22037862739

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -4 P 1:45
Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

ADDRESS (number and street) ▼ 1026 WIND RIDGE DRIVE

☐ Check if different than previously reported. (ACC)

DUNCANVILLE TX 75137-

2. FEC IDENTIFICATION NUMBER ▼ C00353144 — CITY ▲ — STATE ▲ — ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End 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 11 / 05 / 2002 In the State of TX

5. Covering Period 10 / 01 / 2002 through 11 / 25 / 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 COLLEEN PRUITT

Signature of Treasurer Colleen Pruitt Date 12 / 03 / 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.

Office Use Only							

FEC FORM 3X (Revised 1/01)

FE2AN042

22037862740

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

Report Covering the Period: From: 10 01 2002 To: 12 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2002		9425.95
(b) Cash on Hand at Beginning of Reporting Period	12241.51	
(c) Total Receipts (from Line 19)	1588.25	24000.00
(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	13829.76	12825.95
7. Total Disbursements (from Line 30)	1351.38	534.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12478.38	12478.38
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

22037862741

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

Report Covering the Period: From: 10 01 2002 To: 11 25 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 (see Schedule A)	645.00	
(ii) Unitemized	943.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1588.75	8400.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	1588.75	8400.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
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) ▶	1588.75	8400.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	1588.75	8400.00

22037862742

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	1,351.38	2,497.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1,351.38	2,497.07
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		2850.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	1,351.38	5,347.07
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	1,351.38	5,347.07

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1,351.38	2,497.07
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	1,351.38	2,497.07

22037862743

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 1 OF 2

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)
TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

A. Full Name (Last, First, Middle Initial): DESMOND, ROBERT
Mailing Address: PO BOX 1543
City: HOUSTON State: TX Zip Code: 77251-1543
FEC ID number of contributing federal political committee: C
Name of Employer: SELF Occupation: INSURANCE AGENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 20 2002
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): GREENE, KATHY
Mailing Address: 13821 EAGLESNEST BLVD
City: CORPUS CHRISTI State: TX Zip Code: 78418
FEC ID number of contributing federal political committee: C
Name of Employer: HUMANA Occupation: INSURANCE AGENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 08 2002
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): MERRITT, STACEY
Mailing Address: 3910 KIRBY DR., #103
City: HOUSTON State: TX Zip Code: 77098
FEC ID number of contributing federal political committee: C
Name of Employer: HEALTHSHARE SYSTEMS Occupation: INSURANCE AGENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 10 31 2002
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 675.00

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

22037862744

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 2 OF 2

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NAME OF COMMITTEE (In Full): TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

A.
Full Name (Last, First, Middle Initial): SPRAGINS, JACKIE
Mailing Address: PO BOX 2023
City: WICHITA FALLS State: TX Zip Code: 76307-2023
FEC ID number of contributing federal political committee: C
Name of Employer: SELF
Occupation: INSURANCE AGENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: M M D D Y Y Y Y 10 31 2002
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): SUTHERLAND, WILLIAM
Mailing Address: 4 ASHIN WAY
City: SAN ANTONIO State: TX Zip Code: 78232
FEC ID number of contributing federal political committee: C
Name of Employer: EICHNITZ, WEAY
Occupation: INSURANCE AGENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: M M D D Y Y Y Y 10 31 2002
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

TOTAL This Period (last page this line number only) ▶ 645.00

FEC Schedule A (Form 3X) (Revised 1/01)

FE2A0102

22037862745

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) [X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

PAGE 1 OF 1

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)
TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

A.
Full Name (Last, First, Middle Initial): LAURA T. FIRESTONE CPA PC
Mailing Address: PO BOX 381730
City: DUNCANVILLE State: TX Zip Code: 75138-1730
Purpose of Disbursement: ACCOUNTING FEES
Candidate Name:
Category/Type: 0.0.1
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: 10 07 2002
Amount of Each Disbursement this Period: 133.75
11/14/2002 258.75

B.
Full Name (Last, First, Middle Initial): ALVIN M. CLAYMAN ENTERPRISES
Mailing Address: PO BOX 414274
City: KANSAS CITY State: MO Zip Code: 64141
Purpose of Disbursement: SUPPLIES
Candidate Name:
Category/Type: 0.0.1
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: 10 18 2002
Amount of Each Disbursement this Period: 957.16

C.
Full Name (Last, First, Middle Initial): AIRBORNE EXPRESS
Mailing Address: PO BOX 91001
City: SEATTLE State: WA Zip Code: 98111
Purpose of Disbursement: POSTAGE
Candidate Name:
Category/Type: 0.0.1
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: 11 07 2002
Amount of Each Disbursement this Period: 11.72

SUBTOTAL of Disbursements This Page (optional) ▶ 1,351.38

TOTAL This Period (last page this line number only) ▶ 1,351.38

FEC Schedule B (Form 3X) (Revised 10/01)

FE2AN042

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
NONE

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS
Date Incurred | Date Due | Interest Rate % (apr) | Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

22037862747

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full): TEXAS ASSOCIATION OF HEALTH UNDERWRITERS

FEC IDENTIFICATION NUMBER: C

LENDING INSTITUTION (LENDER)
Full Name: NONE

Amount of Loan:

Interest Rate (APR): %

Mailing Address:

City: State: Zip Code:

Date Incurred or Established:

Date Due:

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred:

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash or deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(ii)(B) and 100.8(b)(12)(ii)(B).

Date account established:

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE

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SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (in Full)

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NONE

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

FEC IDENTIFICATION NUMBER ▼

Full Name (Last, First, Middle Initial) of Payee: NONE

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House / Senate / Presidential

State: District:

Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House / Senate / Presidential

State: District:

Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: House / Senate / Presidential

State: District:

Check One: Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, coordination, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or political party committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature

Date

Subscribed and sworn to before me this day of

My Commission expires

NOTARY PUBLIC

22037862750

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☐ NO
If YES, name the designating committee:

Full Name of Subordinate Committee
NONE

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date

Amount

SUBTOTAL of Expenditures This Page (optional) ▶

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

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

USE ONLY ONE SECTION

NONE

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) ..... %

- [ ] Presidential Year (65%)
- [ ] All Other Years (60%)

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

[ ] **MINIMUM FEDERAL PERCENTAGE** (65%) (If checked, enter 65% in box to right) ..... %

OR

[ ] **FUNDS EXPENDED:** %

- Estimated Direct Candidate Support -- Federal .....
- Estimated Direct Candidate Support -- Non-Federal ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal .....

Actual Direct Candidate Support -- Non-Federal ..... %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal ..... %
- Estimated Direct Candidate Support -- Non-Federal ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal .....

Actual Direct Candidate Support -- Non-Federal ..... %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

			NUMBER OF POINTS
1.	President	[ ] (1 Point)	
2.	U.S. Senate	[ ] (1 Point)	
3.	U.S. Congress	[ ] (1 Point)	
4.	SUBTOTAL -- Federal (ADD 1, 2, AND 3)		
5.	Governor	[ ] (1 Point)	
6.	Other Statewide Office(s)	[ ] (1 or 2 Points)	
7.	State Senate	[ ] (1 Point)	
8.	State Representative	[ ] (1 Point)	
9.	Local Candidates	[ ] (1 or 2 Points)	
10.	Extra Non-Federal Point	[ ] (1 Point)	
11.	SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10)		
12.	TOTAL POINTS (Line 4 plus Line 11)		

FEDERAL ALLOCATION -- Line 4 divided by Line 12 ..... %

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SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

NONE

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%

22037862753

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE OF
FOR LINE 18 OF FORM 3X

NAME OF COMMITTEE (in Full)
TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NONE		

BREAKDOWN OF TRANSFER RECEIVED

	ADMINISTRATIVE/VOTER DRIVE AMOUNT
i) Total Administrative/Voter Drive	

ii) Direct Fundraising (List Events-Amount For Each)	DIRECT FUNDRAISING AMOUNT
a)	
b)	
c)	
d)	
e) Total Amount Transferred For Direct Fundraising	

iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)	EXEMPT ACTIVITY/ DIRECT CANDIDATE SUPPORT
a)	
b)	
c)	
d)	
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative/Voter Drive Amount)	
TOTAL This Period (Direct Fundraising Amount)	
TOTAL This Period (Exempt Activity/Direct Candidate Support)	
TOTAL This Period (Total Amount Transferred)	

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DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

A. Full Name (Last, First, Middle Initial) NONE

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Description:

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Description:

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Description:

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))
FEDERAL SHARE TOTAL AMOUNT

NON-FEDERAL SHARE

TOTAL This Period for the Non-Federal Share
(used for line 31 of the detailed summary page)

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SCHEDULE I (FEC Form 3X)
AGGREGATION PAGE
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

NAME OF ACCOUNT

NONE

Coverage Period
From: To:

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating In Excess of $200 During the Calendar Year)		
1. TOTAL RECEIPTS:		
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of $200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses		
3. Transfers to State/Local Party Organizations		
4. Direct State/Local Candidate Support		
5. Other Disbursements		
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)		
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 1)		
9. SUBTOTAL		
10. DISBURSEMENTS (from Line 6)		
11. ENDING CASH ON HAND		

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 12-4-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 12-4-02

(6/2000)