

**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 14TH STREET SUITE 450**
 Check if different than previously reported. (ACC) **ARLINGTON VA 22201**

2. **FEC IDENTIFICATION NUMBER** **C00283135**
 3. **IS THIS REPORT** **NEW (N)** **OR** **X** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 X April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 July 31 Mid-Year Report(Non-election Year Only) (MY) Election on Convention (12C) Special (12S) in the State of
 Termination Report (TER) (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S) in the State of

5. Covering Period 01 01 2002 through 03 31 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer Kevin Corcoran, CAE
 Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 10 23 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^h01 ^d01 ^y2002 To: ^h03 ^d31 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	67640.00	
(c) Total Receipts (from Line 19)	46890.00	46890.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114530.00	114530.00
7. Total Disbursements (from Line 30)	33764.90	33764.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80765.10	80765.10
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17152.00	
(ii) Unitemized	29738.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46890.00	46890.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	46890.00	46890.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	46890.00	46890.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	46890.00	46890.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11764.90	11764.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11764.90	11764.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	22000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	33764.90	33764.90
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	33764.90	33764.90
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	46890.00	46890.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	46890.00	46890.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	11764.90	11764.90
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	11764.90	11764.90

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

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

FOR LINE NUMBER: PAGE 5 / 38

(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. Christine F. Burns

Mailing Address
4300 S. I-10 Service Road West #216
City State Zip Code
Metairie LA 70001

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer
Comprehensive Insurance Services, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.10878

Full Name (Last, First, Middle Initial)
B. Jo Anna Burns

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
LMT Maritime Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.10398

Full Name (Last, First, Middle Initial)
C. Gary W. Clevers

Mailing Address
445 S. Madison Avenue Suite 102
City State Zip Code
Green Bay WI 54301-4128

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Financial Life Cycles, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.10865

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 1543

City State Zip Code
Houston TX 77251-1543

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
River Oaks Benefits & Insurance Svcs. Health Insurance Agent

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

Transaction ID: SA11A1.10444

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 1543

City State Zip Code
Houston TX 77251-1543

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
River Oaks Benefits & Insurance Svcs. Health Insurance Agent

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

Transaction ID: SA11A1.10445

C. Full Name (Last, First, Middle Initial)
Jeffrey Flehbaek

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

Mailing Address
796 Johnson Ferry Road Building C-200

City State Zip Code
Marietta GA 30066-5818

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10807

SUBTOTAL of Receipts This Page (optional) ▶ **1030.00**

TOTAL This Period (last page this line number 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 / 38

(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Eva Jean Fornalant

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
2500 Louisiana Blvd. NE , Ste. 300

City State Zip Code
Albuquerque NM 87110

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

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

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

Transaction ID: SA11A1.10328

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

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

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.10268

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
80.00

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.10659

SUBTOTAL of Receipts This Page (optional) ► **1330.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

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

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

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

A. Thomas Harte Date of Receipt

Mailing Address N M / D E / Y Y Y Y
6 Mary E. Clark Drive, #3 02 06 2002

City State Zip Code
Hampstead NH 03841-2288 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent
---	--------------------------------------

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

Transaction ID: SA11A1.10460

B. Carol Hayes Date of Receipt

Mailing Address N M / D E / Y Y Y Y
736 Johnson Ferry Road, #C-200 02 05 2002

City State Zip Code
Marietta GA 30068 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Purchasing Alliance Solutions, In- c.	Occupation Health Insurance Agent
--	--------------------------------------

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

Transaction ID: SA11A1.10274

C. Donna HI Date of Receipt

Mailing Address N M / D E / Y Y Y Y
PO Box 724 02 06 2002

City State Zip Code
Snelville GA 30078 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer DDH Associates	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

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

Transaction ID: SA11A1.1047D

SUBTOTAL of Receipts This Page (optional)	730.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Donna Hill Date of Receipt

Mailing Address N M / D E / Y Y Y Y
PO Box 724 03 04 2002

City State Zip Code
Snellville GA 30078

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
80.00

Name of Employer DDH Associates	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

Receipt For: Aggregate Year-to-Date ▼
Primary General 430.00
Other (specify) ▼

Transaction ID: SA11A1.10660

B. Randy Joppie Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5075 Cascade Road SE 02 05 2002

City State Zip Code
Grand Rapids MI 49546-3751

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
250.00

Name of Employer Collins and Associates Corpora- tion	Occupation Director of Employee Benefits
---	---

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

Transaction ID: SA11A1.10278

C. Lawrence Kaczmarek Date of Receipt

Mailing Address N M / D E / Y Y Y Y
2633 State Route 59, Suite B 02 06 2002

City State Zip Code
Ravenna OH 44266-1884

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
800.00

Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent
--	--------------------------------------

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

Transaction ID: SA11A1.10477

SUBTOTAL of Receipts This Page (optional)	▶	910.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 38

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

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

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

A. Lawrence Kaczmarek Date of Receipt

Mailing Address N M / D E / Y Y Y Y
2633 State Route 59, Suite B 03 04 2002

City State Zip Code
Ravenna OH 44266-1684 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 900.00

Transaction ID: SA11A1.10683

B. Thomas Kaufman Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1675 Willow Street 02 27 2002

City State Zip Code
San Jose CA 95125 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 85.00

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

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

Transaction ID: SA11A1.9853

C. Thomas Kaufman Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1675 Willow Street 03 28 2002

City State Zip Code
San Jose CA 95125 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 85.00

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 305.00

Transaction ID: SA11A1.10797

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
Karen Kirkpatrick

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

Mailing Address
15 East Washington Street

City State Zip Code
Coldwater MI 49036

Amount of Each Receipt this Period
220.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COBRA Compliance Systems, Inc. Regional Sales Manager

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

Transaction ID: SA11A1.10281

B. Full Name (Last, First, Middle Initial)
Ronald (David) Knight

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
PO Box 507

City State Zip Code
Carrollton GA 30117-0507

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Smith Lanier & Company Health Insurance Agent

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

Transaction ID: SA11A1.10341

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 226.00

Transaction ID: SA11A1.10690

SUBTOTAL of Receipts This Page (optional) ▶ **762.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. James M. Lewis

Date of Receipt

Mailing Address

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

4538 N. Federal Hwy.

City

State

Zip Code

Fort Lauderdale

FL

33308-5204

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

240.00

Name of Employer
Benefitmall.com

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

240.00

Transaction ID: SA11A1.10496

Full Name (Last, First, Middle Initial)

B. Brian Liechty

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 3 / 0 4 / 2 0 0 2

120 E Washington Street

City

State

Zip Code

Plymouth

IN

46563-1744

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer
KL Benefits

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

240.00

Transaction ID: SA11A1.10692

Full Name (Last, First, Middle Initial)

C. Maurice Lyons

Date of Receipt

Mailing Address

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

301 Madison Avenue

City

State

Zip Code

New York

NY

10107-6229

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
The Medical Link

Occupation

Health Insurance Agent

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

560.00

Transaction ID: SA11A1.10504

SUBTOTAL of Receipts This Page (optional) ► **820.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
P.O. Box 38248

City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10511

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

Mailing Address
P.O. Box 38248

City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 470.00

Transaction ID: SA11A1.9872

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

Mailing Address
P.O. Box 38248

City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 670.00

Transaction ID: SA11A1.10808

SUBTOTAL of Receipts This Page (optional) ▶ 470.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 38

(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. Jim Mozingo

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 2 / 2 7 / 2 0 0 2

2D1 S. McPherson Church Road Suite 103

City State Zip Code

Fayetteville NC 28303

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 260.00

Transaction ID: SA11A1.9885

Full Name (Last, First, Middle Initial)

B. Jim Mozingo

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 3 / 2 8 / 2 0 0 2

2D1 S. McPherson Church Road Suite 103

City State Zip Code

Fayetteville NC 28303

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 340.00

Transaction ID: SA11A1.10813

Full Name (Last, First, Middle Initial)

C. John Nelson

Date of Receipt

Mailing Address

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

32110 Agoura Road

City State Zip Code

Westlake Village CA 91361-4028

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

2400.00

Name of Employer Occupation
Warner Pacific Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 2400.00

Transaction ID: SA11A1.10517

SUBTOTAL of Receipts This Page (optional) ▶ **2560.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

Mailing Address
8D14 Midlothian Turnpike, #20D

City State Zip Code
Richmond VA 23235-5291

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10612

B. Full Name (Last, First, Middle Initial)
Shan Ricketts

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

Mailing Address
736 Johnson Ferry Road Bldg. C#200

City State Zip Code
Marietta GA 30068

Amount of Each Receipt this Period
660.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10613

C. Full Name (Last, First, Middle Initial)
Shan Ricketts

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Mailing Address
736 Johnson Ferry Road Bldg. C#200

City State Zip Code
Marietta GA 30068

Amount of Each Receipt this Period
700.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9910

SUBTOTAL of Receipts This Page (optional) ▶ **1180.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Stan Ricketts

Mailing Address
738 Johnson Ferry Road Bldg. C#200
City State Zip Code
Marietta GA 30068

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Purchasing Alliance Solutions, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 720.00

Transaction ID: SA11A1.10824

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

Mailing Address
508 Marin Street, #125
City State Zip Code
Thousand Oaks CA 91360

Date of Receipt
M M / D D / Y Y Y Y
02 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Insurance Dimensions

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.10540

Full Name (Last, First, Middle Initial)
C. Stephen Salomon

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 08 / 2002

Amount of Each Receipt this Period
2300.00

FEC ID number of contributing federal political committee.

Name of Employer
Heritage Financial Consultants, LLC

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2320.00

Transaction ID: SA11A1.10547

SUBTOTAL of Receipts This Page (optional) ▶ **2820.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2330.00

Transaction ID: SA11A1.10726

Full Name (Last, First, Middle Initial)
B. David Salzman

Mailing Address
7990 SW 117 Avenue
City State Zip Code
Miami FL 33183-3845

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10368

Full Name (Last, First, Middle Initial)
C. David Salzman

Mailing Address
7990 SW 117 Avenue
City State Zip Code
Miami FL 33183-3845

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10549

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 38

(check only one)

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

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

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

A. Jackie Severson
 Mailing Address: P.O. Box 1468
 City: Janesville State: WI Zip Code: 53547-1468
 Date of Receipt: 02 / 06 / 2002
 Amount of Each Receipt this Period: 220.00
 Name of Employer: Schwartz and Shea Insurance Agency Occupation: Marketing Representative
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
 Transaction ID: SA11A1.10371

B. Mark Sheffer
 Mailing Address: P.O. Box 355
 City: Apollo State: PA Zip Code: 15613-0355
 Date of Receipt: 02 / 04 / 2002
 Amount of Each Receipt this Period: 200.00
 Name of Employer: Executive Benefit Plans, Inc. Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
 Transaction ID: SA11A1.10214

C. Mark Sheffer
 Mailing Address: P.O. Box 355
 City: Apollo State: PA Zip Code: 15613-0355
 Date of Receipt: 03 / 04 / 2002
 Amount of Each Receipt this Period: 200.00
 Name of Employer: Executive Benefit Plans, Inc. Occupation: Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
 Transaction ID: SA11A1.10729

SUBTOTAL of Receipts This Page (optional) ▶ **620.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
Scott Shalek

Mailing Address
P.O. Box 67

City State Zip Code
Ringwood IL 60072-0067

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shalek Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.10562

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

Mailing Address
288 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAS Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.10840

C. Full Name (Last, First, Middle Initial)
Henry Sullivan

Mailing Address
523 Camilla Avenue

City State Zip Code
Roanoke VA 24014-1802

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sullivan and Associates Health Insurance Agent

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

Transaction ID: SA11A1.10576

SUBTOTAL of Receipts This Page (optional) ▶ **880.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Gerald Tomberlin

Mailing Address
7D Woodfin Place Suite 122
City State Zip Code
Asheville NC 28801

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10582

Full Name (Last, First, Middle Initial)
B. Albert J. Travassos

Mailing Address
2255 Glades Road Suite 420-A
City State Zip Code
Boca Raton FL 33431

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
John Hancock Life Insurance Co. Health Insurance Agent

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

Transaction ID: SA11A1.10583

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

Mailing Address
9480 Deereco Road
City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

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

Transaction ID: SA11A1.10580

SUBTOTAL of Receipts This Page (optional) ▶ **570.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
James S. Vogel

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 12B

City State Zip Code
Marshfield WI 54449-0128

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heartland Benefits Group Health Insurance Agent

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

Transaction ID: SA11A1.10589

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2002

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10594

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.10745

SUBTOTAL of Receipts This Page (optional) ▶ **390.00**

TOTAL This Period (last page this line number 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 / 38

(check only one)

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

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

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

A. Trei Wild Date of Receipt
Mailing Address
5495 Belt Line Road Suite 155
City State Zip Code
Dallas TX 75240-7643
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 550.00
Name of Employer Occupation
Safeguard Health Plans Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00
Transaction ID: SA11A1.10597

B. Jeanine Wilson Date of Receipt
Mailing Address
400 Field Drive
City State Zip Code
Lake Forest IL 60045-2581
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 360.00
Name of Employer Occupation
Starmark Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 360.00
Transaction ID: SA11A1.10598

C. Robert Ziff Date of Receipt
Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Occupation
Avariti Insurance & Financial Serv, Inc Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.00
Transaction ID: SA11A1.10597

SUBTOTAL of Receipts This Page (optional) ▶ **990.00**
TOTAL This Period (last page this line number only) ▶ **17152.00**

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 38

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

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

NAME OF COMMITTEE (in full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 02 / 21 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 194.41	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10985	
State: District:			

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 03 / 21 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 12.24	
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10989	
State: District:			

Full Name (Last, First, Middle Initial) C. Capitol Hilton Hotel		Date of Disbursement 03 / 05 / 2002	
Mailing Address 18th and K Street, NW City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 4793.00	
Purpose of Disbursement HUPAC Fundraiser Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10970	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4999.65
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 38

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

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

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

Full Name (Last, First, Middle Initial) A. Charles Gartan		Date of Disbursement 02 / 06 / 2002	
Mailing Address 1010 Commons Way Bldg. G P.O. Box 1268 City State Zip Code Toms River NJ 08754-1268		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11021	
State: District:			

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Disbursement 02 / 04 / 2002	
Mailing Address 6 Mary E. Clark Drive, #3 City State Zip Code Hampstead NH 03841-2288		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11023	
State: District:			

Full Name (Last, First, Middle Initial) C. Dean Hoffman		Date of Disbursement 02 / 04 / 2002	
Mailing Address 2025 North Summit Avenue Suite 200 City State Zip Code Milwaukee WI 53202-1982		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Raffle Prize Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11024	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1900.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 38

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

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. Ronald (David) Knight			Date of Disbursement 02 / 04 / 2002		
Mailing Address PO Box 507 City Carrollton			State GA		
Zip Code 30117-0507			Amount of Each Disbursement this Period 599.00		
Purpose of Disbursement Raffle Prize			Category/ Type		
Candidate Name			Transaction ID: SB21B.11025		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Kross			Date of Disbursement 02 / 04 / 2002		
Mailing Address 3341 Harrison Avenue City Cincinnati			State OH		
Zip Code 45211			Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Raffle Prize			Category/ Type		
Candidate Name			Transaction ID: SB21B.11026		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Marco			Date of Disbursement 03 / 07 / 2002		
Mailing Address 2640 Commerce Drive City Harrisburg			State PA		
Zip Code 17110			Amount of Each Disbursement this Period 443.11		
Purpose of Disbursement Ribbons and Fundraiser Tickets			Category/ Type		
Candidate Name			Transaction ID: SB21B.10973		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	1292.11
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 38

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

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. National Association of Health Underwriters		Date of Disbursement 01 / 25 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 708.42
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10976
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 03 / 20 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 263.97
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10977
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 03 / 04 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 687.43
Purpose of Disbursement Monthly Credit Card Settlement Fees		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10988
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1659.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 38

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

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

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

A. Full Name (Last, First, Middle Initial) Stephen Salamon		Date of Disbursement 02 / 15 / 2002	
Mailing Address P.O. Box 4252 City Timonium State MD Zip Code 21094-4252		Amount of Each Disbursement this Period 323.92	
Purpose of Disbursement Reimbursement for Dinner Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10975	
State: District:			

B. Full Name (Last, First, Middle Initial) Sidney's Music & Entertainment		Date of Disbursement 01 / 25 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 217.50	
Purpose of Disbursement Fundraiser Entertainment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10968	
State: District:			

C. Full Name (Last, First, Middle Initial) Sidney's Music & Entertainment		Date of Disbursement 03 / 05 / 2002	
Mailing Address 1127 Connecticut Avenue, NW City Washington State DC Zip Code 20036		Amount of Each Disbursement this Period 217.50	
Purpose of Disbursement Fundraiser Entertainment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.10989	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	758.92
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 38

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

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. Barbara Ziegler		Date of Disbursement 02 / 06 / 2002	
Mailing Address 1140 Burnt Tavern Road Suite 1B City State Zip Code Brick NJ 08724-1498		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Raffle Prize		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	Transaction ID: SB21B.11029	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	11110.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 38

<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

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. AKIN, WILLIAM TODD		Date of Disbursement 02 / 21 / 2002	
Mailing Address 305 CONWAY HILL ROAD City ST LOUIS State MO Zip Code 63141		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TODD AKIN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 02	Transaction ID: SB23.10902		

Full Name (Last, First, Middle Initial) B. BILIRAKIS, MICHAEL		Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 697 City TARPON SPRINGS State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE BILIRAKIS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 09	Transaction ID: SB23.10934		

Full Name (Last, First, Middle Initial) C. BROWN-WAITE, VIRGINIA 'GINNY'		Date of Disbursement 02 / 25 / 2002	
Mailing Address 2499 CULBREATH RD City BROOKSVILLE State FL Zip Code 34602		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BROWN-WAITE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 06	Transaction ID: SB23.10911		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 38

<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				

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. CHABOT, STEVEN JOSEPH		Date of Disbursement 03 / 15 / 2002	
Mailing Address 3025 DAYTONA AVE City State Zip Code CINCINNATI OH 45211		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name STEVE CHABOT FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 01	Transaction ID: SB23.10961		

Full Name (Last, First, Middle Initial) B. COLEMAN, NORM		Date of Disbursement 02 / 11 / 2002	
Mailing Address 1410 ENERGY PARK DRIVE SUITE 11 City State Zip Code ST PAUL MN 55108		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NORM COLEMAN FOR U S SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District: 00	Transaction ID: SB23.10963		

Full Name (Last, First, Middle Initial) C. DOLE, ELIZABETH		Date of Disbursement 03 / 06 / 2002	
Mailing Address 712 SOUTH FULTON STREET City State Zip Code SALISBURY NC 28144		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DOLE 2002 COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: 00	Transaction ID: SB23.10914		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 38

<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				

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. DOOLITTLE, JOHN T		Date of Disbursement 02 / 19 / 2002	
Mailing Address 400 CAPITOL MALL SUITE 1560 City: SACRAMENTO State: CA Zip Code: 95661		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN T DOOLITTLE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 04	Transaction ID: SB23.10869		

Full Name (Last, First, Middle Initial) B. ENZI, MICHAEL B		Date of Disbursement 02 / 25 / 2002	
Mailing Address 431 CIRCLE DRIVE City: CILLETTE State: WY Zip Code: 82716		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ENZI FOR US SENATE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WY District: 00	Transaction ID: SB23.10805		

Full Name (Last, First, Middle Initial) C. GARRETT, E SCOTT		Date of Disbursement 02 / 15 / 2002	
Mailing Address 100 POND SCHOOL ROAD City: SUSSEX State: NJ Zip Code: 07461		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GARRETT FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 06	Transaction ID: SB23.10896		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 38

<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				

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. GRAHAM, LINDSEY OLIN			Date of Disbursement 02 / 06 / 2002	
Mailing Address PO BOX 1155 337 BYPASS 123 City: SENECA State: SC Zip Code: 29679			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name LINDSEY GRAHAM FOR SENATE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10887	
State: SC District: 00				

Full Name (Last, First, Middle Initial) B. GREEN, MARK ANDREW			Date of Disbursement 03 / 27 / 2002	
Mailing Address 2152 GLOUCESTER DRIVE City: GREEN BAY State: WI Zip Code: 54304			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name GREEN FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10844	
State: WI District: 08				

Full Name (Last, First, Middle Initial) C. HART, MELISSA A			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 435 800 GRANT ST City: WEXFORD State: PA Zip Code: 15090			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name PEOPLE WITH HART INC				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10826	
State: PA District: 04				

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 38

<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				

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. HOEFFEL, JOSEPH M			Date of Disbursement 02 / 25 / 2002	
Mailing Address 1808 LYCOMING AVENUE City ABINGTON State PA Zip Code 19001			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name HOEFFEL FOR CONGRESS COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10908	
State: PA District: 13				

Full Name (Last, First, Middle Initial) B. HOLDEN, TIM			Date of Disbursement 03 / 18 / 2002	
Mailing Address 31 PEARL STREET City ST CLAIR State PA Zip Code 17970			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF CONGRESSMAN TIM HOLDEN				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10957	
State: PA District: 17				

Full Name (Last, First, Middle Initial) C. JOHN, CHRIS			Date of Disbursement 03 / 21 / 2002	
Mailing Address PO BOX 971 City CROWLEY State LA Zip Code 70527			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name CHRIS JOHN FOR CONGRESS COMMITTEE INC				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10940	
State: LA District: 07				

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 38

<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				

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. NANCY L JOHNSON			Date of Disbursement 03 / 06 / 2002	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 08052			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name RE-ELECT NANCY JOHNSON TO CONG. COMM.				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10968	
State: CT District: 06				

Full Name (Last, First, Middle Initial) B. KINGSTON, JOHN HEDDENS			Date of Disbursement 03 / 21 / 2002	
Mailing Address 207 FIDDLERS BEND City SAVANNAH State GA Zip Code 31408			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF JACK KINGSTON				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.10943	
State: GA District: 01				

Full Name (Last, First, Middle Initial) C. MANZULLO, DONALD A			Date of Disbursement 03 / 28 / 2002	
Mailing Address 792 E LIGHTSVILLE ROAD City EGAN State IL Zip Code 61047			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name DONALD A. MANZULLO FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.10953	
State: IL District: 18				

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 38

<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				

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. MORELLA, CONSTANCE A		Date of Disbursement 03 / 18 / 2002	
Mailing Address 2228 RAYBURN HOUSE OFFICE BLDG City: WASHINGTON State: DC Zip Code: 20515		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF CONNIE MORELLA FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 06	Transaction ID: SB23.10931		

Full Name (Last, First, Middle Initial) B. MURTHA, JOHN P		Date of Disbursement 03 / 18 / 2002	
Mailing Address 109 COLGAGE AVENUE City: JOHNSTOWN State: PA Zip Code: 15806		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MURTHA FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 12	Transaction ID: SB23.10928		

Full Name (Last, First, Middle Initial) C. POMEROY, EARL RALPH		Date of Disbursement 02 / 15 / 2002	
Mailing Address PO BOX 748 City: BISMARCK State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name EARL POMEROY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND District: 00	Transaction ID: SB23.10890		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 38

<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				

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. PORTMAN, ROBERT J		Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 2365 City: CINCINNATI State: OH Zip Code: 45202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name AMERICA'S MAJORITY TRUST			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 02	Transaction ID: SB23.10923		

Full Name (Last, First, Middle Initial) B. RYAN, PAUL D		Date of Disbursement 03 / 18 / 2002	
Mailing Address PO BOX 1919 City: JANESVILLE State: WI Zip Code: 53547		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RYAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: 01	Transaction ID: SB23.10917		

Full Name (Last, First, Middle Initial) C. STRICKLAND, TED		Date of Disbursement 02 / 15 / 2002	
Mailing Address 1337 THOMAS HOLLOW ROAD BOX 580 City: LUCASVILLE State: OH Zip Code: 45648		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TED STRICKLAND FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 08	Transaction ID: SB23.10893		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 38

<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				

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. SUNUNU, JOHN E		Date of Disbursement 03 / 26 / 2002	
Mailing Address 25 FRENCH DRIVE City: BEDFORD State: NH Zip Code: 03110		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TEAM SUNUNU			
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: X Primary General Other (specify) ▼		
State: NH District: 00	Transaction ID: SB23.10950		

Full Name (Last, First, Middle Initial) B. TAUSCHER, ELLEN O		Date of Disbursement 01 / 25 / 2002	
Mailing Address 75 CANDLESTON PLACE City: ALAMO State: CA Zip Code: 94507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ELLEN TAUSCHER FOR CONGRESS			
Office Sought: X House Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: X Primary General Other (specify) ▼		
State: CA District: 10	Transaction ID: SB23.10884		

Full Name (Last, First, Middle Initial) C. UPTON, FREDERICK STEPHEN		Date of Disbursement 03 / 18 / 2002	
Mailing Address 285 RIDGEWAY P O BOX 800 City: ST JOSEPH State: MI Zip Code: 49085		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name UPTON FOR ALL OF US			
Office Sought: X House Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: X Primary General Other (specify) ▼		
State: MI District: 08	Transaction ID: SB23.10938		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

<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

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. VELAZQUEZ, NYDIA M		Date of Disbursement 03 rd : 27 th : 2002 nd	
Mailing Address 370 UNION STREET City BROOKLYN		State NY	Zip Code 11231
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00	
Candidate Name CM TO RE-ELECT NYDIA VELAZQUEZ TO CONG		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NY District: 12	Transaction ID: 5B23.10947		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	22000.00