
New York NY 10016

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical Link Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 370.00

Transaction ID: SA11A1.12292

Full Name (Last, First, Middle Initial)  
**B. Pats Goldfarb**

Mailing Address  
3D1 Madison Avenue

City State Zip Code  
New York NY 10016

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical Link Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 420.00

Transaction ID: SA11A1.12114

Full Name (Last, First, Middle Initial)  
**C. Michael Gray**

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 370.00

Transaction ID: SA11A1.11078

**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: (check only one)		PAGE 13 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Michael Gray**

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.11462

Full Name (Last, First, Middle Initial)  
**B. Michael Gray**

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 530.00

Transaction ID: SA11A1.11813

Full Name (Last, First, Middle Initial)  
**C. Michael Gray**

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 630.00

Transaction ID: SA11A1.12287

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **260.00**

**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 / 60

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)  
**A. Michael Gray**

Mailing Address  
7431 O Street

City State Zip Code  
Lincoln NE 68510-2444

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 710.00

Transaction ID: SA11A1.12115

Full Name (Last, First, Middle Initial)  
**B. Katherine Greene**

Mailing Address  
802 N. Carancahua Suite 1700

City State Zip Code  
Corpus Christi TX 78470-0182

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Humana Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.1243B

Full Name (Last, First, Middle Initial)  
**C. Joseph W. Guess**

Mailing Address  
P.O. Box 249

City State Zip Code  
Pickens MS 39146-0249

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Guardian Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.11184

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **380.00**

**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: (check only one)		PAGE 15 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Anthony Halby**

Mailing Address  
313 Railroad Avenue, #201

City State Zip Code  
Nevada City CA 85859

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Halby Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.11942

Full Name (Last, First, Middle Initial)  
**B. Anthony Halby**

Mailing Address  
313 Railroad Avenue, #201

City State Zip Code  
Nevada City CA 85859

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Halby Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 320.00

Transaction ID: SA11A1.12442

Full Name (Last, First, Middle Initial)  
**C. Timothy Hendricks**

Mailing Address  
4200 East Skelly Drive #251

City State Zip Code  
Tulsa OK 74135-3208

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Business Planning Group of OK Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.1147D

**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:  
(check only one)

PAGE 16 / 69

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

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

Full Name (Last, First, Middle Initial)  
**A. Timothy Hendricks**

Mailing Address  
4200 East Skelly Drive #251

City State Zip Code  
Tulsa OK 74135-3206

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Business Planning Group of OK Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.11820

Full Name (Last, First, Middle Initial)  
**B. Timothy Hendricks**

Mailing Address  
4200 East Skelly Drive #251

City State Zip Code  
Tulsa OK 74135-3206

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Business Planning Group of OK Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00

Transaction ID: SA11A1.12126

Full Name (Last, First, Middle Initial)  
**C. Donna HI**

Mailing Address  
PO Box 724

City State Zip Code  
Snelville GA 30076

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 490.00

Transaction ID: SA11A1.11088

**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: (check only one)		PAGE 17 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Donna HI**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 PO Box 724 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Snellville \_\_\_\_\_ GA \_\_\_\_\_ 30078 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 M / D / Y  
 05 / 02 / 2002

Amount of Each Receipt this Period \_\_\_\_\_  
 80.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 DDH Associates \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 550.00

Transaction ID: SA11A1.11472

**B. Richard HI**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 4435 O Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Lincoln \_\_\_\_\_ NE \_\_\_\_\_ 68510-1842 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 M / D / Y  
 06 / 03 / 2002

Amount of Each Receipt this Period \_\_\_\_\_  
 40.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 UNICO Financial Services \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 240.00

Transaction ID: SA11A1.11822

**C. Richard HI**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 4435 O Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Lincoln \_\_\_\_\_ NE \_\_\_\_\_ 68510-1842 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 M / D / Y  
 06 / 28 / 2002

Amount of Each Receipt this Period \_\_\_\_\_  
 40.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 UNICO Financial Services \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 280.00

Transaction ID: SA11A1.1213D

**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: (check only one)		PAGE 18 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dean Hoffman**

Mailing Address  
2025 North Summit Avenue Suite 200  
City Milwaukee State WI Zip Code 53202-1362

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer T.E. Brennan Company Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 290.00

Transaction ID: SA11A1.12280

Full Name (Last, First, Middle Initial)  
**B. Ronald Hoffman**

Mailing Address  
2019 Industrial Drive  
City Bethlehem State PA Zip Code 18017

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Ronald S. Hoffman Insurance Agency Occupation Owner/Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.12447

Full Name (Last, First, Middle Initial)  
**C. Lawrence Kaczmarek**

Mailing Address  
2633 State Route 59, Suite B  
City Ravenna State OH Zip Code 44266-1884

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Kaczmarek Insurance Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.11102

**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:  
(check only one)

PAGE 19 / 69

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

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

**A.** Lawrence Kaczmarek

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 2633 State Route 59, Suite B \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Ravenna \_\_\_\_\_ OH \_\_\_\_\_ 44266-1684 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_ 100.00

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Kaczmarek Insurance Services \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary \_\_\_\_\_ General \_\_\_\_\_  
 Other (specify) ▼ \_\_\_\_\_ 1100.00

Transaction ID: SA11A1.11486

**B.** Lawrence Kaczmarek

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 2633 State Route 59, Suite B \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Ravenna \_\_\_\_\_ OH \_\_\_\_\_ 44266-1684 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_ 100.00

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Kaczmarek Insurance Services \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary \_\_\_\_\_ General \_\_\_\_\_  
 Other (specify) ▼ \_\_\_\_\_ 1200.00

Transaction ID: SA11A1.11835

**C.** Lawrence Kaczmarek

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 2633 State Route 59, Suite B \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Ravenna \_\_\_\_\_ OH \_\_\_\_\_ 44266-1684 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_ 600.00

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Kaczmarek Insurance Services \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary \_\_\_\_\_ General \_\_\_\_\_  
 Other (specify) ▼ \_\_\_\_\_ 1800.00

Transaction ID: SA11A1.12319

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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:  
(check only one)

PAGE 20 / 60

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Transaction ID: SA11A1.12143

Full Name (Last, First, Middle Initial)

B. Thelma Kaczmarek

Mailing Address

2633 State Rte. 59 Ste. B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.11487

Full Name (Last, First, Middle Initial)

C. Thelma Kaczmarek

Mailing Address

2633 State Rte. 59 Ste. B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.11836

**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: (check only one)		PAGE 21 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Thelma Kaczmarek**

Mailing Address  
2633 State Rte. 59 Sta. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.12387

Full Name (Last, First, Middle Initial)  
**B. Thelma Kaczmarek**

Mailing Address  
2633 State Rte. 59 Sta. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.12144

Full Name (Last, First, Middle Initial)  
**C. Thomas Kaufman**

Mailing Address  
1675 Willow Street

City State Zip Code  
San Jose CA 95125

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 390.00

Transaction ID: SA11A1.11332

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **235.00**

**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: (check only one)		PAGE 22 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Thomas Kaufman**

Mailing Address  
1675 Willow Street

City State Zip Code  
San Jose CA 95125

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 475.00

Transaction ID: SA11A1.11690

Full Name (Last, First, Middle Initial)  
**B. Thomas Kaufman**

Mailing Address  
1675 Willow Street

City State Zip Code  
San Jose CA 95125

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 560.00

Transaction ID: SA11A1.11955

Full Name (Last, First, Middle Initial)  
**C. Mary B. Kramer**

Mailing Address  
11508 Miracle Hills Drive, #102

City State Zip Code  
Omaha NE 68154-4447

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Silverstone Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.12400

**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:  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Mary B. Kramer

Mailing Address  
11508 Miracle Hills Drive, #102

City State Zip Code  
Omaha NE 68154-4447

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Silverstone Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.12140

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Kohri

Mailing Address  
40 North 100 East

City State Zip Code  
Provo UT 84606-3100

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
First West Brokerage Service Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.12376

**C.** Full Name (Last, First, Middle Initial)  
Rufe Langley

Mailing Address  
P.O. Box 2997

City State Zip Code  
Durham NC 27715-2997

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RL Forrester Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.12335

**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: (check only one)		PAGE 24 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Gene (Eugene C.) Lee, Jr.**

Mailing Address  
1210 Cole Mill Road

City State Zip Code  
Durham NC 27705-2908

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RL Forrester II Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.11340

Full Name (Last, First, Middle Initial)  
**B. Gene (Eugene C.) Lee, Jr.**

Mailing Address  
1210 Cole Mill Road

City State Zip Code  
Durham NC 27705-2908

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RL Forrester II Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11701

Full Name (Last, First, Middle Initial)  
**C. Gene (Eugene C.) Lee, Jr.**

Mailing Address  
1210 Cole Mill Road

City State Zip Code  
Durham NC 27705-2908

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RL Forrester II Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12314

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Gene (Eugene C.) Lee, Jr.

Mailing Address

1210 Cole Mill Road

City

State

Zip Code

Durham

NC

27705-2908

Date of Receipt

N M / D E / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing  
federal political committee.

Name of Employer

RL Forrester II Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Transaction ID: SA11A1.11965

Full Name (Last, First, Middle Initial)

B. Ronald Levine

Mailing Address

2460 Peach Tree Road, NW

Suite 1514

City

State

Zip Code

Atlanta

GA

30305

Date of Receipt

N M / D E / Y Y Y Y  
04 / 02 / 2002

Amount of Each Receipt this Period

42.00

FEC ID number of contributing  
federal political committee.

Name of Employer

CompLink

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Transaction ID: SA11A1.11109

Full Name (Last, First, Middle Initial)

C. Ronald Levine

Mailing Address

2460 Peach Tree Road, NW

Suite 1514

City

State

Zip Code

Atlanta

GA

30305

Date of Receipt

N M / D E / Y Y Y Y  
05 / 02 / 2002

Amount of Each Receipt this Period

42.00

FEC ID number of contributing  
federal political committee.

Name of Employer

CompLink

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Transaction ID: SA11A1.11493

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

**104.00**

**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: (check only one)		PAGE 26 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Ronald Levine**

Mailing Address  
2460 Peach Tree Road, NW Suite 1514

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

Name of Employer  
CompLink

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 352.00

Transaction ID: SA11A1.11841

Full Name (Last, First, Middle Initial)  
**B. Ronald Levine**

Mailing Address  
2460 Peach Tree Road, NW Suite 1514

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer  
CompLink

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 452.00

Transaction ID: SA11A1.12356

Full Name (Last, First, Middle Initial)  
**C. Ronald Levine**

Mailing Address  
2460 Peach Tree Road, NW Suite 1514

City State Zip Code  
Atlanta GA 30305

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
42.00

FEC ID number of contributing federal political committee.

Name of Employer  
CompLink

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 494.00

Transaction ID: SA11A1.12150

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **184.00**

**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: (check only one)		PAGE 27 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Brian Liechty**

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 320.00

Transaction ID: SA11A1.1111

Full Name (Last, First, Middle Initial)  
**B. Brian Liechty**

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.11495

Full Name (Last, First, Middle Initial)  
**C. Brian Liechty**

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 480.00

Transaction ID: SA11A1.11843

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

**A.** Full Name (Last, First, Middle Initial)  
Brian Liechty

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 560.00

Transaction ID: SA11A1.12152

**B.** Full Name (Last, First, Middle Initial)  
Brian Liechty

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46563-1744

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 660.00

Transaction ID: SA11A1.12360

**C.** Full Name (Last, First, Middle Initial)  
Gary Looney

Mailing Address  
110 East Crockett

City State Zip Code  
San Antonio TX 78205-2812

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Catio & Catio Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 700.00

Transaction ID: SA11A1.12345

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **680.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters Political Action Committee - HUPAC

**A.** Full Name (Last, First, Middle Initial)  
William Mann Sr.

Mailing Address  
11803 Grant Road #209

City State Zip Code  
Cypress TX 77429

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Robertson Mann Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.12290

**B.** Full Name (Last, First, Middle Initial)  
Kimberly Martin

Mailing Address  
180 Charlotte Highway

City State Zip Code  
Asheville NC 28803

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefits Unlimited, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 210.00

Transaction ID: SA11A1.12157

**C.** Full Name (Last, First, Middle Initial)  
Dennis Mather

Mailing Address  
10540 York Road

City State Zip Code  
Cockeysville MD 21030

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BenefitMail.com Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.12304

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1120.00**

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

**SCHEDULE A (FEC Form 3X)  
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	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Dennis Mather** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
1D540 York Road 06 26 2002

City State Zip Code  
Cockeysville MD 21030 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer BenefitMal.com	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1050.00

**Transaction ID: SA11A1.12325**

**B. Michael Melnick** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 38248 04 28 2002

City State Zip Code  
Greensboro NC 27438-8248 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 85.00

Name of Employer MediFlex Benefits Center, Inc.	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 755.00

**Transaction ID: SA11A1.11350**

**C. Michael Melnick** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
P.O. Box 38248 05 30 2002

City State Zip Code  
Greensboro NC 27438-8248 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 85.00

Name of Employer MediFlex Benefits Center, Inc.	Occupation Health Insurance Agent
--	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 840.00

**Transaction ID: SA11A1.11702**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Michael Meterick**

Mailing Address  
P.O. Box 38248  
City Greensboro State NC Zip Code 27438-8248

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 925.00

Transaction ID: SA11A1.11966

Full Name (Last, First, Middle Initial)  
**B. John May**

Mailing Address  
705 Lakeview Plaza Blvd #B  
City Worthington State OH Zip Code 43085-4779

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer May Insurance Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 210.00

Transaction ID: SA11A1.12034

Full Name (Last, First, Middle Initial)  
**C. John May**

Mailing Address  
705 Lakeview Plaza Blvd #B  
City Worthington State OH Zip Code 43085-4779

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer May Insurance Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 235.00

Transaction ID: SA11A1.12453

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **130.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
or each category of the  
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(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. James Mikey**

Mailing Address  
21914 Harper Ave.

City State Zip Code  
Saint Clair Shores MI 48080-2218

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Professional Benefit Planners Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.12296

Full Name (Last, First, Middle Initial)  
**B. James Mikey**

Mailing Address  
21914 Harper Ave.

City State Zip Code  
Saint Clair Shores MI 48080-2218

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Professional Benefit Planners Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 320.00

Transaction ID: SA11A1.11969

Full Name (Last, First, Middle Initial)  
**C. Alan R. Mitchell**

Mailing Address  
P.O. Box 7348

City State Zip Code  
Monroe LA 71211-7348

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 28 / 2002

Amount of Each Receipt this Period  
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Associated Resources Management, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.11600

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Julia Moore**

Mailing Address  
9208 C Anderson Drive, NW  
City: Albuquerque State: NM Zip Code: 87114-5317

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer: J. Moore Insurance Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 270.00

Transaction ID: SA11A1.12355

Full Name (Last, First, Middle Initial)  
**B. Julia Moore**

Mailing Address  
9208 C Anderson Drive, NW  
City: Albuquerque State: NM Zip Code: 87114-5317

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer: J. Moore Insurance Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 280.00

Transaction ID: SA11A1.11970

Full Name (Last, First, Middle Initial)  
**C. Jim Mozingo**

Mailing Address  
201 S. McPherson Church Road Suite 103  
City: Fayetteville State: NC Zip Code: 28305

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer: Independent Insurance Group, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 420.00

Transaction ID: SA11A1.11355

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 69

(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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Jim Mozingo

Mailing Address

2D1 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period

80.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.11707

Full Name (Last, First, Middle Initial)

B. Jim Mozingo

Mailing Address

2D1 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period

80.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Transaction ID: SA11A1.11971

Full Name (Last, First, Middle Initial)

C. David Nelson

Mailing Address

32110 Agoura Road

City

State

Zip Code

Westlake Village

CA

91361

Date of Receipt

N M / D E / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Warner Pacific Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.12403

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

**660.00**

**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: (check only one)		PAGE 35 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Cynthia Osborne**

Mailing Address  
1600 Canal Street Suite 141D  
City State Zip Code  
New Orleans LA 70112

Date of Receipt  
M / D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Patient Care Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 220.00

Transaction ID: SA11A1.12298

Full Name (Last, First, Middle Initial)  
**B. F. Jim Parks**

Mailing Address  
22 West Lake Forest Drive  
City State Zip Code  
Palmyra VA 22963

Date of Receipt  
M / D / Y Y Y Y  
06 / 25 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer F. Jim Parks Agency Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.12368

Full Name (Last, First, Middle Initial)  
**C. Susan Rash**

Mailing Address  
8014 Midlothian Turnpike, #200  
City State Zip Code  
Richmond VA 23235-5291

Date of Receipt  
M / D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Consultants of VA, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 600.00

Transaction ID: SA11A1.1204D

**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: (check only one)		PAGE 36 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dennis J. Recker**

Mailing Address  
971 North Perry Street

City State Zip Code  
Ottawa OH 45875-1218

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fawcett, Lammon, Recker & Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.11868

Full Name (Last, First, Middle Initial)  
**B. Dennis J. Recker**

Mailing Address  
971 North Perry Street

City State Zip Code  
Ottawa OH 45875-1218

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fawcett, Lammon, Recker & Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.12208

Full Name (Last, First, Middle Initial)  
**C. John Rice**

Mailing Address  
625 S. Minnesota Ave., #203

City State Zip Code  
Sioux Falls SD 57104-4873

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
480.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Rice Insurance Agency, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 480.00

Transaction ID: SA11A1.12348

**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: (check only one)		PAGE 37 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Aline Roberts**

Mailing Address  
508 Marin Street, #125

City State Zip Code  
Thousand Oaks CA 91360

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Insurance Dimensions Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 700.00

Transaction ID: SA11A1.12354

Full Name (Last, First, Middle Initial)  
**B. William T. Robinson**

Mailing Address  
100 South Sunrise Way PMB 364

City State Zip Code  
Palm Springs CA 92262-6737

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Palm Canyon Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.12274

Full Name (Last, First, Middle Initial)  
**C. William T. Robinson**

Mailing Address  
100 South Sunrise Way PMB 364

City State Zip Code  
Palm Springs CA 92262-6737

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Palm Canyon Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00

Transaction ID: SA11A1.12212

**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: (check only one)		PAGE 38 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Eugene Rowe**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 16000 Venutra Blvd, #1103 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Encino \_\_\_\_\_ CA \_\_\_\_\_ 91436-2767 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 06 / 28 / 2002 \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_  
 30.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 The Rowe Group \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 210.00

Transaction ID: SA11A1.12213

**B. Stephen Salomon**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 4252 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Timonium \_\_\_\_\_ MD \_\_\_\_\_ 21094-4252 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 04 / 02 / 2002 \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_  
 10.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Heritage Financial Consultants, LLC \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 2340.00

Transaction ID: SA11A1.11143

**C. Stephen Salomon**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 P.O. Box 4252 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Timonium \_\_\_\_\_ MD \_\_\_\_\_ 21094-4252 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 05 / 02 / 2002 \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_  
 10.00

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Heritage Financial Consultants, LLC \_\_\_\_\_ Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 2350.00

Transaction ID: SA11A1.11527

**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: (check only one)		PAGE 39 / 69	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Stephen Salamon**

Mailing Address  
P.O. Box 4252  
City State Zip Code  
Timonium MD 21094-4252

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2360.00

Transaction ID: SA11A1.11877

Full Name (Last, First, Middle Initial)  
**B. Stephen Salamon**

Mailing Address  
P.O. Box 4252  
City State Zip Code  
Timonium MD 21094-4252

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2370.00

Transaction ID: SA11A1.12215

Full Name (Last, First, Middle Initial)  
**C. Rayner Sale**

Mailing Address  
510 Briscoe Blvd. #200  
City State Zip Code  
Lawrenceville GA 30045-6700

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Multiple Benefits Corp. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 230.00

Transaction ID: SA11A1.11991

**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:  
(check only one)

PAGE 40 / 60

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

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

Full Name (Last, First, Middle Initial)  
**A. Mark Schlang**

Mailing Address  
810 Tara Plaza  
City State Zip Code  
Papillion NE 68046

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Benefit Consultant Group, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 210.00

Transaction ID: SA11A1.12217

Full Name (Last, First, Middle Initial)  
**B. Mel Schlesinger**

Mailing Address  
P.O. Box 4068  
City State Zip Code  
Wilmington NC 28406

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dental Plans, Plus Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 208.00

Transaction ID: SA11A1.11993

Full Name (Last, First, Middle Initial)  
**C. Kenneth Gehring**

Mailing Address  
200 North Broadway Suite 1400  
City State Zip Code  
St. Louis MO 63102-2755

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Marsh Advantage America

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.12466

**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: (check only one)				PAGE 41 / 69
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Kathryn Sexton**

Mailing Address  
P.O. Box 720889  
City State Zip Code  
Oklahoma City OK 73172-0899

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2002

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Insurance Solutions Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.12363

Full Name (Last, First, Middle Initial)  
**B. Mark Sheffer**

Mailing Address  
P.O. Box 355  
City State Zip Code  
Apollo PA 15613-0355

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Executive Benefit Plans, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: SA11A1.11146

Full Name (Last, First, Middle Initial)  
**C. Mark Sheffer**

Mailing Address  
P.O. Box 355  
City State Zip Code  
Apollo PA 15613-0355

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Executive Benefit Plans, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.11862

**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:  
(check only one)

PAGE 42 / 69

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Mark Sheffer

Mailing Address

P.O. Box 355

City

State

Zip Code

Apollo

PA

15613-0355

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Executive Benefit Plans, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Transaction ID: SA11A1.12220

Full Name (Last, First, Middle Initial)

B. Scott Shelek

Mailing Address

P.O. Box 87

City

State

Zip Code

Ringwood

IL

60072-0067

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

660.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Shelek Financial Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Transaction ID: SA11A1.12328

Full Name (Last, First, Middle Initial)

C. Stuart Shapiro

Mailing Address

P.O. Box 587

City

State

Zip Code

Wheeling

IL

60090-0587

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Shapiro Financial Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Transaction ID: SA11A1.12467

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **960.00**

**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: (check only one)				PAGE 43 / 69
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Jon Sivars**

Mailing Address  
7920 Miramar Road #125

City State Zip Code  
San Diego CA 92126-4206

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dental Option Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.12468

Full Name (Last, First, Middle Initial)  
**B. Roger Skinner**

Mailing Address  
5546 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.12297

Full Name (Last, First, Middle Initial)  
**C. Roger Skinner**

Mailing Address  
5546 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 275.00

Transaction ID: SA11A1.12222

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **225.00**

**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:  
(check only one)

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

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

**A.** Jackie Spragins  
 Mailing Address: P.O. Box 2073  
 City: Wichita Falls State: TX Zip Code: 76307-2037  
 Date of Receipt: 06 / 28 / 2002  
 Amount of Each Receipt this Period: 20.00  
 Transaction ID: SA11A1.12227

FEC ID number of contributing federal political committee: \_\_\_\_\_

Name of Employer: Spragins Insurance Agency Occupation: Owner/Agent  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

**B.** Carl Stanitzky  
 Mailing Address: 2922 Cypress Street Suite 100  
 City: West Monroe State: LA Zip Code: 71291-5348  
 Date of Receipt: 05 / 28 / 2002  
 Amount of Each Receipt this Period: 240.00  
 Transaction ID: SA11A1.11605

FEC ID number of contributing federal political committee: \_\_\_\_\_

Name of Employer: Southern Heritage Insurance Occupation: Certified Senior Advisor  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

**C.** James Stanger  
 Mailing Address: 268 South Street  
 City: Morristown State: NJ Zip Code: 07960-6019  
 Date of Receipt: 04 / 29 / 2002  
 Amount of Each Receipt this Period: 200.00  
 Transaction ID: SA11A1.11385

FEC ID number of contributing federal political committee: \_\_\_\_\_

Name of Employer: NAS Financial Services Occupation: Health Insurance Agent  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

**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

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(check only one)

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

**A.** Full Name (Last, First, Middle Initial) James Stenger Date of Receipt  
Mailing Address 268 South Street N M / D C / Y Y Y Y  
05 30 2002  
City Morristown State NJ Zip Code 07960-6019 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 200.00  
Name of Employer NAS Financial Services Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00 Transaction ID: SA11A1.11735

**B.** Full Name (Last, First, Middle Initial) James Stenger Date of Receipt  
Mailing Address 268 South Street N M / D C / Y Y Y Y  
05 27 2002  
City Morristown State NJ Zip Code 07960-6019 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 200.00  
Name of Employer NAS Financial Services Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00 Transaction ID: SA11A1.11998

**C.** Full Name (Last, First, Middle Initial) Juliana Stevenson Date of Receipt  
Mailing Address P.O. Box 1476 N M / D C / Y Y Y Y  
08 26 2002  
City Fallon State NV Zip Code 89407-1476 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer Western Nevada Insurance Services, Inc Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 210.00 Transaction ID: SA11A1.12291

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Juliana Stevenson

Mailing Address  
P.O. Box 1476

City State Zip Code  
Fallon NV 89407-1476

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Western Nevada Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.11990

**B.** Full Name (Last, First, Middle Initial)  
Ryan Thom

Mailing Address  
10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095-4538

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ryan P. Thom Insurance Planning, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.12377

**C.** Full Name (Last, First, Middle Initial)  
Ryan Thom

Mailing Address  
10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095-4538

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ryan P. Thom Insurance Planning, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 320.00

Transaction ID: SA11A1.12233

**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

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(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Vinton

Mailing Address  
9480 Deereco Road

City State Zip Code  
Timonium MD 21093

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 360.00

Transaction ID: SA11A1.11395

**B.** Full Name (Last, First, Middle Initial)  
Peter Vinton

Mailing Address  
9480 Deereco Road

City State Zip Code  
Timonium MD 21093

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 440.00

Transaction ID: SA11A1.11744

**C.** Full Name (Last, First, Middle Initial)  
Peter Vinton

Mailing Address  
9480 Deereco Road

City State Zip Code  
Timonium MD 21093

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 520.00

Transaction ID: SA11A1.12007

**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: (check only one)		PAGE 48 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Vicky Van Tersch

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Mailing Address  
5709 North West Avenue

City State Zip Code  
Fresno CA 93711-2366

Amount of Each Receipt this Period  
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Price Associates Insurance Serv., Inc. Regional Sales Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 224.00

Transaction ID: SA11A1.12334

**B.** Full Name (Last, First, Middle Initial)  
Michael Wardrip

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Mailing Address  
P.O. Box 838

City State Zip Code  
Lilburn GA 30047-0838

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Family Protection Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.11901

**C.** Full Name (Last, First, Middle Initial)  
Michael Wardrip

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2002

Mailing Address  
P.O. Box 838

City State Zip Code  
Lilburn GA 30047-0838

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Family Protection Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00

Transaction ID: SA11A1.12242

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Charles Westmoreland

Mailing Address

P.O. Box 925

City

Jackson

State

MS

Zip Code

39205-0923

Date of Receipt

N M / D E / Y Y Y Y  
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

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

Transaction ID: SA11A1.11164

Full Name (Last, First, Middle Initial)

B. Charles Westmoreland

Mailing Address

P.O. Box 925

City

Jackson

State

MS

Zip Code

39205-0923

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

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

Transaction ID: SA11A1.11550

Full Name (Last, First, Middle Initial)

C. Charles Westmoreland

Mailing Address

P.O. Box 925

City

Jackson

State

MS

Zip Code

39205-0923

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer

American Public Life Insurance Co.

Occupation

Director of Agency Development

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: SA11A1.11902

**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: (check only one)		PAGE 50 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Charles Westmoreland

Mailing Address  
P.O. Box 925

City State Zip Code  
Jackson MS 39205-0923

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Public Life Insurance Co. Director of Agency Development

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.12263

**B.** Full Name (Last, First, Middle Initial)  
Charles Westmoreland

Mailing Address  
P.O. Box 925

City State Zip Code  
Jackson MS 39205-0923

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Public Life Insurance Co. Director of Agency Development

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 550.00

Transaction ID: SA11A1.12243

**C.** Full Name (Last, First, Middle Initial)  
Jenni Whitaker

Mailing Address  
131 Interpark Avenue

City State Zip Code  
San Antonio TX 78216-1841

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Eichitz, Dennis, Wray & Westheimer Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00

Transaction ID: SA11A1.12405

**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: (check only one)		PAGE 51 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Trei Wild**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 5495 Belt Line Road Suite 155 \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Dallas TX 75240-7643 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 06 / 26 / 2002 \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Safeguard Health Plans Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General \_\_\_\_\_  
 Other (specify) ▼ \_\_\_\_\_ 850.00

Amount of Each Receipt this Period \_\_\_\_\_

Transaction ID: SA11A1.12290

**B. Jeanine Wilson**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 400 Field Drive \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Lake Forest IL 60045-2581 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 06 / 26 / 2002 \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Starmark Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General \_\_\_\_\_  
 Other (specify) ▼ \_\_\_\_\_ 460.00

Amount of Each Receipt this Period \_\_\_\_\_

Transaction ID: SA11A1.12351

**C. Robert Ziff**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 17 North Delmorr Avenue \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Morrisville PA 19067-6278 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 04 / 29 / 2002 \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Avanti Insurance & Financial Serv, Inc Health Insurance Agent \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General \_\_\_\_\_  
 Other (specify) ▼ \_\_\_\_\_ 340.00

Amount of Each Receipt this Period \_\_\_\_\_

Transaction ID: SA11A1.11402

**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: (check only one)				PAGE 52 / 60
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Robert Ziff**

Mailing Address  
17 North Dalmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Avanti Insurance & Financial Serv, Inc Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 420.00

Transaction ID: SA11A1.11750

Full Name (Last, First, Middle Initial)  
**B. Robert Ziff**

Mailing Address  
17 North Dalmorr Avenue

City State Zip Code  
Morrisville PA 19067-6278

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Avanti Insurance & Financial Serv, Inc Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.12013

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>15233.00</b>

**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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) <b>A. AMEX</b>		Date of Disbursement 04 / 22 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.54
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11413
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMEX</b>		Date of Disbursement 06 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.54
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11760
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMEX</b>		Date of Disbursement 06 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 18.44
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12181
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>43.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey W. Gennaro</b>		Date of Disbursement 06 / 26 / 2002	
Mailing Address PO Box 10315 City State Zip Code Phoenix AZ 85064-0315		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement HUPAC Convention Raffle Winner		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.12478		

Full Name (Last, First, Middle Initial) <b>B. National Association of Health Underwriters</b>		Date of Disbursement 04 / 17 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 154.21	
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.11282		

Full Name (Last, First, Middle Initial) <b>C. National Association of Health Underwriters</b>		Date of Disbursement 04 / 24 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 1375.00	
Purpose of Disbursement CC 2002 Board Registration Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.11283		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1779.21</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) <b>A. National Association of Health Underwriters</b>		Date of Disbursement 05 / 17 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 815.85
Purpose of Disbursement Reimbursement for PAC admin. costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11763
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Association of Health Underwriters</b>		Date of Disbursement 06 / 12 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 251.72
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12177
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NOVA Information System</b>		Date of Disbursement 04 / 02 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 81.58
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11414
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1148.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) <b>A. NOVA Information System</b>		Date of Disbursement 05 / 02 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 80.84	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name		Transaction ID: SB21B.11762	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. NOVA Information System</b>		Date of Disbursement 06 / 04 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 88.83	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name		Transaction ID: SB21B.12183	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. Jim Poe</b>		Date of Disbursement 06 / 26 / 2002	
Mailing Address P.O. Box 850011 City: Yukon State: OK Zip Code: 73085-0011		Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement HUPAC Convention Raffle Winner		Category/ Type	
Candidate Name		Transaction ID: SB21B.12478	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:            District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>929.47</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

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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
	26		27		28a		28b		28c
									29

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stuart Shapiro</p> <p>Mailing Address P.O. Box 587 City Wheeling State IL Zip Code 60090-0587</p> <p>Purpose of Disbursement HUPAC Convention Raffle Prize Winner</p> <p>Candidate Name</p>		<p>Date of Disbursement 06 / 26 / 2002</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.12480</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sylvester Management Corporation</p> <p>Mailing Address P.O. Box 986 City Irma State SC Zip Code 29063</p> <p>Purpose of Disbursement FEC 2002 DC Trade Conference</p> <p>Candidate Name</p>		<p>Date of Disbursement 04 / 26 / 2002</p> <p>Amount of Each Disbursement this Period 375.00</p>
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: SB21B.11341</p>

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5776.13</b>

**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				

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

Full Name (Last, First, Middle Initial) <b>A. EVAN BAYH</b>		Date of Disbursement 06 / 06 / 2002
Mailing Address 10 W MARKET SUITE 2000 City: INDIANAPOLIS State: IN Zip Code: 46204		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name EVAN BAYH COMMITTEE	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: IN District: 00	Transaction ID: SB23.12169

Full Name (Last, First, Middle Initial) <b>B. ROY BLUNT</b>		Date of Disbursement 06 / 06 / 2002
Mailing Address PO BOX 278 City: STRAFFORD State: MO Zip Code: 65757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name FRIENDS OF ROY BLUNT	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	State: MO District: 07	Transaction ID: SB23.11582

Full Name (Last, First, Middle Initial) <b>C. BOEHNER, JOHN A</b>		Date of Disbursement 06 / 06 / 2002
Mailing Address 7908-I CINCINNATI DAYTON RD City: WEST CHESTER State: OH Zip Code: 45069		Amount of Each Disbursement this Period 450.00
Purpose of Disbursement Political Contribution	Candidate Name FRIENDS OF JOHN BOEHNER	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: OH District: 08	Transaction ID: SB23.12168

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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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				

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

Full Name (Last, First, Middle Initial) <b>A. CALDER BENJAMIN III CLAY</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address 1824 MT PARAN ROAD NW City ATLANTA State GA Zip Code 30327		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CALDER CLAY FOR US CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: GA      District: 03	Transaction ID: SB23.11622		

Full Name (Last, First, Middle Initial) <b>B. LARRY E CRAIG</b>		Date of Disbursement 05 / 22 / 2002	
Mailing Address 2250 6TH AVE SW City PAYETTE State ID Zip Code 83661		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CRAIG FOR U S SENATE			
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: ID      District: 00	Transaction ID: SB23.11584		

Full Name (Last, First, Middle Initial) <b>C. MIKE DOYLE</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address 2227 HAMPTON ST City PITTSBURGH State PA Zip Code 15218		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DOYLE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 14	Transaction ID: SB23.11631		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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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				

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

Full Name (Last, First, Middle Initial) <b>A. BOB ETHERIDGE</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address PO BOX 28001 City: RALEIGH State: NC Zip Code: 27611		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BOB ETHERIDGE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC      District: 02	Transaction ID: SB23.11611		

Full Name (Last, First, Middle Initial) <b>B. HAROLD JR FORD</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address 5B RIVERMIST LANE City: MEMPHIS State: TN Zip Code: 38103		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RE-ELECT HAROLD FORD JR			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: TN      District: 09	Transaction ID: SB23.11613		

Full Name (Last, First, Middle Initial) <b>C. JIM GERLACH</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address 806 HARBOUR RIDGE LANE City: DOWNINGTOWN State: PA Zip Code: 19335		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 08	Transaction ID: SB23.11619		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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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				

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

Full Name (Last, First, Middle Initial) <b>A. GRANGER, KAY</b>		Date of Disbursement 05 / 07 / 2002
Mailing Address 715 JONES STREET City: FORT WORTH State: TX Zip Code: 76102		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name KAY GRANGER CAMPAIGN FUND	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TX District: 12	Transaction ID: SB23.11564

Full Name (Last, First, Middle Initial) <b>B. RALPH M HALL</b>		Date of Disbursement 06 / 03 / 2002
Mailing Address 1500 SUNSET HILL DRIVE City: ROCKWALL State: TX Zip Code: 75087		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name HALL FOR CONGRESS COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TX District: 04	Transaction ID: SB23.12160

Full Name (Last, First, Middle Initial) <b>C. TIM HUTCHINSON</b>		Date of Disbursement 04 / 25 / 2002
Mailing Address PO BOX 989 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name HUTCHINSON FOR SENATE	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: AR District: 00	Transaction ID: SB23.11200

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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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

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

Full Name (Last, First, Middle Initial) <b>A. JAMES M INHOFE</b>		Date of Disbursement 04 / 24 / 2002	
Mailing Address 2139 E 32ND ST City State Zip Code TULSA OK 74105		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JIM INHOFE COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: OK      District: 00	Transaction ID: SB23.11274		

Full Name (Last, First, Middle Initial) <b>B. SAMUEL ROBERT JOHNSON</b>		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO BOX 880086 City State Zip Code PLANO TX 75086		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF SAM JOHNSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 03	Transaction ID: SB23.11567		

Full Name (Last, First, Middle Initial) <b>C. La Colline Restaurant</b>		Date of Disbursement 06 / 18 / 2002	
Mailing Address 400 North Capital Street, NW      Suite 175 City State Zip Code Washington DC 20001		Amount of Each Disbursement this Period 858.00	
Purpose of Disbursement Fundraiser expenses-Northup for Congress		Category/ Type	
Candidate Name NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: KY      District: 03	Transaction ID: SB23.14077		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2356.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
for each category of the  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. TOM LATHAM</b>		Date of Disbursement 06 / 03 / 2002
Mailing Address 178 180TH STREET City: ALEXANDER State: IA Zip Code: 50420		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name LATHAM FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: IA District: 04	Transaction ID: SB23.12163

Full Name (Last, First, Middle Initial) <b>B. JOHN LEWIS</b>		Date of Disbursement 06 / 11 / 2002
Mailing Address 1520 PINEHURST DRIVE SW City: ATLANTA State: GA Zip Code: 30311		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name JOHN LEWIS FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	State: GA District: 05	Transaction ID: SB23.12172

Full Name (Last, First, Middle Initial) <b>C. MIKE MCINTYRE</b>		Date of Disbursement 04 / 02 / 2002
Mailing Address 1701 NORTH CHESTNUT STREET City: LUMBERTON State: NC Zip Code: 28358		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MIKE MCINTYRE FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	State: NC District: 07	Transaction ID: SB23.11191

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. DENNIS MOORE</b>		Date of Disbursement 04 / 06 / 2002	
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215		Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Pay La Brasserie-In Kind Contribution		Category/ Type	
Candidate Name MOORE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: KS      District: 03	Transaction ID: SB23.12204		

Full Name (Last, First, Middle Initial) <b>B. DENNIS MOORE</b>		Date of Disbursement 05 / 20 / 2002	
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MOORE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: KS      District: 03	Transaction ID: SB23.11580		

Full Name (Last, First, Middle Initial) <b>C. TIM MURPHY</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address 221 BROOKSIDE BLVD City: PITTSBURGH State: PA Zip Code: 15241		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TIM MURPHY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 18	Transaction ID: SB23.11616		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s)  
for each category of the  
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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				

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

Full Name (Last, First, Middle Initial) <b>A. JAMES ALLEN NUSSLE</b>		Date of Disbursement 05 / 09 / 2002
Mailing Address PO BOX 324 City: MANCHESTER State: IA Zip Code: 52057		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name NUSSLE FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
State: IA      District: 01	Transaction ID: SB23.11573	

Full Name (Last, First, Middle Initial) <b>B. NANCY PELOSI</b>		Date of Disbursement 04 / 30 / 2002
Mailing Address 235 MONTGOMERY STREET SUITE 610 City: SAN FRANCISCO State: CA Zip Code: 94104		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name NANCY PELOSI FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: CA      District: 05	Transaction ID: SB23.12178	

Full Name (Last, First, Middle Initial) <b>C. JOHN E PETERSON</b>		Date of Disbursement 04 / 24 / 2002
Mailing Address 245 N MAIN ST      PO BOX 289 City: PLEASANTVILLE State: PA Zip Code: 16341		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF JOHN PETERSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
State: PA      District: 05	Transaction ID: SB23.11277	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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				

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

Full Name (Last, First, Middle Initial) <b>A. THOMAS E PETRI</b>		Date of Disbursement 04 / 25 / 2002	
Mailing Address N5329 DENEVEU LANE City: FOND DU LAC State: WI Zip Code: 54935		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS FOR TOM PETRI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: WI      District: 06	Transaction ID: SB23.11288		

Full Name (Last, First, Middle Initial) <b>B. CHARLES W 'CHIP' JR PICKERING</b>		Date of Disbursement 05 / 31 / 2002	
Mailing Address PO BOX 6440 City: LAUREL State: MS Zip Code: 39441		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PICKERING FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MS      District: 03	Transaction ID: SB23.11754		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL DENNIS ROGERS</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address 1304 QUINTARD AVENUE City: ANNISTON State: AL Zip Code: 36201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE ROGERS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: AL      District: 03	Transaction ID: SB23.11625		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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

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

Full Name (Last, First, Middle Initial) <b>A. PETE SESSIONS</b>		Date of Disbursement 04 / 26 / 2002
Mailing Address PO BOX 38585 City: DALLAS State: TX Zip Code: 75238		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name PETE SESSIONS FOR CONGRESS 2002	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TX District: 05	Transaction ID: SB23.11289

Full Name (Last, First, Middle Initial) <b>B. JOHN BARDEN SHADEGG</b>		Date of Disbursement 04 / 08 / 2002
Mailing Address PO BOX 45444 City: PHOENIX State: AZ Zip Code: 85064		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name JOHN SHADEGG FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	State: AZ District: 03	Transaction ID: SB23.11183

Full Name (Last, First, Middle Initial) <b>C. DONALD L SHERWOOD</b>		Date of Disbursement 06 / 03 / 2002
Mailing Address 41 SHERWOOD DRIVE City: TUNKHANNOCK State: PA Zip Code: 18657		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name FRIENDS OF DON SHERWOOD	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: PA District: 10	Transaction ID: SB23.12188

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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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				

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) <b>A. ROGER F WICKER</b>		Date of Disbursement 04 / 26 / 2002	
Mailing Address PO BOX 874 City: TUPELO State: MS Zip Code: 38802		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF ROGER WICKER 2002			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MS      District: 01	Transaction ID: SB23.11336		

Full Name (Last, First, Middle Initial) <b>B. HEATHER A WILSON</b>		Date of Disbursement 04 / 02 / 2002	
Mailing Address 9220 GUADOLUPE TRAIL NM City: ALBUQUERQUE State: NM Zip Code: 87114		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name HEATHER WILSON FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NM      District: 01	Transaction ID: SB23.11192		

Full Name (Last, First, Middle Initial) <b>C. TOM YOUNG</b>		Date of Disbursement 05 / 30 / 2002	
Mailing Address POST OFFICE BOX 1001 City: MOBILE State: AL Zip Code: 36683		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TOM YOUNG FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: AL      District: 01	Transaction ID: SB23.11628		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>23006.00</b>