

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Association of Health Underwriters Political Action Committee - HUPAC

ADDRESS (number and street) 2000 NORTH 14TH STREET, SUITE 450
Check if different than previously reported. (ACC) ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00283135

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

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

5. Covering Period 07 01 2001 through 12 31 2001

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

Type or Print Name of Treasurer Kevin Corcoran

Signature of Treasurer Electronically Filed by Kevin Corcoran Date 02 22 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 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: ^h07 ^d01 ^y2001 To: ^h12 ^d31 ^y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2001		8415.51
(b) Cash on Hand at Beginning of Reporting Period	50444.82	
(c) Total Receipts (from Line 19)	37853.20	110679.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88298.02	119094.71
7. Total Disbursements (from Line 30)	20658.02	51454.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67640.00	67640.00
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2001 To: ^{MM}12 ^{DD}31 ^{YYYY}2001

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)	22679.80	
(ii) Unitemized	15173.40	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37853.20	110179.20
(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)	37853.20	110179.20
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	500.00
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)	37853.20	110679.20
20. Total Federal Receipts (subtract Line 18 from Line 19)	37853.20	110679.20

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.....	2277.85	11250.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2277.85	11250.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	29000.00
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.....	2880.17	11204.42
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	20658.02	51454.71
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	20658.02	51454.71
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	37853.20	110179.20
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	37853.20	110179.20
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2277.85	11250.29
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2277.85	11250.29

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 95

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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Terry Alard

Mailing Address

1600 A Street #3D1

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
The Wilson Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.8938

Full Name (Last, First, Middle Initial)

B. Terry Alard

Mailing Address

1600 A Street #3D1

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
The Wilson Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.8939

Full Name (Last, First, Middle Initial)

C. Terry Alard

Mailing Address

1600 A Street #3D1

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
The Wilson Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Transaction ID: SA11A1.8940

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Terry Alard

Mailing Address
1600 A Street #3D1

City State Zip Code
Anchorage AK 99501

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wilson Agency Health Insurance Agent

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

Transaction ID: SA11A1.8941

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

Mailing Address
1600 A Street #3D1

City State Zip Code
Anchorage AK 99501

Date of Receipt
N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wilson Agency Health Insurance Agent

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

Transaction ID: SA11A1.8942

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

Mailing Address
2000 North 14th. Street, Suite 450

City State Zip Code
Arlington VA 22201

Date of Receipt
N M / D E / Y Y Y Y
11 / 30 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAHU Director of Congressional Affairs

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

Transaction ID: SA11A1.8556

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Tim Byme

Mailing Address
3113 W. Beltline Highway

City State Zip Code
Madison WI 53713

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mortenson, Matzelle & Meldrum Health Insurance Agent

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

Transaction ID: SA11A1.8998

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

Mailing Address
3113 W. Beltline Highway

City State Zip Code
Madison WI 53713

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mortenson, Matzelle & Meldrum Health Insurance Agent

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

Transaction ID: SA11A1.8999

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

Mailing Address
3113 W. Beltline Highway

City State Zip Code
Madison WI 53713

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mortenson, Matzelle & Meldrum Health Insurance Agent

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

Transaction ID: SA11A1.9000

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

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

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

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

FOR LINE NUMBER: PAGE 8 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Tim Byrne

Mailing Address

3113 W. Beltline Highway

City

State

Zip Code

Madison

WI

53713

Date of Receipt

N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer

Morienson, Matzelle & Meldrum

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.9001

Full Name (Last, First, Middle Initial)

B. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.9008

Full Name (Last, First, Middle Initial)

C. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.9009

SUBTOTAL of Receipts This Page (optional) ▶ **125.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

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

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Date of Receipt
M / D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9010

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

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Date of Receipt
M / D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9011

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

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Date of Receipt
M / D / Y Y Y Y
11 / 30 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.8555

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

M / D / Y
12 / 03 / 2001

FEC ID number of contributing
federal political committee.

100.00

Name of Employer
Calco, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: SA11A1.9013

Full Name (Last, First, Middle Initial)

B. James Campbell

Mailing Address

508 East Grand River, Suite 200

City

State

Zip Code

Brighton

MI

48116

Date of Receipt

M / D / Y
11 / 27 / 2001

FEC ID number of contributing
federal political committee.

50.00

Name of Employer
Colt Park Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Transaction ID: SA11A1.8521

Full Name (Last, First, Middle Initial)

C. Robert Campbell, Jr.

Mailing Address

P O Box 821873

City

State

Zip Code

Fort Worth

TX

76182-1873

Date of Receipt

M / D / Y
11 / 02 / 2001

FEC ID number of contributing
federal political committee.

54.00

Name of Employer
Advance Financial Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Transaction ID: SA11A1.9019

SUBTOTAL of Receipts This Page (optional) ▶ **204.00**

TOTAL This Period (last page this line 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 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P O Box B21873
City State Zip Code
Fort Worth TX 76182-1873

Date of Receipt
N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advance Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 252.00

Transaction ID: SA11A1.9020

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

Mailing Address
400 East Hwy., Suite 208
City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
N M / D E / Y Y Y Y
09 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8719

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

Mailing Address
400 East Hwy., Suite 208
City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
N M / D E / Y Y Y Y
10 / 29 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8720

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Barbara Coggins

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8721

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

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8722

Full Name (Last, First, Middle Initial)
C. William O. Daggett, Jr.

Mailing Address
500 E Swedesford Road #301

City State Zip Code
Wayne PA 19087-1898

Date of Receipt
N M / D E / Y Y Y Y
12 / 18 / 2001

Amount of Each Receipt this Period
2400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kistler-Tiffany Benefits Health Insurance Agent

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

Transaction ID: SA11A1.8657

SUBTOTAL of Receipts This Page (optional) ▶ **2440.00**

TOTAL This Period (last page this line 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 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2001

Mailing Address
P.O. Box 30007

City State Zip Code
Reno NV 89520-3007

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Universal Health Network Health Insurance Agent

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

Transaction ID: SA11A1.8227

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2001

Mailing Address
11821 Parklawn Drive, Suite 210

City State Zip Code
Rockville MD 20852-2539

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefitmall.com Health Insurance Agent

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

Transaction ID: SA11A1.8151

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Mailing Address
6440 Avondale Drive, Ste. 204

City State Zip Code
Oklahoma City OK 73116-6416

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dolins & Company, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9082

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mike Dolins

Mailing Address
6440 Avondale Drive, Ste. 204

City State Zip Code
Oklahoma City OK 73116-6416

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Dolins & Company, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.9083

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

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Ebersole & Associates, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.9084

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

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Ebersole & Associates, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.9085

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
405 Gretna Blvd. #103 A
City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9086

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

Mailing Address
405 Gretna Blvd. #103 A
City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9087

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

Mailing Address
405 Gretna Blvd. #103 A
City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 510.00

Transaction ID: SA11A1.9088

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ebersole & Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9090

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

Mailing Address
7400 York Road #200

City State Zip Code
Towson MD 21204-7540

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Dental Network Health Insurance Agent

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

Transaction ID: SA11A1.9104

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

Mailing Address
312 E. Main Street

City State Zip Code
Salisbury MD 21802-2317

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Avery Hall Life Insurance Agency, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.8739

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.9117

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

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.9118

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

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.9119

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.9120

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

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 375.00

Transaction ID: SA11A1.9121

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

Mailing Address
11180 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.9122

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 21 / 2001

Mailing Address
736 Johnson Ferry Road Building C-20D
City State Zip Code
Marietta GA 30068-5618

Amount of Each Receipt this Period
2.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Purchasing Alliance Solutions Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 242.00

Transaction ID: SA11A1.8456

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 08 / 2001

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

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1090.00

Transaction ID: SA11A1.8177

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2001

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

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1290.00

Transaction ID: SA11A1.8529

SUBTOTAL of Receipts This Page (optional) ▶ **252.00**

TOTAL This Period (last page this line 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 / 95

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

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

A. Full Name (Last, First, Middle Initial)
Genard Gershanowitz

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2001

Mailing Address
405 Tarrytown Road, PMB773

City State Zip Code
White Plains NY 10607-1313

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Morrell Consulting Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.8621

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9154

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9155

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9156

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9157

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

Mailing Address
7412 Karl Drive

City State Zip Code
Lincoln NE 68516-4368

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Senior Benefit Strategies Health Insurance Agent

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

Transaction ID: SA11A1.9163

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 95

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

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

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

Mailing Address
7412 Karl Drive

City State Zip Code
Lincoln NE 68516-4368

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent

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

Transaction ID: SA11A1.9164

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

Mailing Address
P.O. Box 240328

City State Zip Code
Anchorage AK 99524

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Hagen Insurance Occupation Health Insurance Agent

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

Transaction ID: SA11A1.8563

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

Mailing Address
796 Johnson Ferry Road, #C-200

City State Zip Code
Marietta GA 30066

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2001

Amount of Each Receipt this Period
1.00

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) ▼ 221.00

Transaction ID: SA11A1.8394

SUBTOTAL of Receipts This Page (optional) ▶ **521.00**

TOTAL This Period (last page this line 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 23 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Carol Hayes

Mailing Address
736 Johnson Ferry Road, #C-200

City State Zip Code
Marietta GA 30068

Date of Receipt
N M / D E / Y Y Y Y
11 / 21 / 2001

Amount of Each Receipt this Period
5.00

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) ▼ 226.00

Transaction ID: SA11A1.8502

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

Mailing Address
6140 S. 104th East Avenue Suite 200

City State Zip Code
Tulsa OK 74133-1588

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heldebrand & Associates Health Insurance Agent

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

Transaction ID: SA11A1.9197

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

Mailing Address
6140 S. 104th East Avenue Suite 200

City State Zip Code
Tulsa OK 74133-1588

Date of Receipt
N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heldebrand & Associates Health Insurance Agent

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

Transaction ID: SA11A1.9198

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Donna HI

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

Date of Receipt _____
 M / D / Y
 07 / 02 / 2001

Amount of Each Receipt this Period _____
 50.00

FEC ID number of contributing federal political committee. _____

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

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

Transaction ID: SA11A1.9214

B. Donna HI

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

Date of Receipt _____
 M / D / Y
 08 / 02 / 2001

Amount of Each Receipt this Period _____
 50.00

FEC ID number of contributing federal political committee. _____

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

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary _____ General _____
 Other (specify) ▼ _____ 310.00

Transaction ID: SA11A1.9215

C. Donna HI

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

Date of Receipt _____
 M / D / Y
 09 / 04 / 2001

Amount of Each Receipt this Period _____
 50.00

FEC ID number of contributing federal political committee. _____

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

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

Transaction ID: SA11A1.9216

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 95

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

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

A. Full Name (Last, First, Middle Initial) Donna HI Date of Receipt
Mailing Address PO Box 724 N M / D E / Y Y Y Y
10 02 2001
City Snelville State GA Zip Code 30078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer DDH Associates Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 410.00
Transaction ID: SA11A1.9217

B. Full Name (Last, First, Middle Initial) Donna HI Date of Receipt
Mailing Address PO Box 724 N M / D E / Y Y Y Y
11 02 2001
City Snelville State GA Zip Code 30078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer DDH Associates Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 460.00
Transaction ID: SA11A1.9218

C. Full Name (Last, First, Middle Initial) Donna HI Date of Receipt
Mailing Address PO Box 724 N M / D E / Y Y Y Y
12 03 2001
City Snelville State GA Zip Code 30078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer DDH Associates Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 510.00
Transaction ID: SA11A1.9219

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
PO Box 724
City State Zip Code
Snellville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2001

Amount of Each Receipt this Period
2.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 512.00

Transaction ID: SA11A1.8578

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

Mailing Address
2633 State Route 59, Suite B
City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 950.00

Transaction ID: SA11A1.9286

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

Mailing Address
2633 State Route 59, Suite B
City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.9287

SUBTOTAL of Receipts This Page (optional) ▶ **202.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
09 / 04 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1150.00

Transaction ID: SA11A1.9288

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
10 / 02 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1250.00

Transaction ID: SA11A1.9289

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

Mailing Address
2633 State Route 59, Suite B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
11 / 02 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1350.00

Transaction ID: SA11A1.9290

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 95

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Transaction ID: SA11A1.9291

Full Name (Last, First, Middle Initial)

B. Thelma Kaczmarek

Mailing Address

2633 State Rte. 59 Ste. B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.9292

Full Name (Last, First, Middle Initial)

C. Thelma Kaczmarek

Mailing Address

2633 State Rte. 59 Ste. B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.9293

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2633 State Rte. 59 Ste. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.9294

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

Mailing Address
2633 State Rte. 59 Ste. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.9295

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

Mailing Address
2633 State Rte. 59 Ste. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.9296

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2633 State Rte. 59 Ste. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
600.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.9297

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2001

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCI Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.8778

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2001

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCI Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 795.00

Transaction ID: SA11A1.8779

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Thomas Kaufman

Mailing Address

1675 Willow Street

City

State

Zip Code

San Jose

CA

95125

Date of Receipt

N M / D E / Y Y Y Y
10 / 20 / 2001

Amount of Each Receipt this Period

85.00

FEC ID number of contributing
federal political committee.

Name of Employer
BCI Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Transaction ID: SA11A1.8780

Full Name (Last, First, Middle Initial)

B. Thomas Kaufman

Mailing Address

1675 Willow Street

City

State

Zip Code

San Jose

CA

95125

Date of Receipt

N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period

85.00

FEC ID number of contributing
federal political committee.

Name of Employer
BCI Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Transaction ID: SA11A1.8781

Full Name (Last, First, Middle Initial)

C. Thomas Kaufman

Mailing Address

1675 Willow Street

City

State

Zip Code

San Jose

CA

95125

Date of Receipt

N M / D E / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period

85.00

FEC ID number of contributing
federal political committee.

Name of Employer
BCI Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Transaction ID: SA11A1.8782

SUBTOTAL of Receipts This Page (optional) ▶ **255.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Michael Kielan Date of Receipt

Mailing Address N M / D E / Y Y Y
P.O. Box 45279 08 10 2001

City State Zip Code
Omaha NE 68145-0279 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 240.00

Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent
--	--------------------------------------

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

Transaction ID: SA11A1.8631

B. Rufus Langley Date of Receipt

Mailing Address N M / D E / Y Y Y
P.O. Box 2897 08 21 2001

City State Zip Code
Durham NC 27715-2897 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 70.00

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

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

Transaction ID: SA11A1.8632

C. Gene (Eugene D.) Lee, Jr. Date of Receipt

Mailing Address N M / D E / Y Y Y
1210 Cole Mill Road 08 26 2001

City State Zip Code
Durham NC 27705-2908 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

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

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

Transaction ID: SA11A1.8602

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 95

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

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

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M O N T H / D A Y / Y E A R
1 0 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8803

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M O N T H / D A Y / Y E A R
1 1 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8804

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M O N T H / D A Y / Y E A R
1 2 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8805

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address
1 Piedmont Center, #400

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 202.00

Transaction ID: SA11A1.9329

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

Mailing Address
1 Piedmont Center, #400

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 244.00

Transaction ID: SA11A1.9330

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

Mailing Address
1 Piedmont Center, #400

City State Zip Code
Atlanta GA 30305

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employease, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 286.00

Transaction ID: SA11A1.9331

SUBTOTAL of Receipts This Page (optional) ▶ **126.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2001

Mailing Address
1 Piedmont Center, #400

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
1.00

FEC ID number of contributing federal political committee.

Name of Employer
Employease, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 287.00

Transaction ID: SA11A1.8289

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Mailing Address
1 Piedmont Center, #400

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
Employease, Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 329.00

Transaction ID: SA11A1.9332

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46565-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
KL Benefits

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9340

SUBTOTAL of Receipts This Page (optional) ▶ **123.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9341

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.9342

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 610.00

Transaction ID: SA11A1.9343

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 890.00

Transaction ID: SA11A1.9344

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 770.00

Transaction ID: SA11A1.9345

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2001

Mailing Address
110 East Crockett

City State Zip Code
San Antonio TX 78205-2812

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Catio & Catio Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 830.00

Transaction ID: SA11A1.8270

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 95

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 Political Action Committee - HUPAC

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

Mailing Address
PO Box 885

City State Zip Code
Fort Wayne IN 46801-0885

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Acordia Health Insurance Agent

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

Transaction ID: SA11A1.9346

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

Mailing Address
PO Box 885

City State Zip Code
Fort Wayne IN 46801-0885

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Acordia Health Insurance Agent

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

Transaction ID: SA11A1.9347

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

Mailing Address
PO Box 885

City State Zip Code
Fort Wayne IN 46801-0885

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Acordia Health Insurance Agent

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

Transaction ID: SA11A1.9348

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. Full Name (Last, First, Middle Initial)
James Machock
Mailing Address
PO Box 885
City State Zip Code
Fort Wayne IN 46801-0885
Date of Receipt
M / D / Y Y Y Y
10 / 02 / 2001
Amount of Each Receipt this Period
400.00
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Acordia Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00
Transaction ID: SA11A1.9349

B. Full Name (Last, First, Middle Initial)
James Machock
Mailing Address
PO Box 885
City State Zip Code
Fort Wayne IN 46801-0885
Date of Receipt
M / D / Y Y Y Y
11 / 02 / 2001
Amount of Each Receipt this Period
400.00
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Acordia Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 440.00
Transaction ID: SA11A1.9350

C. Full Name (Last, First, Middle Initial)
James Machock
Mailing Address
PO Box 885
City State Zip Code
Fort Wayne IN 46801-0885
Date of Receipt
M / D / Y Y Y Y
12 / 03 / 2001
Amount of Each Receipt this Period
400.00
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Acordia Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00
Transaction ID: SA11A1.9351

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Diane Mahoney Date of Receipt
Mailing Address
PO Box 883 N M / D E / Y Y Y Y
11 06 2001
City State Zip Code
Randallstown MD 21133-0683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Occupation
Velco Insurance Agency Inc Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00
Transaction ID: SA11A1.8183

B. Full Name (Last, First, Middle Initial)
Dennis Mather Date of Receipt
Mailing Address
10540 York Road N M / D E / Y Y Y Y
10 28 2001
City State Zip Code
Cockeysville MD 21030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1000.00
Name of Employer Occupation
BenefitMal.com Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1570.00
Transaction ID: SA11A1.8852

C. Full Name (Last, First, Middle Initial)
Michael Metzick Date of Receipt
Mailing Address
P.O. Box 38248 N M / D E / Y Y Y Y
07 02 2001
City State Zip Code
Greensboro NC 27438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 200.00
Name of Employer Occupation
MediFlex Benefits Center, Inc. Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1750.00
Transaction ID: SA11A1.9373

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

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) ▼ 1950.00

Transaction ID: SA11A1.9374

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

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) ▼ 2150.00

Transaction ID: SA11A1.9375

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2001

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) ▼ 2350.00

Transaction ID: SA11A1.8806

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438

Date of Receipt

N M / D E / Y Y Y Y
10 / 28 / 2001

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Transaction ID: SA11A1.8807

Full Name (Last, First, Middle Initial)

B. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438

Date of Receipt

N M / D E / Y Y Y Y
11 / 28 / 2001

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Transaction ID: SA11A1.8808

Full Name (Last, First, Middle Initial)

C. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438

Date of Receipt

N M / D E / Y Y Y Y
12 / 28 / 2001

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Transaction ID: SA11A1.8809

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
705 Lakeview Plaza Blvd #B

City State Zip Code
Worthington OH 43085-4779

Date of Receipt
N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
May Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.8810

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

Mailing Address
705 Lakeview Plaza Blvd #B

City State Zip Code
Worthington OH 43085-4779

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
May Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.8811

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

Mailing Address
6950 E. Thomas Road, Suite 138

City State Zip Code
Scottsdale AZ 85251

Date of Receipt
N M / D E / Y Y Y Y
07 / 13 / 2001

Amount of Each Receipt this Period
2400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
C/M Benefits, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2640.00

Transaction ID: SA11A1.8140

SUBTOTAL of Receipts This Page (optional) ▶ **2440.00**

TOTAL This Period (last page this line 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 44 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Sandra V. Mobley

Mailing Address
5848 Ridgewood Road, D-102

City State Zip Code
Jackson MS 39211-2646

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2001

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.8149

Full Name (Last, First, Middle Initial)
B. Sandra V. Mobley

Mailing Address
5848 Ridgewood Road, D-102

City State Zip Code
Jackson MS 39211-2646

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9378

Full Name (Last, First, Middle Initial)
C. Sandra V. Mobley

Mailing Address
5848 Ridgewood Road, D-102

City State Zip Code
Jackson MS 39211-2646

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9379

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Sandra V. Mobley

Mailing Address
5848 Ridgewood Road, D-102

City State Zip Code
Jackson MS 39211-2646

Date of Receipt
N M / D E / Y Y Y Y
11 02 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9380

B. Full Name (Last, First, Middle Initial)
Sandra V. Mobley

Mailing Address
5848 Ridgewood Road, D-102

City State Zip Code
Jackson MS 39211-2646

Date of Receipt
N M / D E / Y Y Y Y
12 03 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9381

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

Mailing Address
P.O. Box 604

City State Zip Code
Darlington SC 29540-0604

Date of Receipt
N M / D E / Y Y Y Y
10 02 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer W.P. Moore, III Agency, Inc. Occupation
Owner, Health Insurance Agent

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

Transaction ID: SA11A1.9385

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Wesley Moore

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 P.O. Box 604 _____
 City _____ State _____ Zip Code _____
 Darlington SC 29540-0604

Date of Receipt _____
 N M / D E / Y Y Y Y
 11 / 02 / 2001

Amount of Each Receipt this Period _____
 25.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 W.P. Moore, III Agency, Inc. Owner, Health Insurance Agent

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

Transaction ID: SA11A1.9386

B. Wesley Moore

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 P.O. Box 604 _____
 City _____ State _____ Zip Code _____
 Darlington SC 29540-0604

Date of Receipt _____
 N M / D E / Y Y Y Y
 12 / 03 / 2001

Amount of Each Receipt this Period _____
 25.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 W.P. Moore, III Agency, Inc. Owner, Health Insurance Agent

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

Transaction ID: SA11A1.9387

C. Jim Mozingo

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 201 S. McPherson Church Road Suite 103 _____
 City _____ State _____ Zip Code _____
 Fayetteville NC 28305

Date of Receipt _____
 N M / D E / Y Y Y Y
 09 / 26 / 2001

Amount of Each Receipt this Period _____
 80.00

FEC ID number of contributing federal political committee. _____

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

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

Transaction ID: SA11A1.8824

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 95

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Jim Mozingo

Mailing Address

2D1 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y
10 / 20 / 2001

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Transaction ID: SA11A1.8825

Full Name (Last, First, Middle Initial)

B. Jim Mozingo

Mailing Address

2D1 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Transaction ID: SA11A1.8826

Full Name (Last, First, Middle Initial)

C. Jim Mozingo

Mailing Address

2D1 S. McPherson Church Road

Suite 103

City

State

Zip Code

Fayetteville

NC

28303

Date of Receipt

N M / D E / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Independent Insurance Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Transaction ID: SA11A1.8827

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
1208 North Lincoln, Suite 200
City: Spokane State: WA Zip Code: 89201

Date of Receipt
N M / D E / Y Y Y Y
11 / 13 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Conkery & Jones Benefits, Inc. Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8192

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

Mailing Address
47 Laurel Hill Drive
City: Niantic State: CT Zip Code: 06357

Date of Receipt
N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period
21.00

FEC ID number of contributing federal political committee.

Name of Employer: Parker Health Plan Agency Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 321.00

Transaction ID: SA11A1.8831

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

Mailing Address
47 Laurel Hill Drive
City: Niantic State: CT Zip Code: 06357

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
21.00

FEC ID number of contributing federal political committee.

Name of Employer: Parker Health Plan Agency Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 342.00

Transaction ID: SA11A1.8832

SUBTOTAL of Receipts This Page (optional) ▶ **542.00**

TOTAL This Period (last page this line 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 49 / 95

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

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

Full Name (Last, First, Middle Initial)
A. Jesse Patton

Mailing Address
2175 NW 88th Street Suite 14

City State Zip Code
Des Moines IA 50325-5557

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associations Marketing Group, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period
1000.00

Transaction ID: SA11A1.8641

Full Name (Last, First, Middle Initial)
B. Casey Phillips (Jouett)

Mailing Address
1021 Main Street Suite #1300

City State Zip Code
Houston TX 77002-6505

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCG/Dutworth, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period
10.00

Transaction ID: SA11A1.9437

Full Name (Last, First, Middle Initial)
C. Casey Phillips (Jouett)

Mailing Address
1021 Main Street Suite #1300

City State Zip Code
Houston TX 77002-6505

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCG/Dutworth, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period
10.00

Transaction ID: SA11A1.9438

SUBTOTAL of Receipts This Page (optional) ▶ **1020.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Casey Phillips (Jouett)

Mailing Address
1021 Main Street Suite #1300
City State Zip Code
Houston TX 77002-6505

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCG/Dulworth, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9439

Full Name (Last, First, Middle Initial)
B. Casey Phillips (Jouett)

Mailing Address
1021 Main Street Suite #1300
City State Zip Code
Houston TX 77002-6505

Date of Receipt
N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCG/Dulworth, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9440

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

Mailing Address
P.O. Box 43350
City State Zip Code
Birmingham AL 35243-0350

Date of Receipt
N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wheeler Companies, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 205.00

Transaction ID: SA11A1.9442

SUBTOTAL of Receipts This Page (optional) ▶ **40.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Paige Phillips

Mailing Address
P.O. Box 43350
City State Zip Code
Birmingham AL 35243-0350

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wheeler Companies, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9443

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

Mailing Address
P.O. Box 43350
City State Zip Code
Birmingham AL 35243-0350

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wheeler Companies, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 245.00

Transaction ID: SA11A1.9444

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

Mailing Address
P.O. Box 43350
City State Zip Code
Birmingham AL 35243-0350

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Wheeler Companies, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 285.00

Transaction ID: SA11A1.9445

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
6D17 E. McKellips Road, #104-46

City State Zip Code
Mesa AZ 85215-2800

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIT VII, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9451

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

Mailing Address
6D17 E. McKellips Road, #104-46

City State Zip Code
Mesa AZ 85215-2800

Date of Receipt
N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIT VII, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9452

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

Mailing Address
P.O. Box 850011

City State Zip Code
Yukon OK 73065-0011

Date of Receipt
N M / D E / Y Y Y Y
11 / 14 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
JNC Group Health Insurance Agent

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

Transaction ID: SA11A1.8195

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Eric Raymond

Mailing Address
1000 Abrium Way Suite 202 Atrium 1
City: Mt. Laurel State: NJ Zip Code: 08054-3904

Date of Receipt
M / D / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Summit Insurance Advisors Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8671

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20
City: Marietta State: GA Zip Code: 30068

Date of Receipt
M / D / Y Y Y Y
08 / 28 / 2001

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) ▼ 260.00

Transaction ID: SA11A1.8844

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20
City: Marietta State: GA Zip Code: 30068

Date of Receipt
M / D / Y Y Y Y
08 / 28 / 2001

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) ▼ 260.00

Transaction ID: SA11A1.8845

SUBTOTAL of Receipts This Page (optional) ▶ **290.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20
City: Marietta State: GA Zip Code: 30068

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2001

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) ▼ 300.00

Transaction ID: SA11A1.8846

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20
City: Marietta State: GA Zip Code: 30068

Date of Receipt
M M / D D / Y Y Y Y
11 / 21 / 2001

Amount of Each Receipt this Period
1.00

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) ▼ 301.00

Transaction ID: SA11A1.8844

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20
City: Marietta State: GA Zip Code: 30068

Date of Receipt
M M / D D / Y Y Y Y
11 / 28 / 2001

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) ▼ 321.00

Transaction ID: SA11A1.8847

SUBTOTAL of Receipts This Page (optional) ▶ **41.00**

TOTAL This Period (last page this line 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 55 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
736 Johnson Ferry Road, Bldg. C#20
City: Marietta State: GA Zip Code: 30068

Date of Receipt
M / D / Y
12 / 28 / 2001

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) ▼ 341.00

Transaction ID: SA11A1.8848

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

Mailing Address
415 5th. Street P.O. Box 664
City: Fairbury State: NE Zip Code: 68352-2501

Date of Receipt
M / D / Y
11 / 02 / 2001

Amount of Each Receipt this Period
28.80

FEC ID number of contributing federal political committee.

Name of Employer: Advanced Financial Services, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 215.20

Transaction ID: SA11A1.9471

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

Mailing Address
415 5th. Street P.O. Box 664
City: Fairbury State: NE Zip Code: 68352-2501

Date of Receipt
M / D / Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Advanced Financial Services, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 235.20

Transaction ID: SA11A1.9472

SUBTOTAL of Receipts This Page (optional) ▶ **68.80**

TOTAL This Period (last page this line 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 56 / 95

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

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

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

Mailing Address
12200 Northwest Freeway #662

City State Zip Code
Houston TX 77092

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northwest General Insurance Health Insurance Agent

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

Amount of Each Receipt this Period
1400.00

Transaction ID: SA11A1.9185

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

Mailing Address
100 South Sunrise Way PMB 364

City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Amount of Each Receipt this Period
210.00

Transaction ID: SA11A1.9492

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

Mailing Address
100 South Sunrise Way PMB 364

City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Amount of Each Receipt this Period
230.00

Transaction ID: SA11A1.9493

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Mailing Address
100 South Sunrise Way PMB 364
City State Zip Code
Palm Springs CA 92262-6737

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.9494

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Mailing Address
18000 Venutra Blvd, #1103
City State Zip Code
Encino CA 91436-2767

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.9495

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Mailing Address
18000 Venutra Blvd, #1103
City State Zip Code
Encino CA 91436-2767

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.9496

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 58 / 95
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

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

Mailing Address
16000 Venutra Blvd, #1103

City State Zip Code
Encino CA 91436-2767

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.9497

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

Mailing Address
16000 Venutra Blvd, #1103

City State Zip Code
Encino CA 91436-2767

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.9498

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

Mailing Address
16000 Venutra Blvd, #1103

City State Zip Code
Encino CA 91436-2767

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 330.00

Transaction ID: SA11A1.9499

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Mailing Address
16000 Venutra Blvd, #1103

City State Zip Code
Encino CA 91436-2767

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.9500

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2001

Mailing Address
1220-B East Joppa Road, Suite 421

City State Zip Code
Towson MD 21286-5815

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Concordia Health Insurance Agent

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

Transaction ID: SA11A1.8184

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2310.00

Transaction ID: SA11A1.9508

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 60 / 95
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

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

Transaction ID: SA11A1.9509

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

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

Transaction ID: SA11A1.9510

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

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

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

Transaction ID: SA11A1.9512

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

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

Transaction ID: SA11A1.9513

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

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Heritage Financial Consultants Health Insurance Agent

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

Transaction ID: SA11A1.9514

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Multiple Benefits Corp.

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

Transaction ID: SA11A1.8862

SUBTOTAL of Receipts This Page (optional) ▶ **40.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 95

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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial) Raymer Sale Date of Receipt
Mailing Address 510 Briscoe Blvd. #200 N M / D E / Y Y Y Y
09 26 2001
City Lawrenceville State GA Zip Code 30045-6700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00
Name of Employer Multiple Benefits Corp. Occupation Multiple Benefits Corp.
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 260.00
Transaction ID: SA11A1.8863

B. Full Name (Last, First, Middle Initial) Raymer Sale Date of Receipt
Mailing Address 510 Briscoe Blvd. #200 N M / D E / Y Y Y Y
10 26 2001
City Lawrenceville State GA Zip Code 30045-6700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00
Name of Employer Multiple Benefits Corp. Occupation Multiple Benefits Corp.
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 260.00
Transaction ID: SA11A1.8864

C. Full Name (Last, First, Middle Initial) Raymer Sale Date of Receipt
Mailing Address 510 Briscoe Blvd. #200 N M / D E / Y Y Y Y
11 21 2001
City Lawrenceville State GA Zip Code 30045-6700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 5.00
Name of Employer Multiple Benefits Corp. Occupation Multiple Benefits Corp.
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 265.00
Transaction ID: SA11A1.8452

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Raymer Sale

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 510 Briscoe Blvd. #200 _____
 City _____ State _____ Zip Code _____
 Lawrenceville _____ GA _____ 30045-6700 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 11 / 28 / 2001 _____

Amount of Each Receipt this Period _____
 20.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Multiple Benefits Corp. Multiple Benefits Corp.

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

Transaction ID: SA11A1.8865

B. Raymer Sale

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 510 Briscoe Blvd. #200 _____
 City _____ State _____ Zip Code _____
 Lawrenceville _____ GA _____ 30045-6700 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 12 / 28 / 2001 _____

Amount of Each Receipt this Period _____
 20.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 Multiple Benefits Corp. Multiple Benefits Corp.

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 325.00

Transaction ID: SA11A1.8866

C. Mark Gehleng

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 810 Tara Plaza _____
 City _____ State _____ Zip Code _____
 Papillion _____ NE _____ 68046 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 11 / 02 / 2001 _____

Amount of Each Receipt this Period _____
 30.00

FEC ID number of contributing federal political committee. _____

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

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

Transaction ID: SA11A1.9523

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9524

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

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, Plus Health Insurance Agent

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

Transaction ID: SA11A1.9184

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

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Plans, Plus Health Insurance Agent

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

Transaction ID: SA11A1.8870

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

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

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

Date of Receipt
M / D / Y Y Y Y
09 / 26 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8871

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

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

Date of Receipt
M / D / Y Y Y Y
10 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 310.00

Transaction ID: SA11A1.8872

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

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

Date of Receipt
M / D / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 330.00

Transaction ID: SA11A1.8873

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M / D / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8874

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

Mailing Address
7431 O Street
City: Lincoln State: NE Zip Code: 68510-2444

Date of Receipt
M / D / Y Y Y Y
08 / 10 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Midlands Financial Benefits Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8829

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

Mailing Address
916 Main St.
City: Vancouver State: WA Zip Code: 98666-0189

Date of Receipt
M / D / Y Y Y Y
12 / 07 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Biggs Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8867

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 67 / 95

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

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9531

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9532

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.9533

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M / D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 830.00

Transaction ID: SA11A1.9534

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

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

Date of Receipt
M / D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1030.00

Transaction ID: SA11A1.9535

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

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

Date of Receipt
M / D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1230.00

Transaction ID: SA11A1.9536

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 95

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Stuart Shapiro

Mailing Address

P.O. Box 58

City

State

Zip Code

Wheeling

IL

60090-0058

Date of Receipt

N M / D E / Y Y Y Y
1 2 / 0 3 / 2 0 0 1

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

Shapiro Financial Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Transaction ID: SA11A1.9542

Full Name (Last, First, Middle Initial)

B. Bob G. Shupe

Mailing Address

P.O. Box 2344

City

State

Zip Code

Brentwood

TN

37024-2344

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

Employee Security Planning, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.8879

Full Name (Last, First, Middle Initial)

C. Roger Sidner

Mailing Address

5546 Shorewood Drive

City

State

Zip Code

Indianapolis

IN

46220

Date of Receipt

N M / D E / Y Y Y Y
0 7 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer

GroupLink, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Transaction ID: SA11A1.9543

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period
25.00

530.00

Transaction ID: SA11A1.9544

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

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period
25.00

555.00

Transaction ID: SA11A1.9545

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

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period
25.00

580.00

Transaction ID: SA11A1.9546

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
5548 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 805.00

Transaction ID: SA11A1.9547

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

Mailing Address
5548 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 830.00

Transaction ID: SA11A1.9548

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

Mailing Address
523 Kirkland Way

City State Zip Code
Kirkland WA 98033-6219

Date of Receipt
N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Smith Meecham Insurance Health Insurance Agent

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

Transaction ID: SA11A1.9562

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Patricia Smith

Mailing Address
523 Kirkland Way

City State Zip Code
Kirkland WA 98033-6219

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Smith Meacham Insurance Health Insurance Agent

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

Transaction ID: SA11A1.9563

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

Mailing Address
523 Kirkland Way

City State Zip Code
Kirkland WA 98033-6219

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Smith Meacham Insurance Health Insurance Agent

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

Transaction ID: SA11A1.9564

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

Mailing Address
523 Kirkland Way

City State Zip Code
Kirkland WA 98033-6219

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Smith Meacham Insurance Health Insurance Agent

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

Transaction ID: SA11A1.9565

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Patricia Smith

Mailing Address
523 Kirkland Way
City: Kirkland State: WA Zip Code: 98033-6219

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Smith Meacham Insurance Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.9566

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

Mailing Address
1220-B East Joppa Road Suite 421
City: Towson State: MD Zip Code: 21286

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2001

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer: United Concordia Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.8645

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

Mailing Address
P.O. Box 1476
City: Fallon State: NV Zip Code: 89407-1476

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8645

SUBTOTAL of Receipts This Page (optional) ▶ **190.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
3 Taft Court

City State Zip Code
Rockville MD 20850

Date of Receipt
N M / D E / Y Y Y Y
11 / 06 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MAMSI Health Plan Health Insurance Agent

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

Transaction ID: SA11A1.8180

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

Mailing Address
P.O. Box 1810

City State Zip Code
Roswell GA 30077

Date of Receipt
N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Admin America Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 202.00

Transaction ID: SA11A1.8899

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

Mailing Address
P.O. Box 1810

City State Zip Code
Roswell GA 30077

Date of Receipt
N M / D E / Y Y Y Y
12 / 28 / 2001

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Admin America Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 222.00

Transaction ID: SA11A1.8900

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Bynum Tuttle

Mailing Address
P.O. Box 1110
City State Zip Code
Denton NC 27239

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2001

Amount of Each Receipt this Period
2800.00

FEC ID number of contributing federal political committee.

Name of Employer
Employee Benefit Designs Inc.

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 5000.00

Transaction ID: SA11A1.8662

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

Mailing Address
1923 Spillway Road, Suite 194
City State Zip Code
Brandon MS 39047-6021

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
American Fidelity Assurance

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.9594

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

Mailing Address
1923 Spillway Road, Suite 194
City State Zip Code
Brandon MS 39047-6021

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
American Fidelity Assurance

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 540.00

Transaction ID: SA11A1.9595

SUBTOTAL of Receipts This Page (optional) ▶ **2700.00**

TOTAL This Period (last page this line 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 76 / 95

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Charles Westmoreland

Mailing Address

1923 Spillway Road, Suite 194

City

State

Zip Code

Brandon

MS

39047-6021

Date of Receipt

N M / D E / Y Y Y Y
09 / 04 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
American Fidelity Assurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Transaction ID: SA11A1.9596

Full Name (Last, First, Middle Initial)

B. Charles Westmoreland

Mailing Address

1923 Spillway Road, Suite 194

City

State

Zip Code

Brandon

MS

39047-6021

Date of Receipt

N M / D E / Y Y Y Y
10 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
American Fidelity Assurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Transaction ID: SA11A1.9597

Full Name (Last, First, Middle Initial)

C. Charles Westmoreland

Mailing Address

1923 Spillway Road, Suite 194

City

State

Zip Code

Brandon

MS

39047-6021

Date of Receipt

N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
American Fidelity Assurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Transaction ID: SA11A1.9598

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Mailing Address
1923 Spillway Road, Suite 194

City State Zip Code
Brandon MS 39047-6021

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Fidelity Assurance Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 740.00

Transaction ID: SA11A1.9589

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2001

Mailing Address
3555 NW 58th Street, Suite 310

City State Zip Code
Oklahoma City OK 73112

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sue Wilson Brokerage, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9608

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2001

Mailing Address
3555 NW 58th Street, Suite 310

City State Zip Code
Oklahoma City OK 73112

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sue Wilson Brokerage, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.9609

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 95

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Sue Wilson

Mailing Address

3555 NW 58th Street, Suite 31D

City

State

Zip Code

Oklahoma City

OK

73112

Date of Receipt

N M / D E / Y Y Y Y
11 / 02 / 2001

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer

Sue Wilson Brokerage, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Transaction ID: SA11A1.9610

Full Name (Last, First, Middle Initial)

B. Sue Wilson

Mailing Address

3555 NW 58th Street, Suite 31D

City

State

Zip Code

Oklahoma City

OK

73112

Date of Receipt

N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer

Sue Wilson Brokerage, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.9611

C.

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	22679.80

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 07 / 23 / 2001
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 238.01
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.9708
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 08 / 21 / 2001
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 7.08
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.9710
State: District:		

Full Name (Last, First, Middle Initial) C. AMEX		Date of Disbursement 09 / 21 / 2001
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 8.01
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.9711
State: District:		

SUBTOTAL of Disbursements This Page (optional)	251.10
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 55

<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 10 th / 22 nd / 2001
Mailing Address P.O. Box 53852 City Phoenix		Amount of Each Disbursement this Period 51.77
State AZ	Zip Code 85072-3852	
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.9713
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 11 th / 21 st / 2001
Mailing Address P.O. Box 53852 City Phoenix		Amount of Each Disbursement this Period 3.25
State AZ	Zip Code 85072-3852	
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.9717
State: District:		

Full Name (Last, First, Middle Initial) C. AMEX		Date of Disbursement 12 th / 21 st / 2001
Mailing Address P.O. Box 53852 City Phoenix		Amount of Each Disbursement this Period 5.91
State AZ	Zip Code 85072-3852	
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.9720
State: District:		

SUBTOTAL of Disbursements This Page (optional)	60.93
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 01 / 55

<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 07 / 16 / 2001
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 495.42
Purpose of Disbursement Reimbursement for PAC Admin. Costs	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.8699

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 08 / 15 / 2001
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 127.53
Purpose of Disbursement Reimbursement for PAC Admin. Costs	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.9702

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 09 / 24 / 2001
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 68.11
Purpose of Disbursement Reimbursement for PAC Admin. Costs	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.9703

SUBTOTAL of Disbursements This Page (optional)	689.06
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 62 / 55

<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 Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 10 ^M / 24 ^D / 2001 ^Y
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 297.98
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.9704
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 12 ^M / 03 ^D / 2001 ^Y
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 232.34
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.9705
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 07 ^M / 03 ^D / 2001 ^Y
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 388.88
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9707
State: District:		

SUBTOTAL of Disbursements This Page (optional)	917.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NOVA Information System		Date of Disbursement 08 / 02 / 2001	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 62.33	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9709	
State: District:			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 08 / 05 / 2001	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 62.15	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9712	
State: District:			

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 10 / 02 / 2001	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 61.58	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9714	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	176.06
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NOVA Information System		Date of Disbursement 11 / 02 / 2001	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 85.07	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9716	
State: District:			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 12 / 04 / 2001	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 87.44	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9719	
State: District:			

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 07 / 24 / 2001	
Mailing Address PO Box 85024 City: Richmond State: VA Zip Code: 23285-5024		Amount of Each Disbursement this Period 50.94	
Purpose of Disbursement Monthly Bank Account Service Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9708	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	183.45
TOTAL This Period (last page this line number only)	2277.85

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ALLARD VICTORY COMMITTEE			Date of Disbursement 10 / 05 / 2001	
Mailing Address PO BOX 75103 City State Zip Code WASHINGTON DC 20013			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name A WAYNE ALLARD				
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: CO District: 00			Transaction ID: SB23.9680	

Full Name (Last, First, Middle Initial) B. ANDREWS FOR CONGRESS COMMITTEE			Date of Disbursement 11 / 07 / 2001	
Mailing Address 215 FOURTH AVENUE SUITE 200 City State Zip Code HADDON HEIGHTS NJ 08035			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name ROBERT E ANDREWS				
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NJ District: 01			Transaction ID: SB23.9686	

Full Name (Last, First, Middle Initial) C. BIGGERT, JUDY			Date of Disbursement 09 / 20 / 2001	
Mailing Address PO BOX 637 City State Zip Code HINSDALE IL 60522			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JUDY BIGGERT FOR CONGRESS				
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IL District: 13			Transaction ID: SB23.9685	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BOEHNER, JOHN A		Date of Disbursement 08 / 20 / 2001	
Mailing Address 7608-I CINCINNATI DAYTON RD City WEST CHESTER State OH Zip Code 45069		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF JOHN BOEHNER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9653	
State: OH District: 06			

Full Name (Last, First, Middle Initial) B. COBLE FOR CONGRESS		Date of Disbursement 11 / 09 / 2001	
Mailing Address 338 N ELM ST PO BOX 1177 City GREENSBORO State NC Zip Code 27401		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN HOWARD COBLE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9687	
State: NC District: 06			

Full Name (Last, First, Middle Initial) C. COOKSEY FOR SENATE		Date of Disbursement 08 / 09 / 2001	
Mailing Address POST OFFICE BOX 15020 City MONROE State LA Zip Code 71207		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN CHARLES COOKSEY			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9851	
State: LA District: 00			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. ERNEST LEE FLETCHER		Date of Disbursement 10 / 05 / 2001	
Mailing Address PO BOX 4703 City State Zip Code LEXINGTON KY 40544		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ERNEST LEE FLETCHER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9689	
State: KY District: 06			

Full Name (Last, First, Middle Initial) B. FLETCHER FOR CONGRESS		Date of Disbursement 08 / 09 / 2001	
Mailing Address 3220 STOWERS DRIVE City State Zip Code MONROE LA 71201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ERNEST LEE FLETCHER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9652	
State: LA District: 05			

Full Name (Last, First, Middle Initial) C. JIM DAVIS FOR CONGRESS		Date of Disbursement 10 / 27 / 2001	
Mailing Address PO BOX 18143 City State Zip Code TAMPA FL 33609		Amount of Each Disbursement this Period -250.00	
Purpose of Disbursement Check was lost-Stop payment issued.		Category/ Type	
Candidate Name JIM DAVIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9731	
State: FL District: 11			

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC)			Date of Disbursement 09 / 10 / 2001	
Mailing Address POST OFFICE BOX 20209 City: ALEXANDRIA State: VA Zip Code: 22320			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.9722	
State: District:				

Full Name (Last, First, Middle Initial) B. KINGSTON, JOHN HEDDENS			Date of Disbursement 07 / 30 / 2001	
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 <input type="checkbox"/>	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.9648	
State: GA District: 01				

Full Name (Last, First, Middle Initial) C. MATHESON FOR CONGRESS			Date of Disbursement 10 / 05 / 2001	
Mailing Address 677 SOUTH 200 WEST SUITE A City: SALT LAKE CITY State: UT Zip Code: 84101			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JAMES DAVID MATHESON				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.9881	
State: UT District: 02				

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NORTHUP FOR CONGRESS		Date of Disbursement 10 / 05 / 2001
Mailing Address PO BOX 7313 City: LOUISVILLE State: KY Zip Code: 40207		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name ANNE MEAGHER NORTHUP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9688
State: KY District: 03		

Full Name (Last, First, Middle Initial) B. PAT ROBERTS FOR SENATE		Date of Disbursement 10 / 09 / 2001
Mailing Address BOX 433 City: CREAT BEND State: KS Zip Code: 67530		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name PAT ROBERTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.9682
State: KS District: 00		

Full Name (Last, First, Middle Initial) C. DAVID D PHELPS		Date of Disbursement 10 / 20 / 2001
Mailing Address 35 DEWEY ROAD City: ELDORADO State: IL Zip Code: 62930		Amount of Each Disbursement this Period -250.00
Purpose of Disbursement Check was lost-Stop payment issued.		Category/ Type
Candidate Name PHELPS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9729
State: IL District: 10		

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Date of Disbursement 09 / 10 / 2001	
Mailing Address PO BOX 5577 City NEW YORK State NY District: 15		MANHATTANVILLE STA State NY Zip Code 10027	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00	
Candidate Name CHARLES B RANGEL		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 15		Transaction ID: SB23.9656	

Full Name (Last, First, Middle Initial) B. ROSS, MICHAEL AVERY		Date of Disbursement 12 / 07 / 2001	
Mailing Address 416 MANOR City PRESCOTT State AR District: 04		PO BOX 374 State AR Zip Code 71857	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 500.00	
Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR District: 04		Transaction ID: SB23.9668	

Full Name (Last, First, Middle Initial) C. TALENT FOR SENATE COMMITTEE		Date of Disbursement 11 / 07 / 2001	
Mailing Address 1031 EXECUTIVE PARKWAY SUITE 100 City ST LOUIS State MO District: 00		State MO Zip Code 63141	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00	
Candidate Name JAMES M TALENT		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 00		Transaction ID: SB23.9684	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. TAUZIN, W J BILLY			Date of Disbursement 11 / 07 / 2001	
Mailing Address 813 HIGHWAY 20 City THIBODAUX State LA Zip Code 70301			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BILLY TAUZIN CONGRESSIONAL COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9685	
State: LA District: 03				

Full Name (Last, First, Middle Initial) B. VELAZQUEZ FOR CONGRESS			Date of Disbursement 10 / 16 / 2001	
Mailing Address 771 LIEGE DRIVE City HOLLISTER State CA Zip Code 95023			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name IGNACIO VELAZQUEZ				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9683	
State: CA District: 17				

Full Name (Last, First, Middle Initial) C. WATTS FOR CONGRESS			Date of Disbursement 09 / 10 / 2001	
Mailing Address P.O. BOX 720445 City NORMAN State OK Zip Code 73070			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JULIUS CAESAR JR (JC) WATTS				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.9681	
State: OK District: 04				

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. WELLER, GERALD C 'JERRY'		Date of Disbursement 07 ^N / 05 ^M / 2001 ^Y	
Mailing Address PO BOX 15283 City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JERRY WELLER FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5B23.9645	
State: IL District: 11			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	15500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jo Anne Burris		Date of Disbursement 07 / 05 / 2001	
Mailing Address 806 N. 8th Street City: Sheboygan State: WI Zip Code: 53081		Amount of Each Disbursement this Period 425.00	
Purpose of Disbursement Board of Dir.-Travel reimbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB29.9693		

Full Name (Last, First, Middle Initial) B. Dwight Mazzone		Date of Disbursement 07 / 12 / 2001	
Mailing Address 8350 E. Thomas Road, Suite 13B City: Scottsdale State: AZ Zip Code: 85251		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Board of Dir.-Travel reimbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB29.9695		

Full Name (Last, First, Middle Initial) C. F. Jim Parks		Date of Disbursement 07 / 30 / 2001	
Mailing Address 22 West Lake Forest Drive City: Palmyra State: VA Zip Code: 22963		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Board of Dir.-Travel reimbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB29.9696		

SUBTOTAL of Disbursements This Page (optional) ▶	1225.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Edward Raling		Date of Disbursement 07 / 05 / 2001
Mailing Address P.O. Box 49198 City: Wichita State: KS Zip Code: 67201-9198		Amount of Each Disbursement this Period -555.75
Purpose of Disbursement Lost raffle prize check		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9733
State: District:		

Full Name (Last, First, Middle Initial) B. Edward Raling		Date of Disbursement 07 / 05 / 2001
Mailing Address P.O. Box 49198 City: Wichita State: KS Zip Code: 67201-9198		Amount of Each Disbursement this Period 528.75
Purpose of Disbursement Reissued raffle prize-check less bankfee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9734
State: District:		

Full Name (Last, First, Middle Initial) C. Stephen Salamon		Date of Disbursement 10 / 24 / 2001
Mailing Address P.O. Box 4252 City: Timonium State: MD Zip Code: 21094		Amount of Each Disbursement this Period 432.51
Purpose of Disbursement Board of Dir.-Fundraising Expenses		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9897
State: District:		

SUBTOTAL of Disbursements This Page (optional)	403.51
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Disbursement 11 / 15 / 2001	
Mailing Address P.O. Box 4252 City Timonium		State MD	Zip Code 21094
Purpose of Disbursement Board of Dir.-Fundraising Expenses		Amount of Each Disbursement this Period 587.49	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9698	
State:	District:		

Full Name (Last, First, Middle Initial) B. Scott Shalek		Date of Disbursement 07 / 05 / 2001	
Mailing Address 74 Grand Avenue, Suite 104 City Fox Lake		State IL	Zip Code 60020
Purpose of Disbursement Board of Dir.-Fundraiser Expenses		Amount of Each Disbursement this Period 284.17	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9692	
State:	District:		

Full Name (Last, First, Middle Initial) C. Charles Westmoreland		Date of Disbursement 07 / 12 / 2001	
Mailing Address 1923 Spillway Road, Suite 194 City Brandon		State MS	Zip Code 39047-6021
Purpose of Disbursement Board of Dir.-Fundraiser Expenses		Amount of Each Disbursement this Period 400.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.9694	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	▶	1251.66
TOTAL This Period (last page this line number only)	▶	2880.17