

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

National Association of Health Underwriters - HUPAC

ADDRESS (number and street)

2000 North 14th Street Suite 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- 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 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2004

through

08

30

2004

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

Type or Print Name of Treasurer

Kevin Corcoran

Signature of Treasurer

Electronically Filed by Kevin Corcoran

Date

08

26

2004

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

Office Use Only

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

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Health Underwriters - HUPAC

Report Covering the Period: From: <sup>M</sup>04 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		44208.52
(b) Cash on Hand at Beginning of Reporting Period .....	39162.86	
(c) Total Receipts (from Line 19) .....	47246.84	111636.34
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86429.70	155844.86
<hr/>		
7. Total Disbursements (from Line 31) .....	72689.87	142105.03
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13739.83	13739.83
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - HUPAC

Report Covering the Period: From: <sup>M</sup>04 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	25434.00	
(ii) Unitemized .....	18812.84	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	44246.84	108636.34
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	44246.84	108636.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47246.84	111636.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47246.84	111636.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9939.87	12355.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9939.87	12355.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61750.00	126750.00
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.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72689.87	142105.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	72689.87	142105.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	44246.84	108636.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44246.84	108636.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9939.87	12355.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9939.87	12355.03

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

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

FOR LINE NUMBER: PAGE 6 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Terri D. Adams</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PD Box 1290		Transaction ID: 0708200437C15594
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Terri D. Adams</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 1290		Transaction ID: 071420049C16102
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Terri D. Adams</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 1290		Transaction ID: 071420049C1637B
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Keny Aldridge</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 0708200437C15656
City Lexington	State KY	Zip Code 40517-4006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Keny Aldridge</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 071420049C16426
City Lexington	State KY	Zip Code 40517-4006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Andersen</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 0708200437C15248
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Andersen</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 7431 O St		Transaction ID: 071420049C15764
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Andersen</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 071420049C16552
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 7808 University Ave		Transaction ID: 0708200497C15251
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>180.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER:        PAGE 9 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 7808 University Ave		Transaction ID: 071420049C15767
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 7808 University Ave		Transaction ID: 071420049C16555
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. David S. Aysa</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 6340 S 3000 E #500		Transaction ID: 0708200497C15484
City Salt Lake City	State UT	Zip Code 84121-3540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Ben.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>280.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. David S. Ayre</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 8340 S 3000 E #500		Transaction ID: 071420049C15996
City State Zip Code Salt Lake City UT 84121-3540	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Intermountain Financial Ben. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. David S. Ayre</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 8340 S 3000 E #500		Transaction ID: 071420049C16282
City State Zip Code Salt Lake City UT 84121-3540	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Intermountain Financial Ben. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Robin H. Bennett</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 0708200437C15688
City State Zip Code Columbia SC 29210-6408	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Carolina Care Plan, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Senior Account Executive Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>180.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Robin H. Bennett</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 071420049C16182
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Robin H. Bennett</b>		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 071420049C16472
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. D. Bailey Galvin</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 0708200437C15269
City Anchorage	State AK	Zip Code 99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>80.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 115  
(check only one)  
 11a    11b    11c    12  
13   14   15   16   17

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

Full Name (Last, First, Middle Initial) <b>A. D. Bailey Calvin</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 071420049C15784
City Anchorage	State AK	Zip Code 99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. D. Bailey Calvin</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 071420049C16572
City Anchorage	State AK	Zip Code 99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Russ Childers</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address PO Box 1547		Transaction ID: 0708200497C15275
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 115  
(check only one)  
 11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Russ Childers</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address PD Box 1547		Transaction ID: 071420049C15790
City	State	Zip Code
Americus	GA	31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 195.00	

Full Name (Last, First, Middle Initial) <b>B. Russ Childers</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address PD Box 1547		Transaction ID: 071420049C16578
City	State	Zip Code
Americus	GA	31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Dorothy Coelu</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PD Box 6677		Transaction ID: 0708200497C15478
City	State	Zip Code
Fullerton	CA	92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dorothy Cociu</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 6677		Transaction ID: 071420049C16029
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dorothy Cociu</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 6677		Transaction ID: 071420049C16326
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Susan E. Cook</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 0708200437C15686
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Susan E. Cook</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 071420049C16181
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Susan E. Cook</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 071420049C16480
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Cutler</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address One National City Ctr Suite 700-e		Transaction ID: 0708200497C15807
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCIG	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 115  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Carol Cutter</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address One National City Ctr Suite 700-e		Transaction ID: 071420049C16114
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCIG	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. C. Bradshaw Davis</b>		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 413D Haines St Unit 7B		Transaction ID: 0708200437C15437
City San Diego	State CA	Zip Code 92109-5393
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Financial Network Investm-ent	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Deloray</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 154 Wells Ave		Transaction ID: 0708200437C15625
City Newton Center	State MA	Zip Code 02459-5302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>320.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Delorey</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 154 Wells Ave		Transaction ID: 071420049C16132
City Newton Center	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Delorey</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 154 Wells Ave		Transaction ID: 071420049C16425
City Newton Center	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Rush David Dixon</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 0708200497C15705
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation Vp Of Ee Benefits	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>280.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Rush David Dixon</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 071420049C16236
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation Vp Of Ee Benefits	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rush David Dixon</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 071420049C16527
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation Vp Of Ee Benefits	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Eugene Ebersole</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 0708200497C15287
City Gretna	State LA	Zip Code 70053-4500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Eugene Ebersole</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 071420049C15802
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. Eugene Ebersole</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 071420049C16590
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 290.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Evans</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 0708200497C152B1
City Omaha	State NE	Zip Code 68164-9888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 270.00	Receipt

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

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

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

FOR LINE NUMBER: PAGE 20 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas M. Evans</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 071420049C15808
City Omaha	State NE	Zip Code 68164-9688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas M. Evans</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 071420049C16594
City Omaha	State NE	Zip Code 68164-9688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>C. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 0708200497C15283
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Se- rv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 071420049C15808
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Ser- v.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 071420049C16596
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Ser- v.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>C. Linda K. Friedrich</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 0708200437C15286
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>150.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 4435 O St		Transaction ID: 071420049C15811
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 071420049C16599
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Joan Gallata		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 3342 Kori Rd		Transaction ID: 0708200437C15519
City Jacksonville	State FL	Zip Code 32257-5454
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer JP Peery Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>90.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Joan Galatta</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 3342 Kori Rd		Transaction ID: 071420049C15985
City Jacksonville	State FL	Zip Code 32257-5454
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer JP Parry Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Joan Galatta</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 3342 Kori Rd		Transaction ID: 071420049C16279
City Jacksonville	State FL	Zip Code 32257-5454
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer JP Parry Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Bruce Gardner</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 1502 West Ave		Transaction ID: 0708200497C15289
City Austin	State TX	Zip Code 78701-1581
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Bruce Gardner</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 1502 West Ave		Transaction ID: 071420049C15814
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce Gardner</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 1502 West Ave		Transaction ID: 071420049C16602
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Garten</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 1010 Commons Way P.O. Box 1268		Transaction ID: 0708200497C15868
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 25 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Charles Garten</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 071420049C16193
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Garten</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 071420049C16490
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 0708200497C15302
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>130.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Patti Goldfarb</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 0708200437C15571
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Patti Goldfarb</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 071420049C15817
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Patti Goldfarb</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 071420049C18075
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 115  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Patsi Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 071420049C16805
City	State	Zip Code
New York	NY	10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Patsi Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 071420049C16850
City	State	Zip Code
New York	NY	10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Michael R. Goss</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 071420049C1581B
City	State	Zip Code
Boise	ID	83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>175.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael R. Goss</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 071420049C16808
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Gray</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 0708200437C15303
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.90	

Full Name (Last, First, Middle Initial) <b>C. Michael Gray</b>		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 7431 O St		Transaction ID: 0708200437C15453
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.90	

SUBTOTAL of Receipts This Page (optional) .....	<b>425.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:        PAGE 28 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Michael Gray</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 7431 O St		Transaction ID: 071420049C15819
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.90	

Full Name (Last, First, Middle Initial) <b>B. Michael Gray</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 071420049C16607
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1385.90	

Full Name (Last, First, Middle Initial) <b>C. Chris Harrison</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 0708200497C15715
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>480.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 30 / 115  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Chris Harrison</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 071420049C16176
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Chris Harrison</b>		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 071420049C16475
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. Gerald Hartman</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PO Box 5718		Transaction ID: 0708200497C15847
City	State	Zip Code
Boise	ID	83705-0718
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>175.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 115  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Gerald Hartman</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 5716		Transaction ID: 071420049C16154
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald Hartman</b>		Date of Receipt M / D / Y 05 / 30 / 2004
Mailing Address PD Box 5716		Transaction ID: 071420049C16440
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) <b>C. William J. Hartman</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 8270		Transaction ID: 071420049C16117
City Fort Wayne	State IN	Zip Code 46858-8270
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insuran- ce Co	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>110.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. William J. Hartman</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box B270		Transaction ID: 071420049C16385
City Fort Wayne	State IN	Zip Code 46808-8270
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insurance Co	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Mary Hellman</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 3480 Preston Ridge Rd Suite 100		Transaction ID: 0708200437C15311
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Mary Hellman</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 3480 Preston Ridge Rd Suite 100		Transaction ID: 071420049C1582B
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 33 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Lisa Mary Hellman</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 071420049C16616
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Hendricks</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 0708200437C15312
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Hendricks</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 071420049C1582B
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 34 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Hendricks</b>		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 071420049C16617
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Wade Harsperger, Jr.</b>		Date of Receipt M / D / Y Y Y Y 06 / 15 / 2004
Mailing Address 1909 Marlon Pike E Suite 307		Transaction ID: 071420049C16246
City Cherry Hill	State NJ	Zip Code 08003-4501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Benefit Services, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Hill</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address PO Box 724		Transaction ID: 0708200497C15316
City Snelville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 35 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Donna HI</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address PD Box 724		Transaction ID: 071420049C16821
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Richard HI</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 0708200437C15317
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Richard HI</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 4435 O St		Transaction ID: 071420049C15833
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 115

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Richard Hill</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 071420049C16822
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. George D. Holland</b>		Date of Receipt M / D / Y 05 / 10 / 2004
Mailing Address 5727 63rd Ave NE		Transaction ID: 071420049C15947
City Seattle	State WA	Zip Code 98105-2039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Huffaker</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PO Box 6217		Transaction ID: 0708200437C15858
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>390.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Robert Huffaker</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 6217		Transaction ID: 071420049C16125
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Huffaker</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 6217		Transaction ID: 071420049C16438
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. S. David Jackson</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 1139 S Drem Blvd		Transaction ID: 0708200497C15621
City Orem	State UT	Zip Code 84058-6578
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Soluti- ons	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. S. David Jackson		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 071420049C16110
City	State	Zip Code
Orem	UT	84058-6876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 071420049C16372
City	State	Zip Code
Orem	UT	84058-6876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 2833 State Route 59		Transaction ID: 0708200497C15332
City	State	Zip Code
Ravenna	OH	44268-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.90	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>140.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 2833 State Route 58		Transaction ID: 071420049C15849
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.90	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 2833 State Route 58		Transaction ID: 071420049C16636
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.90	

Full Name (Last, First, Middle Initial) <b>C. Thelma Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 2833 State Rta. 58 Ste. B		Transaction ID: 0708200497C15333
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>280.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Thelma Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: 071420049C15850
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Thelma Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: 071420049C16637
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Mark D. Kennedy</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 1173 Brittnoare Rd		Transaction ID: 0708200437C15480
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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



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

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

FOR LINE NUMBER: PAGE 41 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Mark D. Kennedy</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 1173 Brittnoare Rd		Transaction ID: 071420049C15979
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mark D. Kennedy</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 1173 Brittnoare Rd		Transaction ID: 071420049C16277
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Mary B. Kramer</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 11508 Miracle Hills Dr		Transaction ID: 0708200497C15336
City	State	Zip Code
Omaha	NE	68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mary B. Kramer</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 11508 Miracle Hills Dr		Transaction ID: 071420049C15853
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Mary B. Kramer</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 11508 Miracle Hills Dr		Transaction ID: 071420049C16640
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Craig Leek</b>		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 28135 Flintlock Ln		Transaction ID: 071420049C15951
City Laguna Hills	State CA	Zip Code 92653-6330
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Energi	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>280.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 43 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Lapham</b>		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address PD Box 711450		Transaction ID: 0708200437C15428
City Houston	State TX	Zip Code 77271-1450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1050.00
Name of Employer Colonial Life & Accident	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Levine</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 2480 Peachtree Rd NW Suite 1514		Transaction ID: 0708200437C15667
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Compink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Levine</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 2480 Peachtree Rd NW Suite 1514		Transaction ID: 071420049C18173
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Compink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1110.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 44 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Ronald Levine</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 248D Peachtree Rd NW Suite 1514		Transaction ID: 071420049C16477
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Complink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Leichty</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 120 E Washington St		Transaction ID: 0708200437C15338
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KJ Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Leichty</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 120 E Washington St		Transaction ID: 071420049C15855
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KJ Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 45 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Brian Liechty</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 120 E Washington St		Transaction ID: 071420049C16642
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KI Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce R. Magoon</b>		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 1419 S Utica Ave		Transaction ID: 071420049C16256
City Tulsa	State OK	Zip Code 74104-4631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Magoon & Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Makony</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 0708200497C15462
City Winter Park	State FL	Zip Code 32789-4808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2160.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dale Maloney</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 071420049C15976
City	State	Zip Code
Winter Park	FL	32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) <b>B. Dale Maloney</b>		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 071420049C16274
City	State	Zip Code
Winter Park	FL	32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Malenik</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address PO Box 35905		Transaction ID: 0708200437C15346
City	State	Zip Code
Greensboro	NC	27438-6505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>200.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 47 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Carol Matznick</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address PD Box 38905		Transaction ID: 071420049C15863
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Matznick</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address PD Box 38905		Transaction ID: 071420049C16650
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Matznick</b>		Date of Receipt M / D / Y Y Y Y 04 / 19 / 2004
Mailing Address PD Box 38248		Transaction ID: 0708200497C15449
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mediflex Benefits Center, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>330.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. John May		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 705 Lakeview Plaza Blvd		Transaction ID: 0708200437C15877
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. John May		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 705 Lakeview Plaza Blvd		Transaction ID: 071420049C16189
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. John May		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 705 Lakeview Plaza Blvd		Transaction ID: 071420049C16486
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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



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

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

FOR LINE NUMBER: PAGE 48 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Sharon McDermott</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 11919 P St		Transaction ID: 0708200437C15347
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon McDermott</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 11919 P St		Transaction ID: 071420049C15864
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon McDermott</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 11919 P St		Transaction ID: 071420049C16851
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 0708200437C15551
City Marina Del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 071420049C16092
City Marina Del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 071420049C16392
City Marina Del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

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

FOR LINE NUMBER: PAGE 51 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Wesley Moore</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address PD Box 604		Transaction ID: 0708200437C15351
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Wesley Moore</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address PD Box 604		Transaction ID: 071420049C15868
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Wesley Moore</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address PD Box 604		Transaction ID: 071420049C16855
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 52 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Ray Musser</b>		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 404 N 2nd Ave Suite B		Transaction ID: 0708200437C15442
City Upland	State CA	Zip Code 91786-4701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1050.00
Name of Employer Ray Int. Musser & Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Norlet</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PO Box 22074B		Transaction ID: 0708200437C15475
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Norlet</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PO Box 22074B		Transaction ID: 071420049C18020
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1090.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 53 / 115  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Norket</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 22074B		Transaction ID: 071420049C16317
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Michael A. Norris</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 0708200437C15361
City Franklin	State NC	Zip Code 28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Michael A. Norris</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 071420049C15878
City Franklin	State NC	Zip Code 28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 54 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Michael A. Norris</b>		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 071420049C16666
City	State	Zip Code
Franklin	NC	28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Owens</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PO Box 39		Transaction ID: 0708200437C15651
City	State	Zip Code
Spruce Pine	NC	28777-0039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Fortner Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Owens</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address PO Box 39		Transaction ID: 071420049C18153
City	State	Zip Code
Spruce Pine	NC	28777-0039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Fortner Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 55 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Carol Owens</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 39		Transaction ID: 071420049C16428
City Spruce Pine	State NC	Zip Code 28777-0039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Partner Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. John Parker</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 0708200437C15364
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. John Parker</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 0708200437C15865
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 66 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. John Parker</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 071420049C15881
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. John Parker</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 071420049C16186
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. John Parker</b>		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 071420049C16689
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>140.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 57 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. John Parker</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 071420049C16483
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Jesse Patton</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 2175 NW 86th St		Transaction ID: 0708200437C15660
City Clive	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Jesse Patton</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 2175 NW 86th St		Transaction ID: 071420049C18126
City Clive	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>490.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Jesse Patton</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 2175 NW 88th St		Transaction ID: 071420049C16436
City	State	Zip Code
Cliva	IA	50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Rash</b>		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 0708200437C15427
City	State	Zip Code
Richmond	VA	23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Rash</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 0708200437C15471
City	State	Zip Code
Richmond	VA	23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	325.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. James Rasmussen</b>		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 2500 Laurel Park Hwy		Transaction ID: 0708200437C15448
City Hendersonville	State NC	Zip Code 28739-8865
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Morrow Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jon C. Rauser</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 0708200437C15523
City Milwaukee	State WI	Zip Code 53202-4103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>C. Jon C. Rauser</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 071420049C18034
City Milwaukee	State WI	Zip Code 53202-4103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>410.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 60 / 115  
(check only one)  
 11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Jon C. Reuser</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 071420049C16325
City Milwaukee	State WI	Zip Code 53202-4103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Reuser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. John Rica</b>		Date of Receipt M / D / Y Y Y Y 04 / 12 / 2004
Mailing Address 825 S Minnesota Ave		Transaction ID: 0708200437C15441
City Sioux Falls	State SD	Zip Code 57104-4873
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2400.00
Name of Employer Rica Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>C. Chen Rietzke</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 0708200437C15855
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solutions.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2580.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 61 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stan Ricketts</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 071420049C16152
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solutions, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 290.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. Stan Ricketts</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 071420049C16427
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solutions, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 370.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. Mark Riley</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PO Box 290305		Transaction ID: 0708200497C15506
City Columbia	State SC	Zip Code 29229-0008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 180.00	Receipt

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>190.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Riley</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address PD Box 290305		Transaction ID: 071420049C15983
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Riley</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address PD Box 290305		Transaction ID: 071420049C16280
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph K. Roberts</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 0708200497C15376
City	State	Zip Code
Lincoln	NE	68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 63 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Joseph K. Roberts</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address 7431 O St		Transaction ID: 071420049C15894
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph K. Roberts</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 071420049C16682
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. William T. Robinson</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 0708200497C15377
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. William T. Robinson</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 071420049C15895
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. William T. Robinson</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 071420049C16683
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Ernest G. Robison</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 430 Eraste Landry Rd		Transaction ID: 0708200437C15587
City Lafayette	State LA	Zip Code 70508-2324
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>130.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 65 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Ernest G. Robison</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 430 Eraste Landry Rd		Transaction ID: 071420049C16096
City Lafayette	State LA	Zip Code 70506-2324
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ernest G. Robison</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 430 Eraste Landry Rd		Transaction ID: 071420049C16363
City Lafayette	State LA	Zip Code 70506-2324
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 0708200437C15815
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>140.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 66 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 288 South St		Transaction ID: 071420049C16072
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 071420049C16360
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Salomon</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address PO Box 4252		Transaction ID: 0708200497C15382
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>90.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 67 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Salamon</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address PD Box 4252		Transaction ID: 071420049C15901
City Lutherville Timoni	State MD	Zip Code 21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Salamon</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address PD Box 4252		Transaction ID: 071420049C16688
City Lutherville Timoni	State MD	Zip Code 21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) <b>C. Mel Schiesinger</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PD Box 4068		Transaction ID: 0708200437C15824
City Wilmington	State NC	Zip Code 28408-1068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.90	

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

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

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

FOR LINE NUMBER: PAGE 68 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Mel Schlesinger</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address PD Box 4088		Transaction ID: 071420049C16191
City	State	Zip Code
Wilmington	NC	28406-1068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. PIUs	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.90	

Full Name (Last, First, Middle Initial) <b>B. Mel Schlesinger</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address PD Box 4088		Transaction ID: 071420049C16488
City	State	Zip Code
Wilmington	NC	28406-1068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. PIUs	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.90	

Full Name (Last, First, Middle Initial) <b>C. Kevin Seeker</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 4843 E Thomas Rd Suite 2		Transaction ID: 0708200497C15820
City	State	Zip Code
Phoenix	AZ	85018-7740
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Summit Benefit Services	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

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

FOR LINE NUMBER: PAGE 68 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Sheffer</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address PD Box 355		Transaction ID: 0708200437C15387
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Sheffer</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address PD Box 355		Transaction ID: 071420049C15907
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Sheffer</b>		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2004
Mailing Address PD Box 355		Transaction ID: 071420049C16894
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 70 / 115  
(check only one)  
 11a     11b     11c     12  
           13        14        15        16        17

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

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

Full Name (Last, First, Middle Initial) <b>A. Scott Shalek</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PD Box 67		Transaction ID: 0708200437C15560
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Shalek</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address PD Box 67		Transaction ID: 071420049C16046
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Shalek</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address PD Box 67		Transaction ID: 071420049C16358
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 71 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Stuart Shapiro</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address PD Box 587		Transaction ID: 0708200437C15388
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.90	

Full Name (Last, First, Middle Initial) <b>B. Stuart Shapiro</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address PD Box 587		Transaction ID: 071420049C15908
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.90	

Full Name (Last, First, Middle Initial) <b>C. Stuart Shapiro</b>		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2004
Mailing Address PD Box 587		Transaction ID: 071420049C16895
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.90	

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

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

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

FOR LINE NUMBER: PAGE 72 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Bob G. Shupe</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PD Box 2344		Transaction ID: 0708200437C15532
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Bob G. Shupe</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 2344		Transaction ID: 071420049C16031
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Bob G. Shupe</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 2344		Transaction ID: 071420049C16315
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 73 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Burley Strader</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PD Box 78030		Transaction ID: 0708200437C15701
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Burley Strader</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 78030		Transaction ID: 071420049C16206
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Burley Strader</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 78030		Transaction ID: 071420049C16531
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 74 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. James Summers</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 0708200437C15561
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. James Summers</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 071420049C16116
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. James Summers</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 071420049C16341
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>300.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 75 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Julia Tepis</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address 397D SENTRY XING		Transaction ID: 0708200437C15483
City Marietta	State GA	Zip Code 30068-2562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Julie Tepis Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Dan Thompson</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 972D BUNSEN PKWY		Transaction ID: 0708200437C15482
City Louisville	State KY	Zip Code 40268-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dan Thompson</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 972D BUNSEN PKWY		Transaction ID: 071420049C15972
City Louisville	State KY	Zip Code 40268-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>500.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 76 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Don Thompson</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 9720 Bunsen Plowly		Transaction ID: 071420049C16269
City Louisville	State KY	Zip Code 40288-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address PO Box 1810		Transaction ID: 0708200437C15401
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address PO Box 1810		Transaction ID: 0708200437C15528
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 77 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address PD Box 1810		Transaction ID: 071420049C15921
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address PD Box 1810		Transaction ID: 071420049C16035
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 1810		Transaction ID: 071420049C16708
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>80.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 115

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 071420049C16324
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. David R. Van Ahn</b>		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address 2701 SE Convenience Blvd #10		Transaction ID: 071420049C16250
City Ankeny	State IA	Zip Code 50021-9434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Van Ahn Insurance Services LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Matlyn Van Sant</b>		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 485 US Highway 1 S Building C, 3rd Floor		Transaction ID: 0708200497C15405
City Iselin	State NJ	Zip Code 08830-5009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Amenhealth	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 78 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Marilyn Van Sant</b>		Date of Receipt M / D / Y Y Y Y 05 / 03 / 2004
Mailing Address 485 US Highway 1 S Building C, 3rd Floor		Transaction ID: 071420049C15925
City	State	Zip Code
Iselin	NJ	08830-3009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Amerihealth	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Marilyn Van Sant</b>		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2004
Mailing Address 485 US Highway 1 S Building C, 3rd Floor		Transaction ID: 071420049C16712
City	State	Zip Code
Iselin	NJ	08830-3009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Amerihealth	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Charles G. Wagner</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address PO Box 9		Transaction ID: 0708200497C15406
City	State	Zip Code
Burwell	NE	68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>210.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 80 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. Charles G. Wagner</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address PD Box B		Transaction ID: 071420049C15927
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Charles G. Wagner</b>		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address PD Box B		Transaction ID: 071420049C16714
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 321 N Front St		Transaction ID: 0708200497C15751
City Wilmington	State NC	Zip Code 28401-3508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>125.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 81 / 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 05 / 10 / 2004
Mailing Address 321 N Front St		Transaction ID: 071420049C15950
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 179.00	

Full Name (Last, First, Middle Initial) <b>B. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 321 N Front St		Transaction ID: 071420049C16223
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) <b>C. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 321 N Front St		Transaction ID: 071420049C16520
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>69.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 82 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) A. John Warwick		Date of Receipt M / D / Y Y Y Y 04 / 16 / 2004
Mailing Address PD Box 272		Transaction ID: 0708200437C15447
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. John Warwick		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PD Box 272		Transaction ID: 0708200437C15645
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) C. John Warwick		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address PD Box 272		Transaction ID: 071420049C18182
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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

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

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

FOR LINE NUMBER: PAGE 83 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial) <b>A. John Warwick</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address PD Box 272		Transaction ID: 071420049C16450
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Steven H. Way</b>		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2004
Mailing Address 204 Clyde Dr		Transaction ID: 071420049C16255
City Walnut Creek	State CA	Zip Code 94598-3425
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Way Financial	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Westmoreland</b>		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2004
Mailing Address PD Box 925		Transaction ID: 0708200497C15410
City Jackson	State MS	Zip Code 39205-0525
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Director Of Agency Development	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.90	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>335.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 84 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial) <b>A. Charles Westmoreland</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address PD Box 825		Transaction ID: 071420049C15931
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Director Of Agency Development	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.90	

Full Name (Last, First, Middle Initial) <b>B. Charles Westmoreland</b>		Date of Receipt M / D / Y 05 / 02 / 2004
Mailing Address PD Box 825		Transaction ID: 071420049C16718
City Jackson	State MS	Zip Code 39205-0825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Director Of Agency Development	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.90	

Full Name (Last, First, Middle Initial) <b>C. Steven L. Wilson</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 0708200497C15557
City Lexington	State KY	Zip Code 40504-2845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>150.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 85 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. Steven L. Wilson		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 071420049C16066
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Steven L. Wilson		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 071420049C16376
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Stephen J. Woolston		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address PO Box 30093		Transaction ID: 0708200437C15466
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 86 / 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Woolston</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address PD Box 30093		Transaction ID: 071420049C15991
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen J. Woolston</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 30093		Transaction ID: 071420049C16286
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis Wright</b>		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 0708200497C15552
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.90	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 87 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Wright</b>		Date of Receipt M / D / Y 05 / 31 / 2004
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 071420049C16098
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.90	

Full Name (Last, First, Middle Initial) <b>B. Dennis Wright</b>		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 071420049C16393
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.90	

Full Name (Last, First, Middle Initial) <b>C. Kirby Yale</b>		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address PO Box 119		Transaction ID: 071420049C16253
City Somis	State CA	Zip Code 93068-0119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Yale Insurance Service	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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

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

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

FOR LINE NUMBER: PAGE 88 / 115

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Robert Ziff</b>		Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004
Mailing Address 17 N Delmorr Ave		Transaction ID: 0708200437C15731
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Ziff</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 17 N Delmorr Ave		Transaction ID: 071420049C16483
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Edward N. Zurek</b>		Date of Receipt M / D / Y Y Y Y 05 / 10 / 2004
Mailing Address 952 Skokie Blvd Suite 200		Transaction ID: 071420049C15953
City	State	Zip Code
Northbrook	IL	60062-4005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Goldstein Financial Corporation	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1160.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>25434.00</b>



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

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

FOR LINE NUMBER: PAGE 88 / 115

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bud Cramer for Congress</b>		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address PD Box 2621		Transaction ID: 071420049C15759
City Huntsville	State AL	Zip Code 35804-2621
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Refund of Contribution Made
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Bill Jones for US Senate</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 940 S Coast Dr		Transaction ID: 071420049C16546
City Costa Mesa	State CA	Zip Code 92626-7735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Refund of Contribution Made
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. John Stratagos Friends</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PD Box 45444		Transaction ID: 071420049C16547
City Phoenix	State AZ	Zip Code 85064-5444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Refund of Contribution Made
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3000.00</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)

PAGE 90 / 115

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Amex</b>		Transaction ID: D708200437E973	
Mailing Address PO Box 53852		Date of Disbursement 04 / 21 / 2004	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 259.01
Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE		Candidate Name	Category/ Type
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		MONTHLY CREDIT CARD SETTLEMENT FEE	
State: District			

Full Name (Last, First, Middle Initial) <b>B. Amex</b>		Transaction ID: D71420049E1001	
Mailing Address PO Box 53852		Date of Disbursement 05 / 21 / 2004	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 81.84
Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE		Candidate Name	Category/ Type
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		MONTHLY CREDIT CARD SETTLEMENT FEE	
State: District			

Full Name (Last, First, Middle Initial) <b>C. Amex</b>		Transaction ID: D71420049E1049	
Mailing Address PO Box 53852		Date of Disbursement 06 / 21 / 2004	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 48.28
Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE		Candidate Name	Category/ Type
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼		MONTHLY CREDIT CARD SETTLEMENT FEE	
State: District			

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **390.14**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Transaction ID: D71420049E986 Date of Disbursement 04 / 19 / 2004	
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 2683.86	
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement HUPAC - CAPITOL CLUB EVENT EXPENSES	Category/ Type HUPAC - CAPITOL CLUB EVENT EXPENSES	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. National Association Of Health Underwr</b>		Transaction ID: D71420049E986 Date of Disbursement 04 / 28 / 2004	
Mailing Address 2000 14th St N		Amount of Each Disbursement this Period 519.79	
City Arlington State VA Zip Code 22201-2506	Purpose of Disbursement MARCH 2004 OPERATING EXPENSES	Category/ Type MARCH 2004 OPERATING EXPENSES	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. National Association Of Health Underwr</b>		Transaction ID: D71420049E1035 Date of Disbursement 05 / 19 / 2004	
Mailing Address 2000 14th St N		Amount of Each Disbursement this Period 2093.00	
City Arlington State VA Zip Code 22201-2506	Purpose of Disbursement 2004 CONVENTION REG REIMBURSEMENT	Category/ Type 2004 CONVENTION REG REIMBURSEMENT	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5296.65**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. National Association Of Health Underwr

Mailing Address 2000 14th St N

City Arlington State VA Zip Code 22201-2508

Purpose of Disbursement  
APRIL 2004 OPERATING EXPENSES

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E1036  
Date of Disbursement

05 / 21 / 2004

Amount of Each Disbursement this Period

1114.80

APRIL 2004 OPERATING EXPE-  
NSES

Full Name (Last, First, Middle Initial)  
B. Nova Information System

Mailing Address 4020 University Dr

City Fairfax State VA Zip Code 22030-6802

Purpose of Disbursement  
MONTHLY CREDIT CARD SETTLEMENT FEE

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D708200437E974  
Date of Disbursement

04 / 02 / 2004

Amount of Each Disbursement this Period

864.48

MONTHLY CREDIT CARD SETTL-  
EMENT FEE

Full Name (Last, First, Middle Initial)  
C. Nova Information System

Mailing Address 4020 University Dr

City Fairfax State VA Zip Code 22030-8802

Purpose of Disbursement  
MONTHLY CREDIT CARD SETTLEMENT FEE

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E1000  
Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

347.87

MONTHLY CREDIT CARD SETTL-  
EMENT FEE

SUBTOTAL of Disbursements This Page (optional) ▶

2326.95

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

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Nova Information System</b>		Transaction ID: D71420049E1047 Date of Disbursement 06 / 02 / 2004	
Mailing Address 4020 University Dr		Amount of Each Disbursement this Period 19.05	
City Fairfax State VA Zip Code 22030-8802	Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE	Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Stuart Shapiro</b>		Transaction ID: D71420049E1037 Date of Disbursement 06 / 20 / 2004	
Mailing Address PO Box 587		Amount of Each Disbursement this Period 732.95	
City Wheeling State IL Zip Code 60090-0587	Purpose of Disbursement CAP CONF 04 TRAVEL REIMBURSEMENT	Category/ Type CAP CONF 04 TRAVEL REIMBURSEMENT	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. The Convention Store</b>		Transaction ID: D71420049E978 Date of Disbursement 04 / 02 / 2004	
Mailing Address 2981 Solomons Island Rd		Amount of Each Disbursement this Period 1000.00	
City Edgewater State MD Zip Code 21037-1414	Purpose of Disbursement HUPAC FUNDRAISER-BUS TOUR	Category/ Type HUPAC FUNDRAISER-BUS TOUR	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1746.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9759.74</b>

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Mitch For Governor Campaign Committee

Transaction ID: D7142D049E1025  
Date of Disbursement

Mailing Address 1032 E Washington St

05 / 13 / 2004

City Indianapolis State IN Zip Code 46202-3953

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION TO GUBERNATORIAL CAND.

1000.00

Candidate Name

Category/  
Type

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

State: District

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. Berkley for Congress

Mailing Address 187 Reed Ln

City Henderson State NV Zip Code 89074-0837

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
SHELLEY BERKLEY

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

State: NV District: D1

Category/  
Type

Transaction ID: D71420049E1044  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Rd

City West Chester State OH Zip Code 45069-8628

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHNA BOEHNER

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

State: OH District: D8

Category/  
Type

Transaction ID: D71420049E1033  
Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Rd

City West Chester State OH Zip Code 45069-8628

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHNA BOEHNER

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

State: OH District: D8

Category/  
Type

Transaction ID: D71420049E1004  
Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Curt Bromm for Congress

Mailing Address PO Box 277

City Wahoo State NE Zip Code 68006-0277

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
CURT BROMM

Office Sought:  House  
Senate  
President  
State: NE District: D1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1006  
Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Brown-Waite for Congress

Mailing Address 2499 Cullbreath Rd

City Brooksville State FL Zip Code 34602-6137

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
VIRGINIA BROWN-WAITE

Office Sought:  House  
Senate  
President  
State: FL District: D5

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1023  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

250.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Citizens for Bunning

Mailing Address 1717 Dixie Hwy

City Ft Wright State KY Zip Code 41011-2767

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JIM BUNNING

Office Sought: House  
 Senate  
President  
State: KY District: D0

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1034  
Date of Disbursement

05 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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



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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. Judge John Carter for Congress Committee

Transaction ID: D71420049E1007  
Date of Disbursement

Mailing Address 1144 Red Bud Ln

05 / 06 / 2004

City Round Rock State TX Zip Code 78604-9786

Amount of Each Disbursement this Period

Purpose of Disbursement  
POLITICAL CONTRIBUTION

500.00

Candidate Name  
JOHN RICE CARTER

Category/  
Type

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

POLITICAL CONTRIBUTION

State: TX District: 31

Full Name (Last, First, Middle Initial)  
B. Chris Chocola for Congress

Transaction ID: D71420049E1022  
Date of Disbursement

Mailing Address 20380 County Road 14

05 / 10 / 2004

City Bristol State IN Zip Code 46507-0411

Amount of Each Disbursement this Period

Purpose of Disbursement  
POLITICAL CONTRIBUTION

250.00

Candidate Name  
JOHN CHRISTOPHER CHOCOLA

Category/  
Type

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

POLITICAL CONTRIBUTION

State: IN District: 02

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

Transaction ID: D71420049E1053  
Date of Disbursement

Mailing Address 213 Wethington Dr

06 / 15 / 2004

City Wauconda State IL Zip Code 60084-1561

Amount of Each Disbursement this Period

Purpose of Disbursement  
POLITICAL CONTRIBUTION

500.00

Candidate Name  
PHILIP M CRANE

Category/  
Type

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

POLITICAL CONTRIBUTION

State: IL District: 08

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Duke Cunningham</b>		Transaction ID: D71420049E995 Date of Disbursement 04 / 27 / 2004	
Mailing Address 4710 4th St #100  City La Mesa State CA Zip Code 91941-5385		Amount of Each Disbursement this Period  1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type  POLITICAL CONTRIBUTION	
Candidate Name RANDY CUNNINGHAM			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Comm. to Elect Artur Davis to Congress</b>		Transaction ID: D71420049E1027 Date of Disbursement 05 / 13 / 2004	
Mailing Address 1003 10th Ave N  City Bessemer State AL Zip Code 35020-5324		Amount of Each Disbursement this Period  1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type  POLITICAL CONTRIBUTION	
Candidate Name ARTURGENESTRE DAVIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DeMint for Senate Committee, Inc.</b>		Transaction ID: D71420049E991 Date of Disbursement 04 / 26 / 2004	
Mailing Address 132 Caventry Rd  City Greenville State SC Zip Code 29615-3204		Amount of Each Disbursement this Period  1500.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type  POLITICAL CONTRIBUTION	
Candidate Name JAMESW DEMINT			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ R-0		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. DeMint for Senate Committee, Inc.

Mailing Address 132 Coventry Rd

City Greenville State SC Zip Code 29615-3204

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JAMESW DEMINT

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

State: SC District: D0 R-D

Category/  
Type

Transaction ID: D71420049E1029  
Date of Disbursement

05 / 14 / 2004

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. DeMint for Senate Committee, Inc.

Mailing Address 132 Coventry Rd

City Greenville State SC Zip Code 29615-3204

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JAMESW DEMINT

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

State: SC District: D0 R-D

Category/  
Type

Transaction ID: D71420049E1050  
Date of Disbursement

06 / 02 / 2004

Amount of Each Disbursement this Period

1500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Friends of Byron Dorgan

Mailing Address 1001 E Central Ave  
Apartment #8

City Bismarck State ND Zip Code 58501-1924

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
BYRONL DORGAN

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

State: ND District: D0

Category/  
Type

Transaction ID: D71420049E982  
Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. Every Republican Is Crucial (ERIC PAC)

Mailing Address 4914 Fitzhugh Ave

City Richmond State VA Zip Code 23230-3534

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D708200437E976  
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Friends of Mark Foley

Mailing Address 1316 Victoria Dr

City West Palm Beach State FL Zip Code 33406-5061

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MARK FOLEY

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

State: FL District 16

Category/  
Type

Transaction ID: D71420049E1043  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address 632 N Saint Marys Ln NW

City Marietta State GA Zip Code 30064-1414

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JPHILLIP GINGREY

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

State: GA District 11

Category/  
Type

Transaction ID: D71420049E1021  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

250.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Virgil Goode for Congress

Mailing Address 235 S Main St

City Rocky Mount State VA Zip Code 24151-1708

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
VIRGILHJR GODDE

Office Sought:  House  
Senate  
President  
State: VA District: D5

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1026  
Date of Disbursement

05 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. The Judd Gregg Committee

Mailing Address Ocean Blvd

City Rye State NH Zip Code 03870

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JUDDA GREGG

Office Sought: House  
 Senate  
President  
State: NH District: D0

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E990  
Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 386

City Yorkville State IL Zip Code 60560-0386

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JDENNIS HASTERT

Office Sought:  House  
Senate  
President  
State: IL District: 14

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E993  
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

1500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A.** Hastert for Congress

Mailing Address PO Box 386

City Yorkville State IL Zip Code 60560-0386

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JDENNIS HASTERT

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

State: IL District: 14

Category/  
Type

Transaction ID: D71420049E1039

Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Hayes for Congress

Mailing Address 1176 Asheford Green Ave

City Concord State NC Zip Code 28027-8188

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
ROBERTO(ROBIN) HAYES

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

State: NC District: 08

Category/  
Type

Transaction ID: D71420049E1012

Date of Disbursement

05 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Friends of Jeb Hensarling

Mailing Address 7242 Meadow Lake Ave

City Dallas State TX Zip Code 75214-3528

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
THOMASJEB HENSARLING

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

State: TX District: 05

Category/  
Type

Transaction ID: D71420049E988

Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

A. Full Name (Last, First, Middle Initial)  
Stephanie Herseith for Congress

Mailing Address 1511 8th St S

City State Zip Code  
Brookings SD 57006-3474

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
STEPHANIE HERSEITH

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

State: SD District: D0

SG-2004

Category/  
Type

Transaction ID: D71420049E994  
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
Friends of Tim Holden

Mailing Address 31 Pearl Aly

City State Zip Code  
Saint Clair PA 17970-1160

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
TIM HOLDEN

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

State: PA District: 17

Category/  
Type

Transaction ID: D71420049E102B  
Date of Disbursement

05 / 14 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
Friends of Bobby Jindal

Mailing Address PO Box 44290

City State Zip Code  
Baton Rouge LA 70804-4290

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
BOBBY JINDAL

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

State: LA District: 00

Category/  
Type

Transaction ID: D71420049E1030  
Date of Disbursement

05 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
A. Bill Jones for US Senate

Mailing Address 940 S Coast Dr

City Costa Mesa State CA Zip Code 92626-7735

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
BILL JONES

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

State: CA District: D0

Category/  
Type

Transaction ID: D71420049E1009  
Date of Disbursement

05 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Sue Kelly for Congress

Mailing Address 187 Jay St

City Katonah State NY Zip Code 10536-3702

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
SUEW KELLY

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

State: NY District: 19

Category/  
Type

Transaction ID: D71420049E996  
Date of Disbursement

04 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address 10085 170th St W

City Lakeville State MN Zip Code 55044-5511

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHNPJR KLINE

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

State: MN District: 02

Category/  
Type

Transaction ID: D71420049E1020  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

250.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Leadership Encouraging Excellence PAC

Mailing Address 4451 Brookfield Corporate Dr

City Chantilly State VA Zip Code 20151-1693

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E885  
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

1500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Leadership Encouraging Excellence PAC

Mailing Address 4451 Brookfield Corporate Dr

City Chantilly State VA Zip Code 20151-1693

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E1024  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

2500.00

POLITICAL CONTRIBUTION

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

Mailing Address 1235 Fairview Ave

City Greenville State MS Zip Code 38701-8417

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
CLINTONB LESUEUR

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

State: MS District 02

Category/  
Type

Transaction ID: D71420049E984  
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. John Lewis for Congress

Mailing Address 1520 Pinehurst Dr SW

City Atlanta State GA Zip Code 30311-4024

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHN LEWIS

Category/  
Type

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

State: GA District: D5

Transaction ID: D71420049E1011  
Date of Disbursement

05 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Manzullo for Congress

Mailing Address 792 E Lightsville Rd

City Leaf River State IL Zip Code 61047-0440

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
DONALDA MANZULLO

Category/  
Type

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

State: IL District: 16

Transaction ID: D71420049E1040  
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address 10815 Longfellow Trce

City Shreveport State LA Zip Code 71108-9341

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JAMESOTISIII MCCRERY

Category/  
Type

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

State: LA District: 04

Transaction ID: D71420049E992  
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)

A. McIntyre for Congress

Mailing Address 1701 N Chestnut St

City Lumberton State NC Zip Code 28358-3839

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MIKE MCINTYRE

Category/  
Type

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

State: NC District: D7

Transaction ID: D71420049E100B

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski for US Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 09510-0847

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
LISA MURKOWSKI

Category/  
Type

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

State: AK District: D0

Transaction ID: D71420049E101D

Date of Disbursement

05 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Ben Nelson for US Senate

Mailing Address PO Box 54D154

City Omaha State NE Zip Code 68154-0154

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
EBENJAMIN NELSON

Category/  
Type

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

State: NE District: D0

Transaction ID: D71420049E1038

Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
for each category of the  
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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
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Nethercutt for Senate

Mailing Address 601 W Riverside Ave

City Spokane State WA Zip Code 99201-0829

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
GEORGER NETHERCUTT

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

State: WA District: D0

Category/  
Type

Transaction ID: D71420049E1014  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Nussle for Congress Committee

Mailing Address PO Box 324

City Manchester State IA Zip Code 52057-0324

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JIM NUSSLE

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

State: IA District: D1

Category/  
Type

Transaction ID: D71420049E1005  
Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 2686

City Hobbs State NM Zip Code 88241-2686

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
STEVE PEARCE

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

State: NM District: D2

Category/  
Type

Transaction ID: D71420049E1019  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

250.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Pomeroy for Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502-0746

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
EARLRALPH POMEROY

Office Sought:  House  
Senate  
President

State: ND District: D0

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1042  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Jon Porter for Congress

Mailing Address 601 Whitney Ranch Dr

City Henderson State NV Zip Code 89014-2642

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JONCSR PORTER

Office Sought:  House  
Senate  
President

State: NV District: D3

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1045  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Rely On Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D71420049E1051  
Date of Disbursement

06 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Rogers for Congress

Mailing Address 6899 Corrigan Dr

City Brighton State MI Zip Code 48116-8855

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MICHAELJ ROGERS

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

State: MI District: D8

Category/  
Type

Transaction ID: D71420049E101B  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. David Scott for Congress

Mailing Address 162 Hurt St NE

City Atlanta State GA Zip Code 30307-2538

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
DAVIDALBERT SCOTT

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

State: GA District: 13

Category/  
Type

Transaction ID: D71420049E101B  
Date of Disbursement

05 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. John Shadeggs Friends

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064-5444

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHN B. SHADEGG

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

State: AZ District: 03

Category/  
Type

Transaction ID: D71420049E101B  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Simpson for Congress

Mailing Address 786 Hoff Dr

City Blackfoot State ID Zip Code 83221-1553

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MICHAELKEITH SIMPSON

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: ID District: D2

Category/  
Type

Transaction ID: D71420049E997  
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Friends of John Tanner

Mailing Address 1900 Meadowlark Dr

City Union City State TN Zip Code 38261-5043

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHNS TANNER

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: TN District: D8

Category/  
Type

Transaction ID: D71420049E1016  
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address 11770 Farnam St

City Omaha State NE Zip Code 68154-2224

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
LEE TERRY

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: NE District: D2

Category/  
Type

Transaction ID: D71420049E1041  
Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Texas Freedom Fund

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E989  
Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

1500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. The Hawkeye PAC

Mailing Address 5327 Holmes Run Pkwy

City Alexandria State VA Zip Code 22304-2801

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E1032  
Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Majority Initiative-Keep Electing Repub

Mailing Address PO Box 65878

City Washington State DC Zip Code 20035-5878

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

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

State: District

Category/  
Type

Transaction ID: D71420049E1031  
Date of Disbursement

05 / 14 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - HUPAC

Full Name (Last, First, Middle Initial)  
A. Thompson for Congress, Inc.

Mailing Address 5523 Grand Ave

City State Zip Code  
Des Moines IA 50312-2127

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
STANLEYJ THOMPSON

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

State: IA District: D3

Category/  
Type

Transaction ID: D7142D049E983  
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. John Thune for US Senate

Mailing Address PO Box 3308

City State Zip Code  
Sioux Falls SD 57101-3308

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHN THUNE

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

State: SD District: D0

Category/  
Type

Transaction ID: D7142D049E1003  
Date of Disbursement

05 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Toomey for Senate

Mailing Address 5250 Wheatland Dr

City State Zip Code  
Zionsville PA 18092-2075

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
PATRICKJOSEPH TOOMEY

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

State: PA District: D0

Category/  
Type

Transaction ID: D7082D0437E977  
Date of Disbursement

04 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

A. Triplett for the Ninth

Mailing Address 19401 Stirrup Dr

City Abingdon State VA Zip Code 24211-6769

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
KEVINR. TRIPLETT

Category/  
Type

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

State: VA District: D9

Transaction ID: D71420049E981

Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

1500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Upton for All of Us

Mailing Address PO Box 900  
P O Box 900

City Saint Joseph State MI Zip Code 49085-9000

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
FREDERICKSTEPHEN UPTON

Category/  
Type

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

State: MI District: D6

Transaction ID: D71420049E1052

Date of Disbursement

08 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. David Vitter for US Senate

Mailing Address 2727 N Causeway Blvd

City Metairie State LA Zip Code 70002-8051

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
DAVID VITTER

Category/  
Type

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

State: LA District: D0

Transaction ID: D71420049E1015

Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)  
A. Voinovich for Senate

Mailing Address 17820 Rosecliff Rd

City Cleveland State OH Zip Code 44119-1346

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
GEORGESEN VOINOVICH

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

State: OH District: D0

Category/  
Type

Transaction ID: D71420049E1046  
Date of Disbursement

05 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Jackie Winters for Congress

Mailing Address PO Box 4760

City Salem State OR Zip Code 07302-8760

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JACKIE WINTERS

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

State: OR District: D5

Category/  
Type

Transaction ID: D71420049E979  
Date of Disbursement

04 / 06 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

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

Mailing Address 528 Harry S Truman Dr

City Upper Marlboro State MD Zip Code 20774-2085

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
ALBERT WYNN

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

State: MD District: D4

Category/  
Type

Transaction ID: D71420049E980  
Date of Disbursement

04 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

61750.00